16/04/2021 RAP/RCha/SVN/20 (2021)

EUROPEAN SOCIAL CHARTER

20th National Report on the implementation of the European Social Charter

submitted by

THE GOVERNMENT OF THE REPUBLIC OF SLOVENIA

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

for the period 01/01/2016 – 31/12/2019

Report registered by the Secretariat

on 16 April 2021

CYCLE 2021

REPUBLIC OF SLOVENIA

Twentieth Report of the Republic of Slovenia

on the implementation of the European Social Charter (revised)

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

(Public Health, Social Security and Social Protection)

Reference period:

from 1 January 2016 to 31 December 2019

Ljubljana, April 2021

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INTRODUCTION

The European Social Charter (Revised) (hereinafter: the RESC) was adopted by the Council of Europe in 1996. The Republic of Slovenia signed the RESC on 11 October 1997, the act on ratification was adopted by the National Assembly of the Republic of Slovenia on 11 March 1999 (Official Gazette of the Republic of Slovenia – International Treaties [Uradni list RS – Mednarodne pogodbe], No. 7/99), and the RESC was ratified on 7 May 1999 and entered into force on 1 July 1999. In addition to the ratification of the RESC, the Republic of Slovenia also assumed responsibility for monitoring the commitments in the RESC in accordance with the procedure laid down by the Additional Protocol to the European Social Charter Providing for a System of Collective Complaints (hereinafter: Additional Protocol).

In accordance with the existing reporting system, in 2020 the Republic of Slovenia issued a report on the implementation of the Articles of the RESC on health, social security and social protection covering the following rights:

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

The last report on the implementation of the articles on health, social security and social protection was submitted by Slovenia to the Council of Europe in March 2013 for the reporting period from 1 January 2008 to 31 December 2011 (Twelfth National Report of the Republic of Slovenia on the implementation of the RESC). On the basis of the aforementioned Report, the European Committee of Social Rights (hereinafter: ECSR) adopted the Conclusions 2013 stating that the situation in Slovenia was in conformity with the RESC in 12 cases, but not in two cases (Articles 12§1 and 12§4). The ECSR deferred conclusions about the implementation of Articles 3§3, 3§4 and 23 because in order to adopt decisions they needed further information which Slovenia has provided in this report.

The twentieth Report of the Republic of Slovenia on the implementation of the RESC concerns the reporting period from 1 January 2016 to 31 December 2019 and includes legislative and other measures in the aforementioned period, statistical and other data on the implementation of individual RESC provisions as directed in an annex from the Head of the Sector for the European Social Charter of the Directorate-General for Human Rights and the Rule of Law to the Permanent Representative of the Republic of Slovenia to the Council of Europe of 3 June 2020 (Ref. NAC/CL 39/2020; hereinafter: the Annex with Instructions) and answers to current questions from the European Social Rights Committee in its Conclusions 2013. In accordance with the Annex with Instructions, the report also includes some statistical data and mentions some of the measures taken to address the consequences of the COVID-19 epidemic in the Republic of Slovenia.

Article 3: THE RIGHT TO SAFE AND HEALTHY WORKING CONDITIONS

With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Parties undertake, in consultation with employers' and workers' organisations:

1. **to formulate, implement and periodically review a coherent national policy on occupational safety, occupational health and the working environment. The primary aim of this policy shall be to improve occupational safety and health and to prevent accidents and injury to health arising out of, linked with or occurring in the course of work, particularly by minimising the causes of hazards inherent in the working environment;**
2. **to issue safety and health regulations;**
3. **to provide for the enforcement of such regulations by measures of supervision;**
4. **to promote the progressive development of occupational health services for all workers with essentially preventive and advisory functions**

3§1 Health and safety at work and working environment

Information to be submitted

a) Please provide information about policy formulation processes and practical arrangements made to identify new or emerging situations, that represent a challenge to the right to safe and healthy working conditions; also provide information on the results of such processes and of intended future developments.

b) With particular reference to COVID-19, provide specific information on the protection of frontline workers (health-care staff including ambulance crews and auxiliary staff; police and other first responders; police and military personnel involved in assistance and enforcement; staff in social-care facilities, for example for older people or children; prison and other custodial staff; mortuary services; and others involved in essential services, including transport and retail; etc.). Such information should include details of instructions and training, and also the quantity and adequacy of personal protective equipment provided to workers in different contexts. Please provide analytical information about the effectiveness of those measures of protection and statistical data on health outcomes.

c) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

a) The purpose of the Resolution on the National Programme of Health and Safety at Work 2018-2027 (Official Gazette of the Republic of Slovenia [Uradni list RS], No. 23/18) is to connect all stakeholders in the system of health and safety at work in order to join forces and cooperate in the realisation of the generally accepted vision in the field of health and safety at work in Slovenia, according to their best abilities and in compliance with their mission; in setting these objectives, changes in society were taken into account. The National Programme of Health and Safety at Work 2018-2027 thus emphasises the need to bear in mind that rapid technological changes are leading to an increasingly radical change in the working environment and that automation, robotisation and digitisation have a significant impact on the organisation of work, working hours, skills required for the performance of work, working conditions and social dialogue. Conscious that all sectors of the economy are changing and new forms of employment and work are being created, the National Programme of Health and Safety

at Work 2018-2027 defines the measures to achieve strategic objectives aimed at the safety and health of workers working in new forms of work and employment. These are:

- Preparation and implementation of a campaign on health and safety at work for workers working in new forms of work and employment;
- Promotion of lifelong learning regarding health and safety at work, including the promotion of exchange of knowledge and experience between younger and older workers through mentoring and reverse mentoring;
- Disseminating among the general public and experts the findings of the latest research on new forms of work and employment implemented by the ILO, Eurofound, EU-OSHA and other research institutions;
- Promotion of research on the consequences of new forms of work and employment for health and safety at work.

National Programme of Health and Safety at Work 2018-2027 is available in English at the following link: https://www.gov.si/assets/ministrstva/MDDSZ/VZD-/Resolution-2018-2027.pdf

b) At the time of the first wave of the COVID-19 epidemic, the Ministry of Labour, Family, Social Affairs and Equal Opportunities (MDDSZ) published the ***Recommendations of the Ministry of Labour, Family, Social Affairs and Equal Opportunities to ensure safety and health at work in a situation where an epidemic due to the COVID-19 virus has been declared in the Republic of Slovenia***; the Recommendations are available online (https://www.gov.si/assets/ministrstva/MDDSZ/VZD-/Priporocila-MDDSZ-za-VZD_dop2Kfin_1_.pdf). The recommendations are not written for specific occupations; they apply to all professions in general, taking into account the risk assessment for individual specific jobs in which workers perform their duties. The document draws attention to the need for employers to ensure the safety and health of workers, including in the situation of the COVID-19 epidemic, and provides general and specific recommendations to ensure safety. General recommendations address employers:

- to ensure for their employees, as far as possible, the possibility of teleworking;
- to adopt an internal security protocol against the spread of the virus;
- to make sure that workplaces are disinfected;
- to ask occupational medicine providers to supply, within the framework of their competences, specific instructions for ensuring working conditions, complying with all the rules for the prevention of virus infection at work.

Depending on the risk assessment, occupational medicine providers may also advise on the interruption of the work process in the event that the reorganisation of work cannot achieve safe working conditions. Specific recommendations provide more precise information on the provision of appropriate information to workers, the way in which external suppliers enter, cleaning and disinfecting measures in the company, individual hygiene precautions, use of personal protective equipment, safe use of common areas, organisation of work, entry and exit of employees, internal movement, safe organisation of meetings and training, dealing with persons showing signs of infection and implementing and monitoring recommendations.

The National Institute of Public Health drew up instructions and recommendations for the implementation of specific activities to prevent SARS-CoV-2 infection for various activities and published them online. Recommendations were issued for a wide range of sporting activities,

transport, hospitality industry and tourism, body care, education and training, a wide range of service activities as well as a range of other activities. Clear and detailed instructions for the use of personal protection equipment were provided and risk factors were presented. The National Institute of Public Health updates its recommendations in accordance with new knowledge on SARS-CoV-2 and in the light of the evolution of the epidemiological situation in Slovenia.

Special attention was given to the protection of health professionals and staff, especially those who worked at entry points or worked directly with infected and ill patients. The enlarged professional colleges, in cooperation with the appointed national coordinators, prepared instructions for reorganising the system of healthcare activities by area (dental healthcare, family medicine, paediatrics, physiotherapy, etc.). The healthcare institutions and the network of designated coordinators by area were informed about the adopted instructions by a letter from the Ministry of Health. Both coordinators and the Ministry of Health were always available, including by telephone, to contractors, professionals and associates.

The health outcomes of the treatments were closely monitored for dental care, specifically the number of patients treated, the number of separate type of treatments carried out and the use of equipment. Regular videoconferencing was held in the field of dentistry, where correction and clarification of the methodology of data collection and coordination of expert work were carried out.

In order to facilitate the return to work following the first wave of the COVID-19 epidemic, the Ministry of Labour, Family, Social Affairs and Equal Opportunities also published online guidance from the European Agency for Safety and Health at Work.

Due to the current epidemic at the time of the report, we do not have reliable analytical data on the effectiveness of the protection measures. In Slovenia, the first case of COVID-19 infection was confirmed on 4 March 2020. The statistics show that in 2020, in Slovenia 725,850 tests were carried out up until 31 December 2020, of which 123,968 were positive. Up until 31 December 2020, 2,735 people died. At the time of this report, the Republic of Slovenia is facing the second wave of the COVID-19 pandemic.

c) <u>Additional clarifications (from the Conclusions 2013):</u>

1) The ECSR wishes to receive information on the implementation of the National Programme of Health and Safety at Work and on the implementation of the Action Plan and information on the work of the National Network for Cooperation with the European Agency for Safety and Health at Work under the auspices of the Ministry of Labour, Family, Social Affairs and Equal Opportunities.

The Action Plan for the implementation of the resolution on the National Programme of Health and Safety at Work 2018-2027 is the first three-year implementation plan of the National Programme of Health and Safety at Work 2018-2027, which sets out a number of actions to be implemented in the period 2018-2020. The measures are divided into activities aimed at ensuring safety at work, ensuring health at work, promoting a prevention culture in the field of safety and health at work and taking into account the diversity of workers, ensuring the safety and health of workers working in new forms of work and employment, promoting social dialogue in the field of safety and health at work and other tasks foreseen by the National Programme of Health and Safety at Work 2018-2027. For each of the actions, the action plan specifies the providers of measures, financial resources necessary for their implementation, deadlines and the way in which the actions are to be monitored. The action plan is being implemented smoothly.

Since 2002, the Ministry of Labour, Family, Social Affairs and Equal Opportunities has been acting as the National Information Point of the European Agency for Safety and Health at Work (hereinafter: EU-OSHA), including the management of the tripartite National Network for Cooperation with EU-OSHA.

The Ministry of Labour, Family, Social Affairs and Equal Opportunities adapts the network's membership to the planned EU-OSHA activities in each period, while striving to maintain the number of national network members that will still enable its normal management and operation. Currently, the national network has 30 members representing certain ministries and state institutions, trade unions and employers' associations, professional associations in the field of occupational safety and occupational medicine, as well as some insurance companies. Members of the Network are also Slovenian representatives on the EU-OSHA Management Board and representatives of the *Enterprise Europe Network*, whose participation in national networks is expressly requested by EU-OSHA. The national network meets one to two times a year and, during the interim period, information is provided by e-mail and through the *Health and Safety at Work (Varnost in zdravje pri delu)* (http://www.osha.mddsz.gov.si) portal. The topics discussed concern various EU-OSHA projects, in particular the implementation of activities related to the European campaigns *Healthy Work Environment*, the organisation of a national competition for good practice, the participation of the Republic of Slovenia in the *Focal Point Assistance Tool (FAST)* and the *Portfolio Translation.*

2) The ECSR wishes to receive information on the measures taken by national authorities in relation to the prevention of occupational risks and on the obligations of the Labour Inspectorate in relation to preventive activities in the field of occupational risks.

In addition to the requirements laid down in the legislation on safety and protection at work, the Ministry of Labour, Family, Social Affairs and Equal Opportunities and other relevant institutions are working to establish additional support for employers and promotion of good practices. Every second year, the Ministry of Labour, Family, Social Affairs and Equal Opportunities organises a national competition for the award *Good Practices in Safety and Health at Work.* The aim of the competition is to show employers, in particular, through concrete examples, the benefits of following good practices in the field of safety and health at work, disseminating information on good practices and promoting their exchange, as well as the promotion of a healthy work environment campaign entitled *Healthy Work Environment.* Competitions are among the most effective preventive actions, as examples of good practice are practical solutions designed to effectively manage risks in the field of safety and health at work. The minister responsible for work appoints a tripartite commission for the evaluation of candidates for the award *Good Practices in Safety and Health at Work* and instructs it to conduct the competition. The national competition procedure is adapted to the rules and criteria of the European competition organised by EU-OSHA. In this way, the recipients of national awards are given the opportunity to participate in the European competition.

Another practical example of the implementation of the framework for establishing safety and protection at work by the employer is the OiRA web application, an interactive tool designed to assess risks in individual economic activities. This tool is free of charge, easy to use and intended mainly for micro and small businesses. Since 2012, the Ministry of Labour, Family, Social Affairs and Equal Opportunities has been the custodian of this project presented by EU-OSHA in 2011. With the involvement of the social partners, the Ministry of Labour, Family, Social Affairs and Equal Opportunities has so far developed OiRA tools for a wide range of economic activities and easy online access to tools through the portal *Health and Safety at Work.* Numerous publications, web tools and other information are published on the portal to facilitate the practical implementation of the safety and health at work framework.

In recent years the health of workers has also proved to be a public health problem, particularly in terms of the growth of health absenteeism, presenteeism, disability and the problem of ageing of the working population; therefore, in October 2018, the National Institute of Public Health established a new area of work — *Workers' Health*, aimed at promoting and studying the health of the working

population. In accordance with the action plan for the implementation of the National Programme of Health and Safety at Work 2018-2027, the National Institute of Public Health made an analysis of the long-standing trend in the evolution of sick leave by leading causes, which is the basis for carrying out research, safety and health at work measures aimed at managing temporary incapacity to work in individual industries. They organised several regional expert meetings, presenting the analysis and simultaneously promoting health for work and presenting good practices in the field of health promotion in the workplace. In cooperation with the University of Primorska, the National Institute of Public Health also launched the *Promotion of activities to prevent musculoskeletal disorders and psychosocial risks at work* project, planned to be concluded in 2022. The National Institute of Public Health prepared expert platforms and content to establish a national online platform for promotion of health in the workplace. The purpose of the platform is to contribute to reducing health absenteeism and presenteeism of the active population and to raise awareness of health at work among employers, employees and experts in the field; further planned activities to promote mental health at work are also related to the platform.

The Labour Inspectorate of the Republic of Slovenia, in accordance with Article 2 of the Labour Inspection Act (Official Gazette of the Republic of Slovenia, Nos 19/14 and 55/17); hereinafter: the ZID-1), performs inspection tasks related to the implementation of laws, regulations, collective agreements and general acts in the following fields, except as otherwise provided by law: safety and health at work, labour relations, minimum wages, the labour market and employment, work and employment of foreigners, workers' participation in management and strikes. Labour inspectors also monitor the implementation of other regulations which specifically provide for this. Article 4 of the ZID-1 also provides that, in addition to carrying out its inspection tasks, the Labour Inspectorate provides professional assistance to employers and workers in relation to the implementation of laws and other regulations, collective agreements and general acts within its competence. Thus, during the period considered, in addition to conducting inspections and issuing decisions, the inspectors also carried out other professional work and provided professional assistance to employees and employers. In 2019, in the field of safety and health at work, professional assistance was provided in 239 cases, mostly to workers (in 2018: 273 professional assistances, in 2017: 253 professional assistances, in 2016: 285 professional assistances). Inspectors also provide technical assistance in almost every inspection carried out, regarding which the Labour Inspectorate does not keep statistics. The representatives of the Labour Inspectorate also actively participate in seminars, conferences and trainings aimed at employers as well as workers and their representatives, social partners and professions that have an interest in this. The Labour Inspectorate also cooperates with the media through which knowledge of risks and risk prevention is shared.

3) The ECSR wishes to receive information on the training of professionals and information on the professional institution referred to in Article 62 of the Occupational Safety and Health Act (Official Gazette of the Republic of Slovenia, Nos 43/11; hereinafter: ZVZD-1), which is Health and Safety at Work Council and on the relevant functions of the National Institute of Public Health, the University Medical Centre Ljubljana, Institute of Occupational, Traffic and Sports Medicine, the Association of Safety Engineers and the Occupational Safety and Health Chamber.

During the reporting period, the following training courses for health and safety at work professionals were carried out:

- in 2016, 38 companies held 97 training seminars for health and safety at work professionals, attended by 2232 professionals;
- in 2017, 31 companies held 63 training seminars for health and safety at work professionals, attended by 1883 professionals;

- in 2018, 30 companies held 67 training seminars for health and safety at work professionals, attended by 2070 professionals;
- in 2019, 31 companies held 74 training seminars for safety and health at work professionals, attended by 2039 professionals.

The Health and Safety at Work Council is the expert consultative body of the minister responsible for labour. The Council considers and adopts positions and recommendations on the state, strategy and implementation of the uniform policy and on safety and health at work priorities. The Council's opinions and positions are not binding on the Ministry. It is important to stress that the appointed members of the consultative body are recognised experts in their field and not persons delegated from the key institutions who would consequently represent the interests of these institutions in the Council. This does not apply in its entirety to the members of the Council who come from employers' organisations and trade unions, since they function in the Council as experts and also represent interests.

The National Institute of Public Health is the central national institution whose main purpose is to study, protect and raise the level of health of the population of Slovenia by raising awareness among the population and other preventive measures. In addition to its central role in public health activities in Slovenia, the National Institute of Public Health is actively involved in international projects covering various areas of health and general public health problems of the population. The National Institute of Public Health also represents an expert level of support for decisions taken by the government at national and local levels which have an indirect or direct impact on health.

The Institute of Occupational, Traffic and Sports Medicine is the leading institution in the field of health and safety at work, as it deals with the health of workers and residents in the living environment where the impact of the working environment is present. The Institute's main fields of work are occupational diseases and work capacity assessment, ergonomics and physiology of work, safety and health in transport, industrial toxicology and industrial hygiene, epidemiology of the working environment, psychology and the humanisation of work, promotion of health in the workplace and sports medicine.

The Union of Associations of Safety Engineers of Slovenia is the association of municipal, intermunicipal and regional safety engineers' associations, and operates in the territory of the Republic of Slovenia. Safety engineers and other professionals who, through their professional and association work in the field of safety and health at work, in the interests of raising the overall level of safety and health of working and living conditions in the country, have linked together in the Association of Safety Engineers Ljubljana (DVILJ) to inform, train and connect workers who cooperate in the field of safety and health at work, cooperation in drafting regulations, proposing system solutions regarding safety and health at work, providing assistance to members in solving safety and health issues in programming the training, and analysing and connecting the professional services providers.

The Occupational Safety and Health Chamber performs the following tasks as defined by Article 50 of the ZVZD-1: it monitors and supervises the work of its members in accordance with its rules; it adopts the code of professional ethics and keeps a record of its members. The Chamber protects and represents the interests of its members or profession, organises professional trainings, and ensures the proper conduct and reputation of members by fulfilling the tasks laid down by the Articles of Association of the Occupational Safety and Health Chamber.

4) The ECSR wishes to receive information on the joint activities of the social partners in the Economic and Social Council as set out in Article 15 of the ZVZD-1

The Economic and Social Council is a tripartite body of the social partners and the Government of the Republic of Slovenia, established to address issues and measures related to economic and social policy and other issues relating to specific areas of agreement between the partners. The Economic and Social Council monitors the situation in the economic and social fields; it discusses this and formulates positions and proposals. Although health and safety at work is not specifically included in the fields of the Economic and Social Council's operations, it participates in the drafting of legislation and provides opinions, recommendations and incentives for the adoption of new or amendments to the applicable regulations on health and safety at work. The opinion of the Economic and Social Council is binding on all partners.

3§2 Issuance of safety and health regulations

Information to be submitted

a) Please provide detailed information on the regulatory responses adopted to improve occupational safety and health in connection with known and also evolving or new situations (including as regards stress and harassment at work; work-related substance use and employer responsibility; strictly limiting and regulating electronic monitoring of workers; mandatory digital disconnection from the work environment during rest periods – also referred to as "digital detox"; health and safety in the digital and platform economy; etc.) and about regulatory responses to newly recognised forms of professional injury or illness (such as work-related self-harm or suicide; burn-out; alcohol or other substance use disorders; post-traumatic stress disorders (PTSD); injury and disability in the sports entertainment industry, including in cases when such injury and disability can take years or even decades to become apparent, for example in cases of difficult to detect damage to the brain; etc.).

b) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

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

b) <u>Additional clarifications (from the Conclusions 2013):</u>

1) The ECSR wishes to receive information on the transposition of the European Directive 2009/104/EC concerning the minimum safety and health requirements for the use of work equipment by workers at work.

Rules on Safety and Health in the Use of Work Equipment (Official Gazette of the Republic of Slovenia, Nos 101/04 and 43/11 – ZVZD-1) covers, in substance, the provisions of Directive 2009/104/EC concerning the minimum safety and health requirements for the use of work equipment by workers at work. The first update of the Rules will include a reference to that Directive.

2) The ECSR wishes to receive information on changes in legislation and regulations (particularly as regards asbestos and ionising radiation) during the reporting period and information on the measures taken to include an exposure limit value of 0.1 fibres per cm³ introduced by the European Directive 2009/148/EC on the protection of workers from the risks related to exposure to asbestos at work.

Safe work with asbestos is regulated by the Rules on the protection of workers from the risks related to exposure to asbestos at work (Official Gazette of the Republic of Slovenia, Nos 93/05 and 43/11 – ZVZD-1). The exposure limit value is defined in Article 9 of the Rules, which sets out:

- that an employer shall provide that the concentration of airborne asbestos fibres in the workplace does not exceed the limit value for asbestos, which is 0.1 fibre/cm3 in an eight-hour time-weighted average; and
- that an employer shall provide that workers are not exposed to a concentration of airborne asbestos fibres in the workplace higher than the limit value mentioned in the preceding paragraph.

3) The ECSR wishes to receive information on how temporary workers are provided with risk information, training on safe working methods, medical examination and whether these categories of workers are entitled to workers' representatives.

Under the ZVZD-1, all employers in all activities are subject to general jurisdiction, and accordingly legal protection applies to all persons present in a work process. In view of the purpose to ensure safe and healthy work to all workers, the ZVZD-1 extends the notion of a worker to all persons involved in the employer's work process on any legal basis. The legal foundations for the performance of work are regulated by separate regulations on labour relations, regulation of the labour market, undeclared employment and the regulation of student and retirement work. The ZVZD-1 does not distinguish between permanent or fixed-term employment considering the employer's obligations. "Temporary workers" are protected in the same way as other workers and exercise their rights related to safe and healthy work in the same way.

4) The ECSR wishes to receive information on possible restrictions on the implementation of existing legislation based on the number of employees.

The ZVZD-1 specifically considers a self-employed person as a person who pursues a gainful or other professional activity as their sole and principal occupation, but does not employ or otherwise engage other persons in their work process. According to the definition of the employer in the ZVZD-1, a self-employed person is not an employer; however, self-employed persons are responsible for protecting themselves and their health and others, e.g. workers employed by other employers, or other persons who appear in the working environment of the self-employed person. The basic obligation of a self-employed person is to assess the risk. Should self-employed persons establish that there are risks at their work that may lead to accidents, occupational or work-related diseases, they must produce a written safety statement and risk assessment (document) and define measures to ensure health and safety at work. Self-employed persons are also bound by most of the duties and measures required from employers. Domestic workers are exempt from the ZVZD-1.

5) The ECSR wishes to receive information on the consultation with the Health and Safety at Work Council.

The Health and Safety at Work Council is the expert consultative body of the Minister, responsible for labour. The Council considers and adopts positions and recommendations on the state, strategy and implementation of the uniform policy and on safety and health at work priorities. The Council's opinions and positions are not binding on the Ministry of Labour, Family, Social Affairs and Equal Opportunities. It is important to stress that the appointed members of the consultative body are recognised experts in their field and not persons delegated from the key institutions who would consequently represent the interests of these institutions in the Council. The aforementioned does not fully apply to members of the Council appointed by employers' organisations and unions. These function in the Council as experts and also represent interests. The meetings of the Health and Safety at Work Council are usually two to three times a year.

3§3 Ensuring the enforcement of such regulations by measures of supervision

Information to be submitted

a) Please provide statistical data on prevalence of work-related death, injury and disability including as regards suicide or other forms of self-harm, PTSD, burn-out and alcohol or other substance use disorders, as well as on epidemiological studies conducted to assess the long(er)-term health impact of new high-risk jobs (e.g. cycle delivery services, including those employed or whose work is managed through digital platform; performers in the sports entertainment industry, including in particular contact sports; jobs involving particular forms of interaction with clients and expected to use potentially harmful substances such as alcohol or other psychoactive products; new forms of high-yield highstress trading; military and law enforcement; etc.) and also as regards the victims of harassment at work and poor management.

b) Please provide updated information on the organisation of the labour inspectorate, and on the trends in resources allocated to labour inspection services, including human resources. Information should also be provided on the number of health and safety inspection visits by the labour inspectorate and the proportion of workers and companies covered by the inspections as well as on the number of breaches to health and safety regulations and the nature and type of sanctions.

c) Please indicate whether Inspectors are entitled to inspect all workplaces, including residential premises, in all economic sectors. If certain workplaces are excluded, please indicate what arrangements are in place to ensure the supervision of health and safety regulations in such premises.

d) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

a) The ZVZD-1 requires the employer to report to the Labour Inspectorate any fatal accident at work or any accident at work rendering a worker incapable of work for more than three working days, and any collective accident. Employers are obliged to report accidents at work based on the European Statistics on Accidents at Work (ESAW) methodology. During the period considered, the Labour Inspectorate received the following numbers of accident reports from employers:

- in 2016: 9,186, of which 15 were fatal, 446 serious, 8,718 minor, 5 collective and 2 due to workplace diseases;
- in 2017: 9,781, of which 17 were fatal, 458 serious, 9,289 minor and 17 collective;
- in 2018: 10,187, of which 15 were fatal, 492 serious, 9,665 minor and 15 collective;
- in 2019: 10,122, of which 16 were fatal, 511 serious, 9,585 minor and 10 collective.

During the period considered, the Labour Inspectorate was also informed of 4 workplace suicides, in 2019 about one suicide, in 2018 there were no such reports, in 2017 about one suicide and in 2016 about two suicides.

In 2019, the competent inspectors completed investigations of 85 accidents at work (in 2018 they completed 88 investigations of accidents at work, in 2017 they completed 66 investigations of accidents at work, in 2016 they completed 46 investigations of accidents at work).

In 2019, the Labour Inspectorate also identified a total of 250 violations (in 2018: 309 violations, in 2017: 389 violations, in 2016: 300 violations) of Article 47 of the ZDR-1, which regulates employers' obligations to provide a working environment such that none of the workers are subjected to sexual or other harassment or bullying on the part of the employer, a superior or co-workers. Of these, 145 violations (in 2018: 186 violations, in 2017: 235 violations, in 2016: 179 violations) concerned the adoption of appropriate measures and 105 violations (in 2018: 123 violations, in 2017: 154 violations, in 2016: 121 violations) were related to informing employees in writing of the measures adopted in a manner customary to the employer. However, a substantial amount of work was done in the recent period of time on prevention – employers were advised in particular what measures to take to prevent such phenomena, while workers were recommended what to do if they suspected that they could be victims of unequal treatment, harassment or workplace bullying. The ZVZD-1 stipulates that employers must adopt measures to prevent, eliminate and control cases of violence, bullying, harassment and other forms of psychosocial risks at the workplace which can pose a threat to workers' health. Inspectors found that in 2019 employers did not take appropriate measures in 76 cases (in 2018: 123 cases, in 2017: 214 cases, in 2016: 286 cases).

In connection with psychosocial risks, the National Institute of Public Health made an analysis of the long-term trend of health absenteeism between 2015 and 2018 owing to mental stress disorders, which shows that absenteeism is on the increase. For the same period, the National Institute of Public Health also made an analysis of absenteeism due to musculoskeletal disorders related to work in Slovenia. The analysis showed that health absenteeism due to work-related musculoskeletal disorders is a major public health problem. A long-term analysis of temporary incapacity for work showed that work-related musculoskeletal disorders account for more than 15% of total health absenteeism. From 2015 to 2019, an average of 2.26 days was lost due to the most common work-related musculoskeletal disorders per employee, with a frequency of approximately 8 per 100 employees and an average duration of 33.52 days. Data show that absenteeism due to these disorders is higher in women. The incidence of the most common work-related musculoskeletal disorders in total also varies strongly between economic activities or areas. From 2015 to 2019, the highest proportion of sick leave absences due to the most common work-related musculoskeletal disorders was recorded in mining, manufacturing, water supply, sewage treatment and environmental rehabilitation, healthcare and social care, agriculture, various other business activities, public administration and defence and compulsory social security.

b) In 2016, the Labour Inspectorate had a budget of EUR 4,224,000 and EUR 4,605,000 in 2019, which was an increase of 9%. On 31 December 2016, the Labour Inspectorate had 104 employees, including a total of 78 safety and health at work inspectors, labour relations and social security inspectors. A total of 31 inspectors worked in the field of safety and health. On 31 December 2019, the Labour Inspectorate had 120 employees, including 91 inspectors in the field of safety and health at work, labour relations and social services and 31 inspectors in the field of safety and health only. The Act regulating the internal organisation and job classification within the Labour Inspectorate defines the organisation and method of work at the headquarters of the authority, in 7 regional units and 8 inspection offices.

In the field of safety and health at work, the following data apply for the period considered:

- in 2016: 206,101 legal persons (source: Agency of the Republic of Slovenia for Public Legal Records and Related Services (AJPES), December 2016), 824,485 persons in employment (source: Statistical Office of the Republic of Slovenia (SORS), December 2016), 5,365 legal entities inspected, 6,815 inspections carried out, 21,286 violations detected, 4,748 measures (2,938 required improvement decisions, 479 payment orders, 782 warnings, 544 minor offence decisions and five criminal complaints);
- in 2017: 210,884 legal entities (source: Agency of the Republic of Slovenia for Public Legal Records and Related Services (AJPES), December 2017), 856,201 persons in employment (source: Statistical Office of the Republic of Slovenia, December 2017), 5,413 legal entities inspected, 6,659 inspections carried out, 17,900 violations detected, 4,230 measures (2,741 required improvement decisions, 493 payment orders, 426 warnings, 561 minor offence decisions and nine criminal complaints);
- in 2018: 215,354 legal entities (source: Agency of the Republic of Slovenia for Public Legal Records and Related Services (AJPES), December 2018), 887,953 persons in employment (source: Statistical Office of the Republic of Slovenia, December 2018), 4,718 legal entities inspected, 5,842 inspections carried out, 14,137 violations detected, 4,144 measures (2,510 required improvement decisions, 433 payment orders, 661 warnings, 540 minor offence decisions and four criminal complaints);
- in 2019: 220,236 legal entities (source: Agency of the Republic of Slovenia for Public Legal Records and Related Services (AJPES), December 2019), 901,728 persons in employment (source: Statistical Office of the Republic of Slovenia, November 2019), 4,721 legal entities inspected, 5,891 inspections carried out, 14,255 violations detected, 4,745 measures (2,393 required improvement decisions, 591 payment orders, 913 warnings, 848 minor offence decisions and one criminal complaint).

c) Inspectors have the competence and powers to carry out inspections at the addresses of legal entities and their locations in all sectors of the economy, but not in the private premises of workers. For the inspection of private premises, the inspector is obliged to obtain a warrant from the competent court.

d) <u>Additional clarifications (from the Conclusions 2013):</u>

The conclusion was postponed and for this reason, further clarifications, as requested by the ECSR in Conclusions 2013, are provided below.

1) The ECSR wishes to receive an explanation considering reporting data on the number of fatal accidents.

The Labour Inspectorate bases its data, including those on fatal accidents at work, on reports by the employers where workers were fatally injured. The Labour Inspectorate is also informed about fatal accidents involving workers by the police, who also examine such accidents, while the Labour Inspectorate is also informed by the media. Thus, the Labour Inspectorate has very precise statistics on accidents at work in which workers were fatally injured. In the event that employers do not report fatal accidents and the Labour Inspectorate has information on a fatal accident, the competent inspectors take action to ensure that such an accident is reported. If a sole trader loses their life while working and therefore cannot report the accident to the Labour Inspectorate, the latter enters the accident of its own motion into the information system and thus the data is not lost.

The official rapporteur to EUROSTAT for the Republic of Slovenia is the National Institute of Public Health, which draws its data from the received reports on all injuries at work (ER-8 form) and not only on the periods of time the workers were unable to work. According to the ZVZD-1, the employer is obliged to report only accidents at work due to which a worker was unable to work for more than three working days. Different data capture could have been the reason for non-harmonised data between Slovenia's Labour Inspectorate and National Institute of Public Health in the past.

2) The ECSR wishes to receive information on occupational diseases in the Republic of Slovenia.
In accordance with the ZVZD-1, the employer is obliged to report to the Labour Inspectorate all identified occupational diseases. Thus, in 2019, employers reported to the Labour Inspectorate one occupational disease and there was no such report in the previous years of the reporting period. In order to establish systemic solutions for the identification, validation and notification of occupational diseases, the Ministry of Health began drafting the amendment to the Rules on Occupational Diseases in 2015. In addition to the representatives of the Ministry of Health and Ministry of Labour, Family, Social Affairs and Equal Opportunities, representatives of employers, trade unions, the Institute for Pension and Disability Insurance of Slovenia, the Health Insurance Institute of Slovenia, the National Institute of Public Health, the Extended Professional Board of Occupational, Traffic and Sports Medicine, the Institute of Occupational, Traffic and Sports Medicine and the Labour Inspectorate of the Republic of Slovenia were also included in the working group that drafted the amendment. The purpose of the amendment was to ensure the rights as defined by the applicable legislation under the Health Care and Health Insurance Act – (Official Gazette of the Republic of Slovenia, Nos 72/06 – official consolidated version, 114/06 – ZUTPG, 91/07, 76/08, 62/10 – ZUPJS, 87/11, 40/12 – ZUJF, 21/13 – ZUTD-A, 91/13, 99/13 – ZUPJS-C, 99/13 – ZSVarPre-C, 111/13 – ZMEPIZ-1, 95/14 – ZUJF-C, 47/15 – ZZSDT, 61/17 – ZUPŠ , 64/17 – ZZDej-K, 36/19 and 189/20 – ZFRO; hereinafter: the ZZVZZ)) and the Pension and Disability Insurance Act (Official Gazette of the Republic of Slovenia, Nos 96/12, 39/13, 99/13 – ZSVarPre-C, 101/13 – ZIPRS1415, 44/14 – ORZPIZ206, 85/14 – ZUJF-B, 95/14 – ZUJF-C, 90/15 – ZIUPTD, 102/15, 23/17, 40/17, 65/17, 28/19, 75/19, 139/20 and 189/20 – ZFRO; hereinafter: the ZPIZ-2). The proposed amendment to the Rules was presented to the Economic and Social Council in 2017 and it defines:

- occupational diseases and work occasioning the development of such diseases;
- the procedure for the establishment, confirmation and registration of occupational diseases;
- access to the system and entry documents to initiate the procedure;
- the payer of the occupational disease identification and certification procedures;
- conditions under which the disease is considered an occupational disease.

The list of occupational diseases is in line with the recommended European list of occupational diseases. On the basis of the decision of the Economic and Social Council, the working group complemented its members and reorganised itself into the Expert Committee on the State Organisation and Public Affairs to discuss the draft Rules on Occupational Diseases. The Expert Committee met in December 2017 and February 2018. The Ministry of Health decided to address this area slightly more in the amendment to the ZZVZZ, which would also provide an extended legal basis for the adoption of the Rules on Occupational Diseases, which has not yet been adopted. The Rules on the List of Professional Diseases (Official Gazette of the Republic of Slovenia, Nos 85/03, 43/11 – ZVZD-1 and 96/12-ZPIZ-2) are still applicable until the entry into force of the new regulation. The Ministry of Health supports the efforts to regulate the area in a clear, transparent and effective way in order to identify, validate, confirm and report occupational diseases also in terms of ensuring safe and healthy work in workplaces. The new Rules, once adopted, will also enable detecting occupational diseases as

a recognizable indicator of the health and safety conditions with a certain employer and in an individual industry for the purposes of targeted Labour Inspectorate control.

In the field of occupational diseases, due to the epidemiological situation in Slovenia, we are lagging behind in the preparation and coordination of the amendment to the Health Care and Health Insurance Act. However, the above-mentioned Rules on the List of Professional Diseases, which represent the legal basis for the field of occupational diseases, are still in force.

3) The ECSR asks for information on the fulfilment of the obligations under Articles 41 and 59 of the ZVZD-1 (accident at work reports), in particular on the procedure for investigation of accidents at work.

In accordance with the provisions of the ZVZD-1, the employers must immediately report to the Labour Inspectorate any fatal accident at work or any accident at work rendering a worker incapable of work for more than three working days, or any collective accident, dangerous occurrence and identified occupational disease. The information on accidents at work reported and accidents at work investigated are shown in point a). In 2019, inspectors found that 54 employers did not report an accident at work (46 employers in 2018, 39 employers in 2017 and 36 employers in 2016). On the basis of the established violations, the inspectors issued:

- required improvement decisions: eight in 2019, six in 2018, seven in 2017 and 13 in 2016;
- fines: nine in 2019, four in 2018, eight in 2017 and five in 2016;
- reminders: nine in 2019, 10 in 2018, seven in 2017 and five in 2016;
- warnings: 13 in 2019; 13 in 2018, 10 in 2017, seven in 2016.

The inspectors also noted that, in practice, the worker agrees to an accident at work not being registered and, for this reason, he receives certain benefits from the employer; however, the Labour Inspectorate does not keep statistics in this respect.

During the period considered, the competent inspectors completed investigations of the following number of accidents at work:

- in 2016: two fatalities, 38 serious accidents, five minor accidents, one collective accident;
- in 2017: 10 fatalities, 37 serious accidents, 17 minor accidents, two collective accidents;
- in 2018: eight fatalities, 62 serious accidents, 15 minor accidents, three collective accidents;
- in 2019: nine fatalities, 58 serious accidents, 16 minor accidents, two collective accidents.

The competent inspectors investigate those incidents where there was a risk to the lives of workers, serious injuries or serious health impairment due to the improper carrying out of work. Often, however, inspectors do not investigate an accident at work, but carry out extraordinary inspections in connection with an accidental event and in doing so, they identify work-related irregularities rather than the cause of the accident.

4) The ECSR wishes to receive information on the measures taken to reduce the high rate of fatal accidents.

During the period considered, most fatal accidents occurred on construction sites. For this reason, health and safety inspectors carry out the highest number of inspections each year on construction sites, i.e. about 25% of all inspections. In these inspections, the inspectors pay particular attention to risks that cause fatal accidents on construction sites, such as improper carrying out of work at heights. As part of their advisory work, inspectors also raise awareness among employers and workers about

safe work and pay special attention to the professionalism of coordinators on temporary and mobile construction sites. In other economic activities, there are individual fatal accidents.

5) The ECSR wishes to receive information on the proportion of workers in relation to all employees covered by inspections The ECSR also wishes to receive information on the responsibilities, the number of personnel, the number of inspections and sanctions in the field of mining inspection, maritime inspection and inspection responsible for protection against natural and other disasters authorised to carry out inspections in the field of safety and health at work in accordance with the ZVZD-1. It also asks for information on the number of reports submitted to the Labour Inspectorate under Article 24 of the Inspection Act.

The Labour Inspectorate has information on the number of inspections carried out at employers with different numbers of employees, specifically for 2019:

- 0 employees: 219 inspections;
- 1 employee: 190 inspections;
- 2 employees: 493 inspections;
- 3 - 4 employees: 488 inspections;
- 5 to 9 employees: 553 inspections;
- 10 - 19 employees: 420 inspections;
- 20 - 49 employees: 357 inspections;
- 50 - 99 employees: 199 inspections;
- 100 - 149 employees: 86 inspections;
- 150 - 199 employees: 36 inspections;
- 200 - 249 employees: 26 inspections;
- 250 - 499 employees: 58 inspections;
- 500 - 999 employees: 37 inspections;
- over 1000 employees: 34 inspections;
- no data on the number of employees: 91 inspections.

Each year, the Labour Inspectorate also receives a different number of reports. In the field of safety and health at work, 995 reports were received in 2019 (1,061 reports in 2018; 931 reports 2017 and 798 reports in 2016). The majority of the reports were made by workers, who most often drew attention to failures to provide training in safe work practices and medical examinations for workers. They also often pointed out inadequate working conditions, such as working in the summer heat, in cold temperatures and in draughty workplaces. In addition, we also received reports from citizens that mostly pointed out inadequate living conditions caused by harmful factors from employers' locations related to the employers' work processes, such as excessive noise, smell and the presence of hazardous substances in the air.

The Inspectorate of the Republic of Slovenia for Protection against Natural and Other Disasters is authorised to supervise the implementation of fire protection, rescue and evacuation measures in accordance with Article 75 of the ZVZD-1. Article 21 of the ZVZD-1 also stipulates that in accordance with specific regulations, the employer must take measures to ensure fire safety and evacuation and, where appropriate, take measures for cooperation with external fire safety services. The special regulation in this case is the Fire Protection Act (Official Gazette of the Republic of Slovenia, Nos 3/07 – official consolidated version, 9/11, 83/12, 61/17 – GZ and 189/20 – ZFRO (hereinafter: the ZVPoz)

and regulations based thereon. In accordance with the stipulations of the ZVPoz, in addition to duties and rights under the general regulations, inspectors have, inter alia, the duty or right to:

- enter buildings where production or activity is carried out with fire-hazardous substances, fire-hazardous work and tasks and into business and production premises or other premises containing a combustion installation, fuel storage, flue duct or ventilation device;
- inspect facilities, devices and materials and technical or other documentation relating to the fire safety of the facility and its devices or relating to the duty of employees to implement fire protection regulations;
- collect notifications and, where appropriate, statements from workers responsible for the implementation of fire protection measures;
- order the necessary fire protection measures if sufficient fire safety is not provided by construction, technological and organisation measures.

In addition to the above-mentioned, inspectors may temporarily restrict or prohibit the operation of a facility or a device, the use of a dangerous substance, a technological process or a product and the performance of specific activities and tasks, if there is a risk of fire or explosion and where there is a threat to human life and health and property and if it is not possible to eliminate the danger through other measures. Inspectors carry out inspections regarding fire protection with the liable persons in various fields such as health and social care, processing industry, trade, transport and storage, catering and education. In 2019, the Inspectorate of the Republic of Slovenia for Protection against Natural and Other Disasters employed 49 inspectors (48 inspectors in 2018, 46 inspectors in 2017 and 46 inspectors in 2016) who carried out 2633 inspections (2587 inspections in 2018; 2606 inspections in 2017 and 2061 inspections in 2016) and issued 13 minor offence decisions (2 decisions in 2018; 17 decisions in 2017 and 16 decisions in 2016), 17 payment orders (24 orders in 2018: 31 orders 2017 and 41 orders in 2016) and 4360 warnings (3728 warnings in 2018; 3795 warnings in 2017 and 6133 warnings in 2016).

The Mining Inspection service is authorised, in accordance with Article 72 of the ZVZD-1, to oversee the implementation of this Act and regulations based thereon and other regulations on safety and health at work and the safety measures laid down in general legal acts of the employer and collective agreements for mining and underground construction works carried out using mining methods, and in accordance with the special regulations governing mining. Article 122 of the Mining Act (Official Gazette of the Republic of Slovenia, Nos 14/14 – Official Consolidated Text and 61/17 – GZ (hereinafter referred to as: the ZRud-1) provides that the mine inspectorate supervises implementation of the provisions of the ZRud-1 and regulations based thereon, of technical regulations and the regulations governing safety and health in mining and other regulations during activities of prospecting and exploitation of mineral resources. The basis for supervision performed by the mine inspectors is provided by the substantive provisions governing mining, health and safety at work, compliance of products and acts on the closure of mines. In supervising safety and health at work in mining operations, a mining inspector has the rights of a labour inspector and in supervising machinery, explosion protection and personal protective equipment a mining inspector has the rights of a market inspector. The mining inspector also monitors the impact of mining works on the environment and inspects mines during closure and mining museums. A special feature of the control performed by mining inspectors is the statutory periodic inspections and immediate investigation of accidents at work and dangerous phenomena. In the 2016-2019 period, four inspectors carried out inspections on the basis of Article 72 of the ZVZD-1 and Article 122 of the ZRud-1. In the same year, 3270 workers

were employed in the mining industry in Slovenia. In 2019, inspectors carried out 222 inspections (167 inspections in 2018; 280 inspections in 2017 and 285 inspections in 2016) on the basis of which 57 administrative decisions (49 decisions in 2018; 79 decisions in 2017 and 78 decisions in 2016) and 56 warnings (22 warnings in 2018; 26 warnings in 2017; 28 warnings in 2016) were issued.

In accordance with Article 73 of the ZVZD-1, the Maritime Inspection Division operating within the Slovenian Maritime Administration is authorised to supervise the implementation of this Act and regulations based thereon and other regulations on safety and health at work, as well as the safety measures laid down by the general legal acts of the employer and collective agreements on seagoing vessels for commercial purposes entered in the Slovenian register of ships, with the exception of control of fishing vessels. In the 2016-2019 period, three inspectors performed the inspections in the above-mentioned field and carried out 10 inspections on domestic vessels in 2019 (eight inspections in 2018; eight inspections in 2017 and seven inspections in 2016) and no sanctions were issued.

6) The ECSR wishes to receive information on the results of criminal proceedings initiated and information on whether the Inspectorate can order the cessation of activities in the event of an immediate threat to the health or safety of the worker.

In accordance with the provisions of the ZID-1, the Labour Inspectorate prohibits workers from carrying out work or a work process, or using means of work until the correction of the irregularity, if a direct danger to the life of workers is established during an inspection. In 2019, the competent inspector prohibited work in 49 cases due to the directly endangered lives of workers (120 cases in 2018; 32 cases in 2017 and 59 cases in 2016).

3§4 Occupational Health Services

Information to be submitted

No information requested, except where there was a conclusion of non-conformity or a deferral in the previous conclusion for your country. For conclusions of non-conformity, please explain whether and how the problem has been remedied and for deferrals, please reply to the questions raised.

Additional clarifications (from the Conclusions 2013):

The conclusion was postponed and for this reason, further clarifications, as requested by the ECSR in Conclusions 2013, are provided below.

1) The ECSR wishes to receive information on strategies or initiatives to promote access to health services/work safety services, in particular for workers of small and medium-sized enterprises.

The ZVZD-1 stipulates that companies must provide their own personnel to ensure health and safety at work, but if this is not possible, the companies must engage one of the companies authorised by the Ministry of Labour, Family, Social Affairs and Equal Opportunities to perform professional tasks of providing health and safety at work. The employer must ensure that all health measures related to health and safety at work are implemented by an occupational medicine provider. The Health Services Act (Official Gazette of the RS, No. 23/05 – Official Consolidated Text, 15/08 – ZPacP, 23/08, 58/08 – ZZdrS-E, 77/08 – ZDZdr, 40/12 – ZUJF, 14/13, 88/16 – ZdZPZD, 64/17, 1/19 – Constitutional Court Decision, 73/19, 82/20 and 152/20 – ZZUOOP, 203/20 – ZIUPOPDVE), stipulates under Article 11 that employers may organise the provision of primary healthcare service for their workers in on-site clinics. On-site clinics must provide at least occupational medicine services. The Institute of Occupational, Traffic and Sports Medicine provides medical services within the public health service in the University Medical Centre Ljubljana and the Celje Primary Health Care Centre, while all other clinics of occupational, traffic and sports medicine are provided by private undertakings.

Mainly through the Health and Safety at Work Portal, the Ministry of Labour, Family, Social Affairs and Equal Opportunities offers a range of practical information, publications and online tools that encourage employers to provide safety and health at work to their workers as much as possible.

2) The ECSR wishes to receive information on the proportion of companies that have internal occupational healthcare services or share them with other companies and information on the consequences of failure by employers, especially employers of small and medium-sized enterprises, to comply with legal obligations regarding prior and regular medical examinations.

With the restructuring of employers in Slovenia, when smaller companies in terms of the number of employees were formed or larger companies closed down, the number of companies with their own internal occupational healthcare services also significantly decreased. Before that, a number of large companies had internal healthcare services, while in recent years these services are rare. We do not have statistics in this regard. In cases where employers do not provide preventive health checks to their workers, inspectors in most cases order employers to do so through required improvement decisions. They may also institute minor offence proceedings. In 2019, in 1,276 controls inspectors found that employers did not provide preventive health checks to their workers (1,128 controls in 2018; 1,273 controls in 2017 and 1,493 controls in 2016). On the basis of the violations detected, the

inspectors took the following measures: On the basis of the established violations, the inspectors issued:

- required improvement decisions: 700 in 2019; 729 in 2018; 829 in 2017 and 937 in 2016;
- fines: 73 in 2019; 50 in 2018; 55 in 2017 and 57 in 2016;
- reminders: 124 in 2019; 68 in 2018; 68 in 2017 and 82 in 2016;
- warnings: 231 in 2019; 193 in 2018; 110 in 2017 and 250 in 2016.

Article 11: THE RIGHT TO PROTECTION OF HEALTH

With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly or in cooperation with public or private organisations, to take appropriate measures designed inter alia:

1. **to remove as far as possible the causes of ill-health;**
2. **to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health;**
3. **to prevent as far as possible epidemic, endemic and other diseases, as well as accidents.**

11§1 Elimination of causes of ill health

Information to be submitted

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

b) Please also provide information about sexual and reproductive health-care services for women and girls (including access to abortion services) and include statistical information about early (underage or minor) motherhood, as well as child and maternal mortality. Provide also information on policies designed to remove as far as possible the causes for the anomalies observed (premature death; preventable infection by blood borne diseases; etc.).

c) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

a) Life expectancy at birth is gradually increasing in the Republic of Slovenia and during the last 25 years it has increased on average by about 7 years for men and women. In 2017, life expectancy at birth in the Republic of Slovenia was 81.2 years, slightly higher for women than for men; it was 84 years for women and 78.2 years for men. The population in the Republic of Slovenia is ageing. On 1 January 2019, according to the data available from the Statistical Office of the Republic of Slovenia, 413,054 or 19.8% of all residents of Slovenia had reached the age of 65 up to this date; 57% of them were women. In one year, the number of older people increased by almost 12,000 or 3%.

Table 1: Life expectancy by gender, Slovenia, 2008-2017

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Total	79.1	79.4	79.8	80.1	80.3	80.5	81.2	80.9	81.2	81.2
Men	75.5	75.9	76.4	76.8	77.1	77.2	78.2	77.8	78.2	78.2
Women	82.6	82.7	83.1	83.3	83.3	83.6	84.1	83.9	84.3	84.0

Source: Eurostat

Life expectancy in Slovenia also varies depending on education. According to EUROSTAT, life expectancy is higher in the population group with a higher education. In 2017, life expectancy in Slovenia was 83.5 years for those with at least higher education and 79 years for those with primary education or less.

Table 2: Life expectancy by level of education completed, Slovenia, 2008-2017

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Total	79.1	79.4	79.8	80.1	80.3	80.5	81.2	80.9	81.2	81.2
Primary school or lower (level 0-2)	76.1	74.7	75.1	77.9	76.3	76.7	79.1	78.6	79.0	79.0
Vocational and secondary schools (level 3-4)	79.3	80.3	80.6	80.2	80.7	80.6	81.2	80.9	81.1	81.1
Short-cycle college, higher school or higher (Level 5-8)	81.7	82.5	83.3	82.7	83.4	83.6	83.4	83.2	83.7	83.5

Source: Eurostat

In 2018, life expectancy in all Slovenian regions was higher than in 2011. The highest female life expectancy at birth can be expected in the Osrednjeslovenska region – 84.6 years, which is 2.2 years more than female life expectancy in the Koroška region where it is the lowest. Male life expectancy in the Koroška region is 3.6 years lower than female life expectancy, but is the highest male life expectancy of the regions (78.8 years). The lowest life expectancy of men is in the Pomurska region, at 76.3 years. The differences between regions reflect a number of socio-economic factors (lifestyle, diet, educational structure of the population, etc.) which are reflected differently in individual population groups and geographical areas.

Figure 1: Life expectancy at birth for men in Slovenia by region in 2018. Source: Statistical Office of the Republic of Slovenia

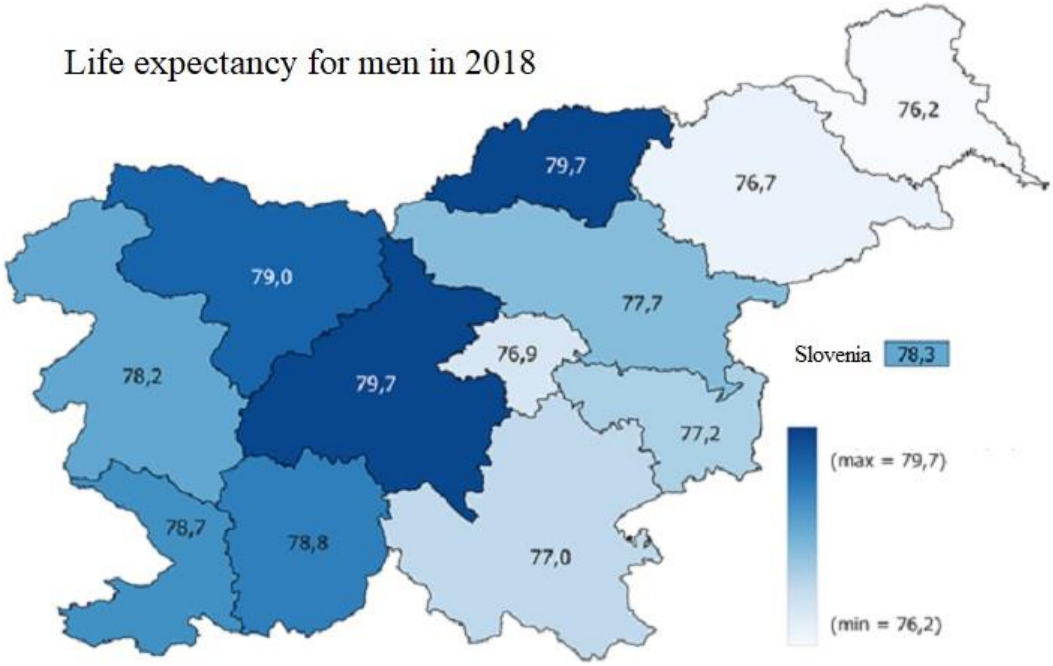
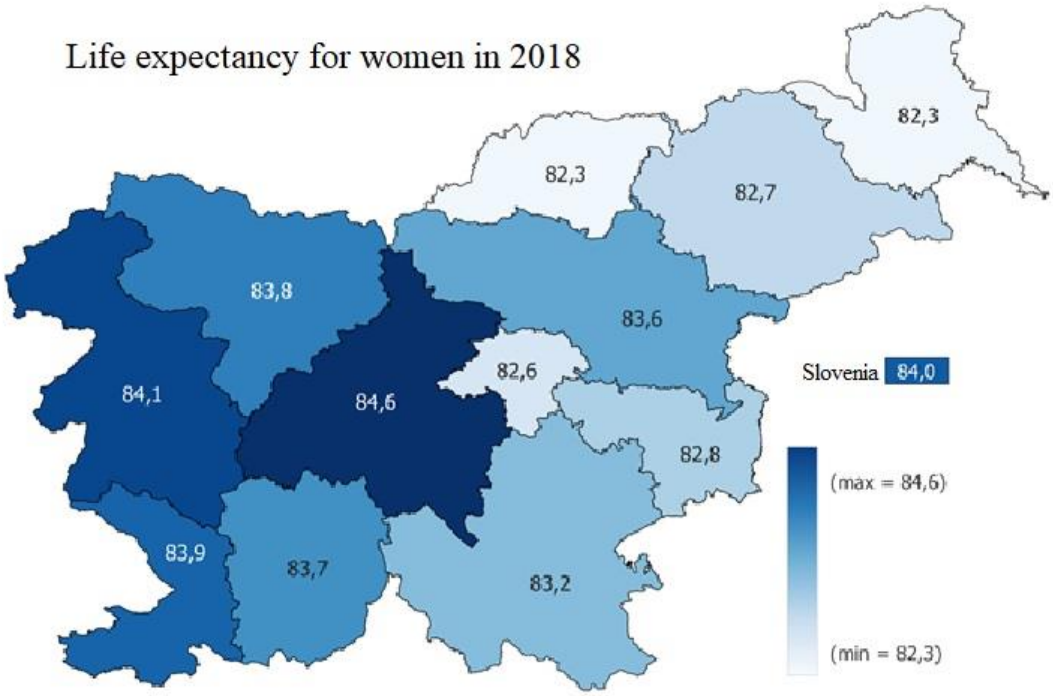


Figure 2: Life expectancy at birth for women in Slovenia by region in 2018. Source: Statistical Office of the Republic of Slovenia



During the last ten years (2009-2018) and up until 22 November 2019, a total of 499 cases of new diagnosis of HIV infection were reported in Slovenia. The annual number of reported cases ranged from the lowest of 25 (1.2/100,000 population) in 2019 to a peak of 60 (2.9/100.000 population) in 2016. In the last three years, there was a marked decline in the number of new diagnoses. According to the National Institute of Public Health data, the highest rate of infections was in men who had sex with men (15 out of 19 cases of newly diagnosed HIV infections among males in 2019). Because the burden of HIV infection in Slovenia is disproportionately high in this group, the prevention of HIV infection among men having sex with men is the top priority of the National HIV prevention and control strategy 2017–2025. More information on HIV and hepatitis C infections in persons who injected drugs are available in Section 11§3 (Prevention of epidemics, endemic diseases and other diseases and accidents).

b) Specialists in gynaecology and obstetrics together with their teams including graduate midwifes, graduate nurses and junior nurses take care of sexual and reproductive health of women and girls in the Republic of Slovenia. These specialists in gynaecology and obstetrics act as selected physicians at the primary level of healthcare and are therefore accessible to women without referral. The implementation of the preventive programme for the protection of sexual and reproductive health is laid down by rules and includes:

- family planning, contraception counselling and prescription of contraception;
- prevention and treatment of sexually transmitted infections;
- preventive examinations during pregnancy, postpartum, spontaneous or permitted termination of pregnancy;
- prevention screening for cervical cancer in the framework of the ZORA national screening programme;

- early detection of breast cancer in women up to 50 years of age;
- preventive visits by community health nursing;
- health education and health promotion (e.g. childbirth and parenthood preparation classes).

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

The majority of births in Slovenia (99.8%) take place in hospitals, there are some home births and there are no birth centres in Slovenia. Infant mortality rates are low, stillbirths are around 4.5 per 1,000 births, early neonatal mortality is around 1 per 1,000 live births, perinatal mortality about 5.5 per 1,000 births and infant mortality around 2 per 1,000 live births (Table 3). Complications of prematurity and congenital anomalies are the predominant causes. The maternal mortality rate, which is actively monitored and analysed in Slovenia, has recently been favourable. In the years 2015-2017 we recorded on average one early and one late maternal death per year, which means a maternal mortality rate of 5.0 per 100,000 live births and late maternal mortality rate of 5.0 per 100,000 live births. Indirect maternal deaths account for a significant proportion of the causes.

Table 3: Stillbirths and infant mortality by age, irrespective of birth weight in Slovenia, 2010-2018

	2010	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**
Stillbirth rate (per 1000 births)	4.5	5.1	4.4	4.7	4.3	4.9	4.9	5.0	4.3
Infant mortality (per 1000 live births)	2.5	2.9	1.7	3.0	1.9	1.6	2.1	2.1	1.7
Perinatal mortality (stillbirths and deaths, 0-6 days)	5.8	6.7	5.2	6.1	5.1	5.5	5.8	5.9	5.3
Neonatal mortality (0-27 days)	1.8	2.0	1.1	1.9	1.3	0.8	1.4	1.4	1.5
Postneonatal mortality (28-365 days)	0.7	1.0	0.6	1.1	0.6	0.8	0.7	0.8	0.3

Source: Perinatal Information System of the Republic of Slovenia

Health during pregnancy, childbirth and early childhood has a key impact on health in adulthood and is therefore a cornerstone of the population's health. Premature birth and low birth weight are among the leading causes of newborn morbidity and mortality in the developed world. In 2018, in Slovenia 0.9 percent of live newborns were born with a birth weight of less than 1,500 grams and 5.4 percent with a birth weight between 1,500 and 2,499 grams, which is comparable to previous years. The share of all live newborns with low birth weight is slightly lower than the EU average in 2016. Perinatal mortality is one of the most important indicators of the health and healthcare of mothers and newborns and of the population in general. In 2018, perinatal mortality of infants weighing 1,000 grams and over, was 2.3 per 1,000 births, which is more favourable than the EU average in 2015. Perinatal mortality, irrespective of the birth weight of the child, was 5.3 per 1,000 births. As much as 82% of perinatal mortality involved stillbirth. In Slovenia, the proportion of children born with a C-section has increased significantly over the past two decades. In recent years, Slovenia no longer had

such a steep increase in the proportion of C-sections, but more than one in five children have been born in this way; however this is still below the EU average.

The birth rate of adolescent females is low in Slovenia. In particular, south-eastern Slovenia stands out negatively, where in 2018 this rate was almost four times higher than the national average. Juvenile pregnancies are rare in Slovenia, with adolescent births accounting for less than one percent of all childbirths. Abortion rates are also low among adolescent women. In 2019, the age-specific birth rate of adolescent women (below 20 years) was 4.5 per 1000 and the age-specific permitted abortion rate of adolescent women was 4.8 per 1000. In Slovenia, termination of pregnancy is possible at the request of a woman up until the 10th week of pregnancy, and if the pregnancy lasts more than 10 weeks, termination of the pregnancy must be approved by a special committee.

Strategies for the development and integrated regulation of the gynaecological maternity service in Slovenia were published in 2011. There have been no major changes in legislation applying only to this field. The rules governing reproductive healthcare require modernisation. In the spring of 2020, a working group was appointed for the review and amendment of the rules. The activities have not yet begun.

c) <u>Additional clarifications (from the Conclusions 2013):</u>

1) The ECSR wishes to receive information on the measures taken to reduce cardiovascular mortality and suicide

Due to the results of cardiovascular disease prevention and acute heart disease care during the reporting period, health indicators have significantly improved at the national level, with cardiovascular and vascular disease mortality falling by more than half over the last 20 years. In 2002, the National Programme for Primary Prevention of Cardiovascular Diseases was initiated in the Republic of Slovenia.

Currently, 879 family medicine clinics are in operation according to the new standard. The main objective of the introduction of a new standard of work was, through the use of a clinic-based method of work, to enable more effective and comprehensive treatment of adult patients in the field of family medicine. In all general practice and family medicine clinics that became reference clinic operators, a graduate nurse joined, on a part-time basis, the existing team of a specialist doctor and a nurse. The graduate nurse actively carries out preventive checks of the defined target population (i.e. aged 30 and over) in their clinic and takes care of the comprehensive treatment of patients with controlled chronic non-communicable diseases, including detection of risk factors for cardiovascular diseases and depression. For the two, patient registers are now kept at primary level.

In the last decade, there was a decline in the suicide rate, which is the lowest since 1965 in Slovenia. In 2018, the suicide rate in Slovenia (the number of suicide deaths per 100,000 population) was 17.08 (26.68 for men and 7.60 for women), which means that 353 people (274 men and 79 women) died from suicide in 2018. For many years, wishing this trend to continue, Slovenia has participated in prevention and public awareness activities supported by international circles (World Health Organisation, International Association for Suicide Prevention). Among other things, World Suicide Prevention Day is marked annually on 10 September, in recent years under the slogan "Working together to prevent suicide", which highlights one of the most important parts of effective suicide prevention – cooperation. The Resolution of the National Mental Health Programme on 2018-2028 (the RNPDZ) also follows the vision of cooperation between different sectors. Centres for mental health and telephone lines offering support in mental distress, etc. are gaining ground. The Slovenian Centre for Suicide Research carries out several national and international projects or participates in

them. One such successful project is the Nara programme, designed to better deal with stressful life situations and to prevent and manage depression; the programme began to develop as part of the project Introducing New Intervention Approaches to Reduce Suicidal Behaviour in Slovenia.

2) The ECSR wishes to be informed of the adoption, implementation and performance of the measures to shorten waiting times.

Despite the earmarked means for shortening waiting times in the past, these measures have unfortunately not led to a reduction in the number of waiting times exceeding the permissible waiting time, and the situation has worsened due to cessation of non-emergency health activities in the first wave of the COVID-19 pandemic. In its operation projection for 2020, the Health Insurance Institute of the Republic of Slovenia has earmarked funds amounting to EUR 22 million for necessary expansions and new programmes covered by the compulsory health insurance funds, which are too low to significantly reduce the number of waiting patients or shorten waiting times. On 1 January 2020, the estimated value of the programmes for the patients waiting over the permissible waiting time amounted to EUR 42.2 million, which is why an amount of EUR 14 million was provided by amending the 2020 budget to reduce waiting times or optimise the access to healthcare services in Slovenia and an additional amount of EUR 28 million in 2021 was provided. Waiting times are still on the increase due to the additional COVID-19 prevention measures which must be taken when treating a patient, which prolongs the time of treatment. For this reason, the Act Determining the Intervention Measures to Mitigate and Remedy the Consequences of the COVID-19 Epidemic (Official Gazette of the Republic of Slovenia, Nos 152/20, 175/20 – ZIUOPDVE and 203/20 ZIUPOPDVE; hereinafter: the ZZUOOP), which was approved by the National Assembly on 15 October 2020, provides additional funds to shorten unacceptable waiting times. The ZZUOOP also provides a legal basis for publication of the *National call for proposals to improve access to health services*, to which all providers authorised to provide healthcare services, may apply under the same conditions. The *National call for proposals to improve access to health services* primarily includes areas where the number of patients waiting longer than is professionally permissible is the highest, i.e. orthopaedics, cardiology, traumatology, dermatology and urology. In addition to the above-mentioned measures, additional concessions were put up for tender at the secondary level also in the dental care sector.

3) The ECSR wishes to be informed of the progress made in the systemic regulation of long-term care.

With regard to the systemic regulation of long-term care, Slovenia currently has no uniform system of long-term care. Instead, many different pieces of Slovenian legislation include rules governing the fields and rights that fall within the international definition of long-term care. Persons for whom it is established that they need assistance in basic and instrumental activities of daily living may choose between in-home support services and institution-based services. The content of in-home services is different from the content of institutional services. In-home services are provided as formal services and as services provided by informal carers. The majority of informal care is provided within the family and by friends. A person may also apply for an assistance allowance on the grounds of the need for the assistance of another person.

Slovenia is aware that eligible persons with comparable needs do not always have access to comparable rights as a result of differences in legal bases, entry mechanisms and assessment criteria. Private as well as public expenditure for long-term care is on the increase, which can reduce the accessibility and availability of services to individuals when they are unable to fully care for themselves for long periods of time because of illness, frailty due to old age, injury, disability, or the lack or loss of

intellectual ability. Being aware of the need for structural changes and comprehensive regulation that will allow persons who are no longer able to take care of themselves independently, to have a quality and safe life, Slovenia has drafted a proposal for an act governing long-term care, with the following objectives:

- to harmonise legislation governing the rights concerning long-term care;
- to define long-term care;
- to determine the scope of rights and the range of services related to long-term care;
- to establish a uniform assessment mechanism for inclusion in the long-term care system;
- to devise a comprehensive, available, universally accessible, geographically and financially sustainable, and attainable system of long-term care;
- to enable insured persons to live at home with appropriate assistance as long as possible when they so wish;
- to put the individual at the centre of the long-term care system, allowing them to choose the method and form of long-term care within their rights;
- to control the increase in private financing on the part of individuals, which increases the risk of poverty, particularly among the older population;
- to improve planning, management, quality assurance, security and efficiency in the provision of long-term care as a public service;
- to establish effective public supervision over the provision of long-term care.

The proposal of the Long-Term Care Act was submitted for public consultation in August 2020. After the public consultation ended, the proposal has been reviewed and amended, taking into account the comments received from the public debate and comments received from social partners within the negotiation group of the Economic and Social Council of the Republic of Slovenia. Based on the consensus reached with the social partners, a clean copy of the bill is being prepared, with the aim of submitting it into inter-ministerial coordination and adoption by the government in the first half of 2021.

4) The ECSR wishes to receive information on whether an invasive medical treatment or intervention is required for changing legal gender.

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

11§2 Advisory and Educational Opportunities

Information to be submitted

a) Please provide information about health education (including sexual and reproductive health education) and related prevention strategies (including through empowerment that can serve as a factor in addressing self-harm conducts, eating disorders, alcohol and drug use) in the community (life-long or ongoing) and in schools. Please also provide information about awareness and education in respect of sexual orientation and gender identity (SOGI) and gender violence.

b) Provide information on measures to ensure informed consent to health-related interventions or treatment and on specific measures to combat pseudoscience in respect of health issues.

c) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

a) Education for health is defined as a learning process including creating positive attitudes, habits or behaviours of an individual, group or population. health promotion and education for children and adolescents in Slovenia is carried out in the following fields:

- health promotion and education for future parents (Preparation for birth and parenthood);
- health promotion and education for pre-school children;
- health promotion and education for children and adolescents;
- dental health promotion and education;
- other health education activities (e.g. local community activities, exercises in pregnancy, etc.).

The activities are carried out at the primary level of healthcare in the premises of a healthcare centre or educational establishments (kindergartens, schools).

Activities take place in accordance with the Regulations for the implementation of preventive healthcare at the primary level (Official Gazette of the Republic of Slovenia, Nos 19/98, 47/98, 26/00, 67/01, 33/02, 37/03, 117/04, 31/05, 83/07, 22/09, 17/15, 47/18, 57/18 and 57/18) and the National Institute of Public Health guidelines. The guidelines for health promotion and education include thematic sets: promoting healthy habits, healthy diet and exercise, personal hygiene and attitude towards the body, psychoactive substance and addiction, growing up, mental health, interpersonal relationships and self-esteem, cancer prevention and early detection, and sexual health education.

In the context of sexual health education, the following topics are addressed: information about healthy and safe sex and gender relations, sexual experience, promotion of healthy physical, mental and social development, refusal of forced sex and sexual violence, information on risk factors (inexperience, lack of information, lack of self-confidence, self-determination, taking responsibility), information on family planning principles, accessibility to health education materials, motivation and correct choice of contraceptive methods and other types of contraception, taking into account advantages and disadvantages of different contraceptive methods and other types of contraception, presentation of contraceptives, information on contraception accessibility, presentation of factors influencing consistency in the use of contraceptives, orientation, prevention of health problems that are more frequent in adolescents.

b) Pseudoscience is statements, beliefs or practices that are claimed to be based on science or facts, but which are incompatible with the scientific method and lack adequate scientific support. Slovenia adopted the Alternative Medicine Act (Official Gazette of the Republic of Slovenia, Nos 94/07 and 87/11) and the Rules determining complementary and alternative medicine (CAM) systems and methods and on the procedure for the register, acknowledgment and supervision of CAM systems and the methods to be introduced in CAM services (Official Gazette of the Republic of Slovenia, Nos 79/08, 115/08, 101/11 and 74/17). Complementary and alternative medicine is a service carried out by CAM practitioners to improve the health of the service users. The Ministry of Health plays an important role in obtaining the complementary and alternative medicine practice licence, which is the basis for registration in the Complementary and Alternative Medicine Practitioners' Chamber. The licence is an authentic instrument proving the professional qualifications of the CAM practitioner for independent implementation of individual CAM systems and methods, and is granted to the CAM practitioner by the Complementary and Alternative Medicine Practitioners' Chamber for a period of 7 years.

c)/

11§3 Prevention of epidemics, endemic and other diseases and accidents

Information to be submitted

a) Please describe the measure taken to ensure that vaccine research is promoted, adequately funded and efficiently coordinated across public and private actors.

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

c) Please provide information on the availability and extent of community-based mental health services and on the transition to community-based mental health from former large-scale institutions. Please provide statistical information on outreach measures in connection with the mental health assessment of vulnerable populations, including those in a situation of poverty or exclusion, the unemployed (especially long-term unemployed). Provide also information on proactive measures adopted to ensure that persons in need of mental health care are not neglected. Please also provide information from prison healthcare services on the proportion of inmates who are deemed as having mental health problems and who, according to health-care professionals, do not belong in the prison system or would have possibly been spared of such a situation should suitable mental health services been available to them in the community or in specialised establishments.

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

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

f) In the context of the COVID-19 crisis, please evaluate the adequacy of measures taken to limit the spread of virus in the population (testing and tracing, physical distancing and selfisolation, provision of surgical masks, disinfectant, etc.) as well as the measures taken to treat the ill (sufficient number of hospital beds, including intensive care units and equipment, and rapid deployment of sufficient numbers of medical personnel while ensuring that their working conditions are healthy and safe – an issue addressed under Article 3 above). Please indicate the measures taken or foreseen as a result of this evaluation.

g) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

a) With regard to the vaccines against COVID-19 that we provide or will provide to our population, the Republic of Slovenia, like all other EU Member States, contributes to the European Commission's budget heading (hereinafter: EC) – the ESI funds (European Structural and Investment Funds). The EC distributed these ESI funds among the producers of the most promising COVID-19 vaccines in order to accelerate development and increase production capacity in the EU as a rule.
In addition to the above-mentioned, Slovenia is participating in research for the development of a new vaccine through national research institutions - the Institute of Chemistry, which in cooperation with the Faculty of Pharmacy, is researching and developing a new vaccine against COVID-19.

b) In the Republic of Slovenia, medical care for imprisoned persons is provided through the Public Health Network within the Ministry of Justice; medical insurance for sentenced persons and detainees without their own insurance is paid from the budget of the Republic of Slovenia. Medical activity is carried out by regional primary healthcare centres, which provide an outpatient general practitioner, a psychiatrist, an addiction clinic, a clinical psychologist and a dentist to prisoners, and in addition to the above, a gynaecologist for female prisoners. In accordance with the law, at the time of the commencement of the convicted person's prison sentence, each person is examined immediately on the same day or immediately on the first working day, and the doctor also records any injuries of the imprisoned persons. All prisoners may attend specialist medical examinations outside the prison, and hospitalisation is also available to prisoners, where they are accompanied by prison officers. If it is considered that there is no risk of absconding, they may go to specialist medical examinations alone or be hospitalised without prison officers accompanying them. Health services, including adequate mental treatment, are thus provided to prisoners in the same way as to all other citizens.

c) The National Mental Health Programme 2018-2028 (hereinafter: MIRA) is the first strategic document in Slovenia addressing the field of mental health in a comprehensive manner. The central purpose of the MIRA programme is:

- to strengthen and maintain the good mental health of all residents of the Republic of Slovenia;
- to prevent mental health problems and mental disorders from the earliest life period to late old age;
- to establish a supportive mental health environment by improving the competences of professional services in all areas of mental health protection;
- to bring services closer to users;
- to reduce stigma and discrimination against people with mental disorders, thereby encouraging the early search for assistance and reducing institutionalisation in the field of mental health.

The programme brings together the existing structures and adds necessary new ones to the integrated, interdisciplinary and cross-sectoral organisation of promotion, prevention, treatment and rehabilitation. It is based on integration, bringing together and cooperation of all services and all stakeholders in mental healthcare of an individual and population groups in the local community, and at all levels of treatment. For the quality, timely, comprehensive and accessible treatment of people with mental disorders, Slovenia is establishing a cross-sectoral network of services involving planners,

service providers, users and their relatives. The network includes municipalities, services at all levels of health and social care and employment, services at all levels of education, non-formal and user organisations, organisations and associations active in the field of mental health and other associations and organisations in the local community.

The prevention of mental health problems and treatment of people with mental health problems at all stages of life need to be brought as close as possible to the community, that is, to where people live. There are 27 coordinators for community mental healthcare in Social Work Centres, while mental healthcare centres and teams for community mental healthcare operate in primary healthcare centres. By the time the MIRA programme expires, 25 mental health centres for children and adolescents and as many for adults, including community mental healthcare, are planned to be set up gradually.

The healthcare of imprisoned persons is described under the preceding point. Data on health status (of imprisoned persons) are collected by regional public primary healthcare centres. According to the Prison Administration of the Republic of Slovenia within the Ministry of Justice, operating at 15 locations throughout the country and performing tasks in the field of healthcare of imprisoned persons, well-organised cooperation with the Unit for Forensic Psychiatry within the University Clinical Centre Maribor has been established, where any imprisoned person is hospitalised on the basis of a referral by a psychiatrist. Treatment at the Unit for Forensic Psychiatry is considered as serving a prison sentence and lasts as long as the forensic psychiatry assesses it is needed.

d) The National Assembly of the Republic of Slovenia, by adopting the Resolution on the National Programme on Illicit Drugs 2014-2020 (Official Gazette of the Republic of Slovenia, No. 25/14), confirmed the overarching objective of the National Programme to reduce and limit the harm caused to individuals, families and society due to illicit drug use. The Slovenian Government, which approves the two-year Action Plans under the National Programme, is responsible for the operational implementation of the National Programme on Illicit Drugs. On 31 July 2019, the Slovenian Government adopted a two-year action plan for the 2019-2020 period.
The Ministry of Health is responsible for coordinating the measures and activities for the implementation of the National Programme. Effectiveness and efficiency of the measures are reviewed through evaluations of the Action Plan. An analysis of the implementation of the previous Action Plan 2017-2018 showed that most of the actions set out in the document were realised to a large extent, but the link between line ministries needs to be strengthened and the challenge remains to provide resources for the proactive functioning of the entire network of programmes, from drug prevention and addiction treatment to effective law enforcement. The challenge for the future period remains the issues of new psychoactive substances, prevention of all forms of illegal drug trafficking, including internet trade, and a debate on the reform of cannabis regulation.

In order to monitor the extent of drug abuse in the general population, in 2018 the National Institute of Public Health conducted a second National Survey on the Use of Tobacco, Alcohol and other Drugs among the population of Slovenia aged 15-64. According to the survey, 21% of the population of Slovenia used drugs in their lifetime, while the most widespread drug remains cannabis, which was used at any time in their life by 20.7% of the population of Slovenia. Ecstasy was used by 2.9% of Slovenia's population, cocaine by 2.6% and amphetamine 2.3%. A comparison of lifetime prevalence of illicit drug use among residents aged 15-64 between 2012 and 2018 shows that the prevalence of illicit drug use increased, which was attributed primarily to the use of cannabis. For other drugs no increase was recorded and there was even a decline in the use of opioids.

In recent years, a comprehensive network of Centres for the Prevention and Treatment of Drug Addiction has been developed in Slovenia. The network consists of 20 centres operating throughout the country. In recent years, we have added two new centres to the network, which also use a customised field vehicle, a van with which a professional team distributes medicines and provides other field services closer to illicit drug users and their relatives. According to National Institute of Public Health data, in connection with infections caused by different viruses the data show that the number of new cases of HIV infection among injecting illicit drug users in Slovenia remains low, similar to 2017; no HIV infection was reported in 2018 and one infection was reported in 2019. For Hepatitis B (HBV), the highest estimated share of injecting illicit drug users with diagnosed acute or chronic HBV infection over the past five years was 7.6% among the injecting illicit drug users who entered the programme in 2014. In the last five years, estimates of the share of injecting illicit drug users with diagnosed hepatitis C infection ranged from the lowest, 36%, among the injecting illicit drug users that entered the programme in 2014, to the highest, 48.1%, among the injecting illicit drug users who entered the programme in 2016. Among the injecting illicit drug users who entered the programme in 2018, the estimated share was 36.4%. Since 2015, a trend of an increasing number of deaths from illicit drugs has been recorded, with 40 registered deaths in 2016 and 47 in 2017, and there were 59 direct drug-related deaths in 2018.

There is a wide range of programmes and activities for drug prevention in Slovenia. One of the major programmes is the Project Learning for Young adults (PLYA) for those who left school early, and which lasts 10 months. In the 2016-2018 period, 1376 persons were included in this programme. Within the scope of working with children with social, behavioural or learning problems, children from families with addicted members (alcohol, drugs) and those who want to actively spend their free time, 26 programmes ran for children and youths in 2018. There were 7,471 users included in counselling and daily centres, 32,000 telephone conversations were made in the telephone counselling programme, and 1,222 in electronic services were provided.

It can be estimated that the state and local communities allocated at least EUR 10,988,926.43 for the operation of the entire network of assistance programmes for drug users and their relatives.

e) Slovenia has transposed or is implementing all environmental regulations adopted at the EU level into national legislation. The implementation of these regulations directly affects and contributes to improving the quality of the environment in Slovenia and thus to the health of the population.

In accordance with the Spatial Planning Act (Official Gazette of the Republic of Slovenia, No. 61/17), the Ministry of Health is the governmental authority for protection of spatial planning which participates in spatial planning by providing guidelines for spatial planning of national and municipal spatial plans to provide environmental health protection. In addition, in accordance with the Environmental Protection Act (Official Gazette of the Republic of Slovenia, No. 39/06 – Official Consolidated Text, 49/06 – ZMetD, 66/06 – Constitutional Court Decision, 33/07 – ZPNačrt, 57/08 – ZFO-1A, 70/08, 108/09, 108/09 – ZPNačrt-A, 48/12, 57/12, 92/13, 56/15, 102/15, 30/16, 61/17 – GZ, 21/18 – ZNOrg, 84/18 – ZIURKOE and 158/20), the Ministry of Health is competent to provide its opinion on the likelihood of significant effects of the plan's implementation on the environment or its opinion on the relevance of the environmental report and its opinion on the acceptability of the plans' implementation within a comprehensive environmental assessment procedure, and its opinion on the acceptability of the planned intervention within the environmental consent procedure. The Ministry of Health delivers its opinion on the basis of an expert opinion from the National Institute of Public Health and the National Laboratory for Food, Environment and Health, which assess environmental

impacts on human health (sufficient drinking water supply, the impact of electromagnetic radiation, air quality, noise, light pollution) within the framework of spatial planning.

With the aim of reducing and preventing diseases arising from exposure to air pollution, the National Institute of Public Health, within its public service provision, carries out activities that include providing information and encouraging the population, focusing on vulnerable populations, to fully comply with and implement the protective measures. The National Institute of Public Health monitors the health status of the population and the effects on human health due to exposure to air pollution in the outdoor environment, and promotes cross-sectoral policies to reduce outdoor and indoor air pollution. The National Institute of Public Health is also intensively focusing on issues of indoor air, raising awareness of primary school and preschool institution professionals as well as the pupils in primary schools.

For several years, measurements of the Slovenian Environment Agency show that air quality has been improving and that most pollutants are below the legal limits. In recent years, a great deal of attention has been focused on the problem of air pollution with particles, which is strongly associated with weather or poor average wind speed and temperature inversions. According to the Slovenian Environment Agency report *2019 Air Quality in Slovenia,* the average 2019 air pollution with PM10 particles was lower than in the previous years. In 2019, the daily limit value for particulate matter PM10 (50 µg/m³) exceeded the value of 35, which is allowed for the whole year, only at two traffic measuring points. In 2018, there were six measuring points with overruns and in 2017, there were ten. The annual PM2.5 limit level was exceeded at no measuring point. In 2019, at all measuring points the average annual levels of nickel, arsenic, cadmium and lead were lower than those defined in the air quality requirements. In 2019, average annual benzene levels were below the limit value at all measuring points, similar to those in previous years. The year 2019 was one of the warmest since measurements have been carried out, and ozone levels were correspondingly high; however, they were not record high. Alarm values (240 µg/m³) have not been exceeded for more than ten years. The target value for health protection was exceeded at almost all but two measuring points. Average annual ozone levels show no noticeable trends in recent years. Annual sulphur dioxide emissions in Slovenia are more than five times lower than the target value defined in the legislation and this value has not been exceeded since 2010. The measured value is occasionally close to the hourly limit value only at measuring points in the vicinity of the Šoštanj Thermal Power Plant. The level of air pollution by mercury has remained very low since 2008. In 2019, the average concentration of mercury in the air was slightly lower than in the previous year and remains among the lowest in Europe.

The Republic of Slovenia participates in the European Environment and Health Process as a member of the European Working Group on Environment and Health. In 2010, at the fifth Ministerial Conference on Environment and Health, the Republic of Slovenia, together with the member states of the WHO Euro Region, by signing the *Parma Declaration* undertook to ensure that protection of children's health against harmful environmental factors will be an integral part of the public health and environmental policy of each country. In December 2011, to implement the Parma Declaration, the Government of the Republic of Slovenia adopted the *Strategy for Child and Adolescent Health Related to the Environment 2012-2020*. Based on the current situation in the Republic of Slovenia, the Strategy sets out recommendations on the necessary measures to improve the health of children and young people by improving the state of the environment as well as the incentives for coordinated interministerial resolution of these issues. The main purpose of the strategy is to ensure a coordinated approach of different government authorities to improve the health of children and adolescents, including the health of the foetus during pregnancy, by improving the situation of environmental

pollution. In order to implement the objectives set out in this strategy, an Action Plan for the implementation of the *Strategy for the Health of Children and Adolescents in relation to the environment 2012-2020* was adopted in July 2015. The indicators set out in the Action Plan as well as other relevant environmental indicators in the Republic of Slovenia are used to monitor the achievement of the objectives and implementation of the activities.

Based on the above-mentioned strategy, the Ministry of Health, on the basis of a public invitation to tender for protection and health, co-finances various programmes of young people working in the field of environment and health, with the aim of strengthening the capacity of young people to implement activities to raise awareness and advocacy of young people to improve air quality, sustainable mobility, increase green spaces in urban settlements as well as activities to raise awareness of the impact of climate change on health, and other pressing public health issues in the field of the environment.

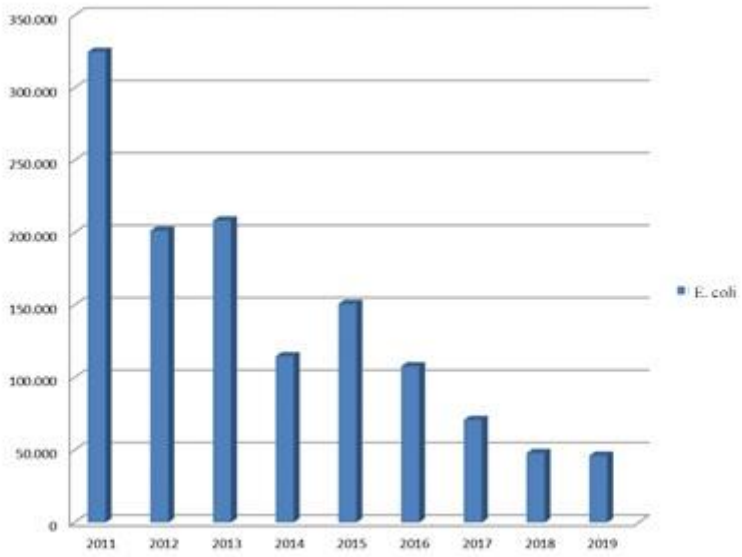
At a local level in Slovenia, the Ministry of Health, by financing health measures, is also actively involved in rehabilitation of excessively polluted areas. Within the framework of the annual public healthcare tasks, the National Institute of Public Health carries out activities to reduce the risk to human health due to excessive exposure to lead in the Zgornja Mežiška dolina. The findings from 2003 to 2007 were worrying, since in three quarters and half of the children respectively, concentrations of lead found in their blood posed a health risk (over 100 µg/l of blood) and implementation of self-protection and remedial measures in the environment is necessary. For this reason, the Slovenian Government adopted an Ordinance on the areas of the highest environmental burden and on the programme of measures for improving the quality of the environment in Zgornja Mežiška dolina (Official Gazette of the Republic of Slovenia, No. 119/07). Through the continuous monitoring of children's blood lead levels the effectiveness of the implementation of remedial measures in the lead-contaminated Zgornja Mežiška dolina has been established. Measurements of lead levels in children's blood during the last two years have shown that concentrations are slowly decreasing, which means that measures to reduce exposure to lead and the intake of lead into the body have been successful.

To inform the public regarding electromagnetic radiation, the Slovenian Radiation Protection Administration within the Ministry of Health publishes on the internet useful information and explanations to questions about the location of base stations of mobile telephony and power lines in the vicinity of residences. In Slovenia, the Decree on electromagnetic radiation in the natural and living environment (Official Gazette of the Republic of Slovenia, Nos 70/96 and 41/04 – ZVO-1) defines limit values for electromagnetic radiation. The limit values defined in the Decree summarise the International Commission on Non-Ionizing Radiation Protection (ICNIRP) reference values for level I radiation protection areas (residential areas and areas of social, health and educational activities) and are stricter by a factor of 10 than the ICNIRP reference values. Such an approach ranks Slovenia among the countries with stricter legislation in this field.

In the field of drinking water quality, Slovenia implemented the EU Drinking Water Quality Directive. The Ministry of Health finances and provides annual national monitoring of drinking water. In addition, in Slovenia operators of drinking water supply systems monitor the quality and health adequacy of drinking water within their internal control procedures and in accordance with the HACCP system. The national drinking water monitoring programme includes supply areas that supply about 94% of the population with drinking water (2019 data).
Drinking water monitoring data show that the quality of drinking water in Slovenia is very good. The microbiological quality of drinking water has improved over the years, mainly due to the construction

of water supply systems in certain areas of Slovenia and the improvement of water treatment processes.

Figure 3: Share of non-compliant samples and share of non-compliant supply areas due to the presence of Escherichia coli during drinking water monitoring in the 2004-2019 period.



Source: Ministry of Health

Data from drinking water monitoring show that the chemical quality of drinking water, which was contaminated mainly by nitrates and certain pesticides in the past, has also improved in recent years. The reasons for the improving situation can be attributed to a more consistent implementation of good agricultural practice measures, payment of compensation to farmers and abandonment of contaminated water resources. Regarding drinking water, supply areas with permanent or occasional microbiological pollution remain a challenge. As a rule, these are smaller supply areas, with less than 500 users.

f) The first case of SARS-CoV-2 infection in the Republic of Slovenia was confirmed on 4 March 2020. Up to 30 March 2021 inclusive, 4,333 persons had died due to COVID-19.

During the first wave of infections in spring 2020, COVID-19 patients were treated at the Clinic for Infectious Diseases of the Ljubljana University Medical Centre. In view of needs, a sufficient number of ventilators was available. An ordinance on the potential redeployment of healthcare professionals was adopted for the duration of the epidemic. Difficulties in providing staff arose in homes for the elderly, where hot spots appeared. Visitors were banned from all hospitals. During the epidemic, only urgent medical treatment was provided, with a few exceptions. Reorganisation measures (regarding staff and space) were introduced to ensure that COVID-19 patients were tested and treated separately from other patients. Social distancing was one of the basic measures in addition to promoting increased hand hygiene and disinfection. The use of gloves in enclosed public spaces was mandatory for a brief period and the use of masks most of the time with minor interruptions due to a more favourable epidemiological situation. In homes for the elderly, separate zones were established to limit the spread of infections within the institution. Family visits were also limited.

In the summer of 2020, soon after the first wave, Slovenia faced a new wave. At the time, increasing numbers of infected people were arriving daily in Slovenia across its southern border from countries

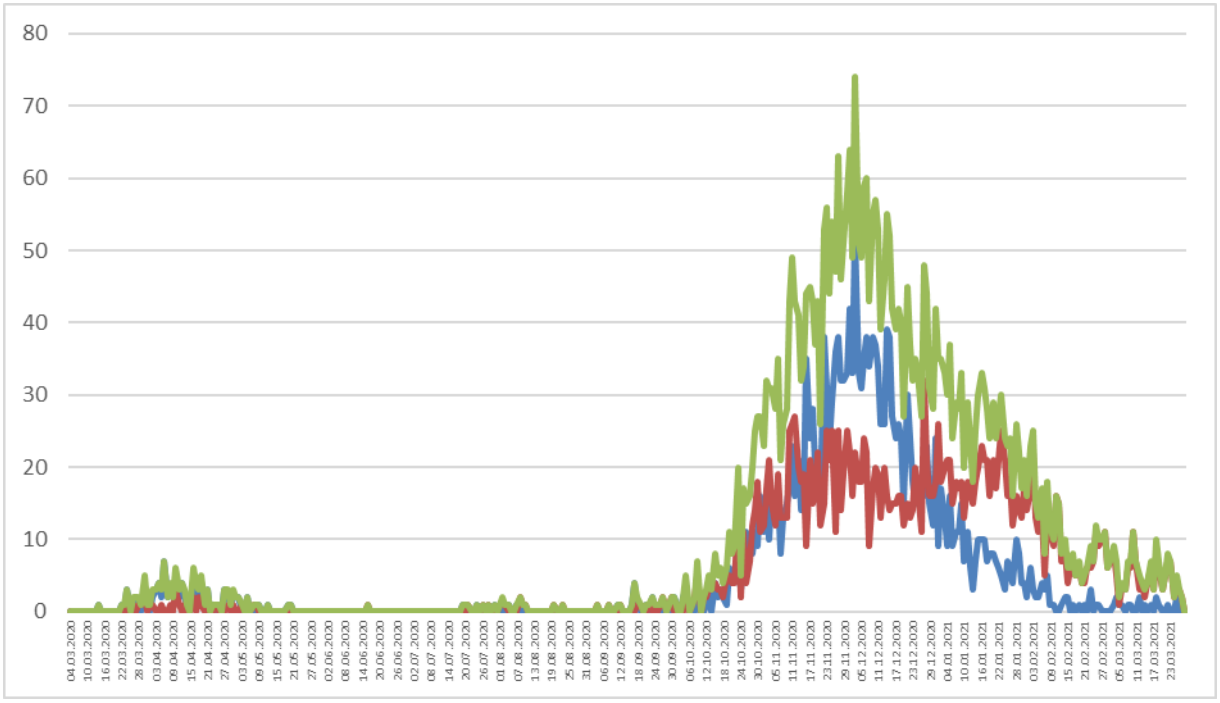
where the epidemic outbreak was severe. The number of cases thus increased and infection spread within the country up until September 2020, when what was called the second wave of the epidemic started properly. During the second wave, we gradually increased the capacities for testing of persons suspected of having been infected with SARS-CoV-2. We continued to recommend the use of masks as a standard measure for the prevention of SARS-CoV-2 infections in enclosed public spaces and outdoors where a distance of at least 1.5 meter could not be maintained between people from different households. We also further promoted hand hygiene and disinfection. Disinfection of common areas in apartment buildings was replaced by the installation of disinfectant dispensers. Persons with confirmed SARS-CoV-2 infection were ordered to isolate and were given instructions on when they could stop isolating (10 days from the onset of the disease, if the clinical signs of infection subside and the person is fever free for at least 48 hours). High-risk contacts of infected persons were ordered to quarantine. Quarantine decisions were issued via the eUprava Government Portal. When issuing quarantine decisions upon crossing the state border, the Ministry of Health cooperated with the Police, and when issuing quarantine decisions for high-risk contacts within Slovenia, the Ministry cooperated with the National Institute of Public Health. For a limited period, quarantine decisions were issued with a delay due to limited resources on the one hand and a large number of decisions on the other hand; however, all the necessary decisions were eventually issued. To improve accessibility of testing, rapid antigen tests were introduced in addition to PCR tests (*Real-Time Reverse Transcription Polymerase Chain Reaction – RT PCR*). Rapid antigen tests were later also introduced as screening for individual groups of workers who come into contact with customers. During the epidemic, we adopted and tightened individual measures depending on the progress of the epidemic. In September 2020, we thus made masks mandatory indoors, restricted the opening hours of catering establishments and introduced a mandatory 10-day quarantine upon entering the Republic of Slovenia from countries where the epidemiological situation was worse than in Slovenia. In October, indoor activities were restricted, gatherings of more than 10 people were prohibited and restriction of movement was introduced in red regions, while restriction of movement between 21:00 and 6:00 hours applied to the whole of Slovenia and an epidemic was declared again. This was followed by the closure of bars and restaurants, hotels, shopping centres and service activities, and restrictions on public transport. Due to the deteriorating epidemiological situation, kindergartens only provided childcare for children of persons working in critical infrastructure, and movement was restricted to municipalities. In November 2020, a prohibition on the gathering of people in public places was introduced, except for members of the same household, and public transport was suspended. In January 2021, we began gradually easing the measures while monitoring the effects of this action on the progress of the epidemic. Our assessment is that in view of the progress of the epidemic, the measures imposed were appropriate, but the question of how they were being followed and implemented still remains. When the measures are in place for a longer period, their impact gradually diminishes, as people no longer perceive them as effective and thus adhere to them less often and less properly.

During the second wave of the epidemic, there was an increasing need for hospital beds in both general wards and intensive care units. In cooperation with the Ministry of Health, the needs for available beds for COVID-19 patients were met in real-time. Based on the national strategy, bed capacities for COVID-19 patients were first gradually created in first-line hospitals, then in second-line hospitals and lastly in all regional and other acute hospitals in Slovenia. Due to an increasing need for nursing staff, in particular in level 3 intensive care units, staff redeployment within hospitals was necessary. The existing intensive care units provided their own doctors and nursing staff, in particular anaesthesia staff, thus helping COVID-19 intensive care units to meet their needs. Help was possible at the expense of reducing the extent of regular surgical activities. This kind of system is certainly not sustainable in the long run, as staff were working for lengthy periods without a proper break or leave. However, due

to a lack of qualified healthcare professionals, a different type of organisation was not possible. It was also impossible to obtain adequately trained staff on short notice, which had to be taken into account when planning needs. Compared to the first wave, healthcare institutions had more personal protective equipment, as well as better prepared guidelines and instructions on safe handling of COVID-19 patients in the autumn of 2020. However, some hospitals still lacked grey zones in both emergency clinics and general wards. During this time, working conditions could not be improved in all cases due to the constraints posed by the existing healthcare infrastructure. The most problematic areas are shared rooms, poor ventilation systems in hospital rooms and poor functionality of space, which have proven problematic for the transmission of infections among healthcare professionals.

Only one home for the elderly in Slovenia was without infections. All other homes had one or more cases of infection. In some homes for the elderly, over 60% of residents fell ill. As a result, mortality rates among the elderly in these homes and on the national level were high. We only successfully stopped the epidemic and COVID-19 infections and deaths in homes for the elderly on 25 December 2020, when we began intensively vaccinating residents and employees in homes for the elderly.

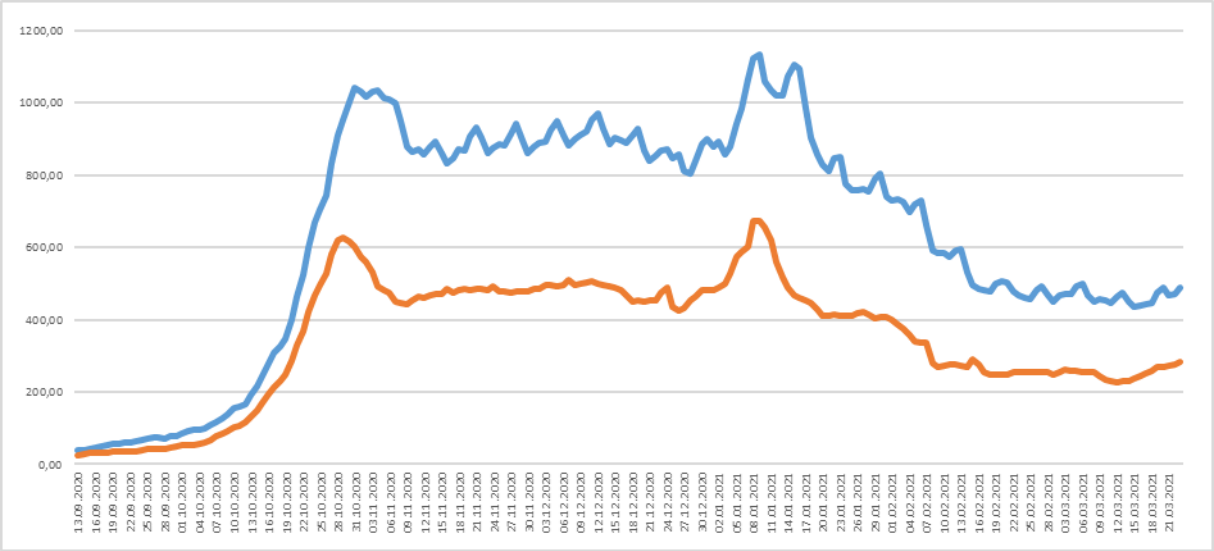
Figure 4: Weekly number of deaths in which SARS-CoV-2 infection was confirmed in the 28 days prior to death among all residents of homes for the elderly (blue), among other people (blue) and total number of deaths (green) in the Republic of Slovenia from 4 March 2020 to 26 March 2021 by day



Source: National Institute of Public Health

During the second wave, we were forced to adopt strict non-pharmacological measures: working from home, closure of schools, temporary suspension of passenger transport, prohibition of gatherings, and closure of municipal and later regional borders. Through these measures, we were able to curb the epidemic but were unable to drastically reduce the number of infections. The epidemic curve thus stagnated on a relatively high incidence and only began falling in January 2021. For some time, quite a rapid fall of the epidemic curve could be observed. In February 2021, the curve stabilised and then started rising again in March, warning us that a new, third wave might be unfolding. To reduce the incidence of infections, we adopted very rigorous measures (lockdown) for the 2021 Easter holidays.

Figure 5: 14-day (blue) and 7-day (orange) incidence of new infections per 100,000 population of the Republic of Slovenia



Source: National Institute of Public Health

Due to the severity of the epidemic, the Minister of Health set up a multidisciplinary expert advisory group, which was active 24 hours a day. The group included experts in clinical sciences (infectious disease specialists and internal medicine specialists) and public health experts, including infectious disease epidemiologists. It used the latest communication channels that made it possible for members to be active 24 hours a day, held regular virtual meetings, and solved professional and organisational issues, while always taking into account all global, European and Slovenian expert information available at the time. At the request of the Constitutional Court, the expert advisory group prepared analyses of the situation, developed proposals on a weekly basis, prepared a platform for action and presented them to the Minister of Health and the Government of the Republic of Slovenia. The expert advisory group also held virtual meetings prior to all sessions of the Government of the Republic of Slovenia and drew up expert proposals for the Government. Before the Government's decision-making, the expert advisory group met with a core Government team, composed of several ministers, and presented the proposals, which was followed by an expert discussion. Key decisions were then adopted by the Slovenian Government. Cooperation between the expert advisory group and the Government was excellent and made it possible to take the right decisions.

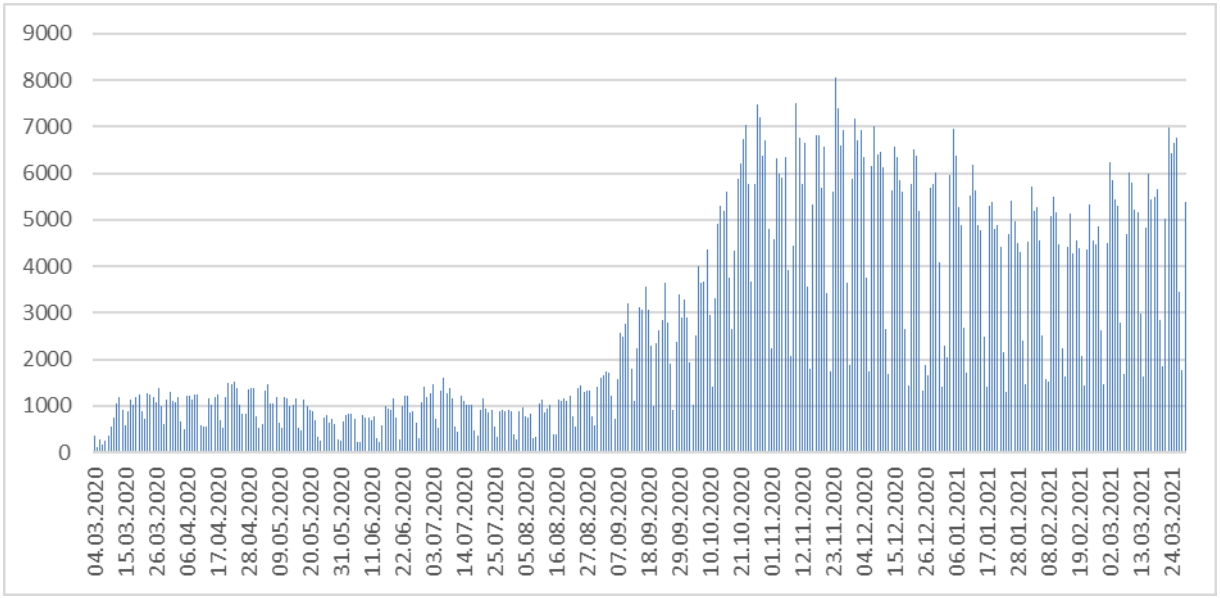
The expert advisory group regularly monitored the number of new cases in the last 14 days per 100,000 population, the daily average of infections and the situation in schools, hospitals and homes for the elderly. It monitored the number of COVID-19-related deaths in homes for the elderly, hospitals and at home, hospitalisation rates, the number of hospital admissions and discharges, inventory levels of protective equipment and trends in the values of other indicators. An important indicator was the reproduction factor (R), which is a good predictive value. On the basis of the above and other indicators, the development of the epidemic was predicted and the measures needed to control the spread of infections were adopted. Modellers analysed the progress of the epidemic through models in real-time, prepared analyses of the measures and proposed individual measures. The situation was monitored at municipal and regional levels. This made it possible to find hot spots and take targeted action. Through epidemiological tracking of infections, infected persons and their close contacts were traced, quarantine decisions were issued and both quarantines and isolations were monitored. To carry out quarantines in a high-quality manner, hotels were reserved to accommodate persons who

lacked the conditions to spend quarantine in an appropriate manner. The border control policy was actively pursued by introducing different border crossing regimes in view of the deteriorated epidemiological situation.

Testing

Due to insufficient testing capacities, the number of tests conducted was low at first. We were only able to increase the number of tests eight-fold before the second wave, conducting 8,000 PCR tests per day. We later introduced rapid tests detecting the presence of the virus, which proved successful for reducing the number of infections among teaching staff. Teachers were to be tested weekly. If they tested positive, they were isolated and all their close contacts were quarantined. Residents of the Republic of Slovenia were and can still be tested with the rapid tests free of charge in local communities, schools and companies. This would not have been possible without adapting and organising work in primary healthcare. During the epidemic, 1,051,664 PCR tests were conducted up to 29 March 2021 inclusive, or 50 tests per 100 population of Slovenia. Up to the same date, 1,596,837 rapid tests were conducted or 76 tests per 100 population of Slovenia. Testing was an important tool for managing the epidemic.

Figure 6: Number of PCR tests conducted in the Republic of Slovenia during the COVID-19 epidemic, from 4 March 2020 to 29 March 2021, by day



Source: National Institute of Public Health

Modernisation of epidemiological data collection and communication

New information systems were set up, which enabled faster and better collection of epidemiological data. Each person found positive for SARS-CoV-2 was interviewed by a qualified professional and completed an epidemiological questionnaire that served as a rich source of epidemiological data. The National Institute of Public Health also regularly monitored the epidemic through a separate SI-PANDA questionnaire, which is based on a WHO questionnaire and made it possible to obtain important data on a weekly basis on the epidemic-related problems that people face daily. The findings were used in the development of measures. The collection of laboratory data on infections has also been modernized. The data are now automatically transferred from the source to a database at the National Institute of Public Health, where they are stored, analysed and communicated to professionals and the general public on a daily basis. The National Institute of Public Health prepared the expert basis for decision-making for the meetings of the expert advisory group and sessions of the Slovenian

Government. An important contribution to keeping professionals and the general public better informed were the products of the "COVID Team" at the Jožef Stefan Institute, for example a COVID tracker that continues to provide easily accessible data. Until the National Institute of Public Health established a reporting system, the COVID tracker was the only comprehensive source of information, collecting data from various sources. Attention should also be drawn to other modellers who significantly contributed towards better addressing the epidemic-related problems.

Tracking infections

Regular tracking of infections was important. In the summer, the Epidemiological Service of the National Institute of Public Health increased its tracking capacities ten-fold, making it possible to then trace over 300 infected persons. The National Institute of Public Health thus ensured that all infected persons were contacted and given instructions on isolation and instructions regarding close contacts. The National Institute of Public Health also prepared separate instructions for close contacts, which were sent to the contacts by the infected person. A separate tracking of infections was established in schools, which included experts and employees in primary and other educational institutions. The epidemiologists were actively looking for disease hot spots and controlling infections. Data collected through these epidemiological methods significantly contributed to the analysis of the situation and the planning and adoption of appropriate measures. To enable contact tracing, the "Stay Healthy" (*Ostani zdrav*) app was developed. The key element of the app is assessing the risk of infection based on contacts with persons with confirmed infection.

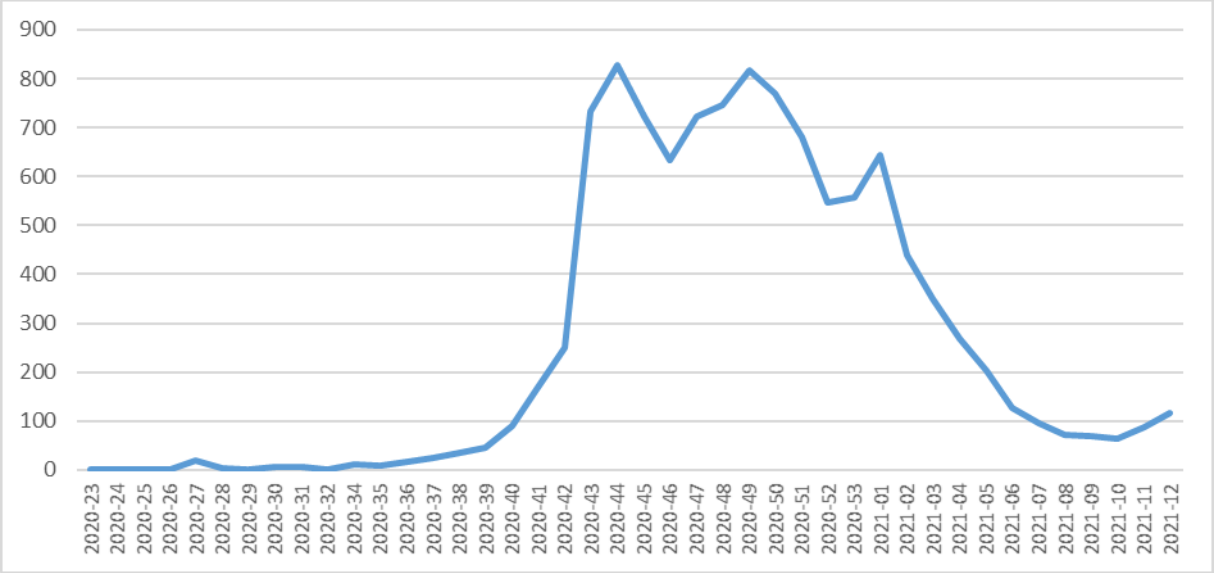
Providing protective equipment

The COVID-19 epidemic came as a surprise to Slovenia. In March 2020, the storage facilities only held a small supply of protective equipment, which almost ran out in the first few days. In the first wave of the epidemic, an adequate supply of protective equipment was ensured through great effort. There were, however, some problems related to the quality of protective equipment. Due to major problems in the global protective equipment market, we also encountered many delivery problems. Protective equipment was hard to come by in the market and it was difficult to transport it to Slovenia, as shipments were sometimes seized by other countries. Only by the end of the first wave did we manage to replenish the protective equipment storage facilities. In the summer of 2020, supplies of protective equipment in Slovenia were restored and more than three months' worth of supplies was ensured. Consequently, no shortage of protective equipment was observed in the second wave of the epidemic.

Providing hospital and intensive care beds

In addition to the shortage of protective equipment and lack of experts suitably qualified to work with COVID-19 patients, almost all intensive care beds and hospital beds were occupied in the first wave of the epidemic. Despite everything, Slovenia organised the work in hospitals and came through the first wave relatively well. When the first wave was over, we undertook the creation of a Slovenian COVID hospital, which consisted of wards in individual hospitals that were coordinated by a coordinator at the national level. We adopted documents that enabled the redeployment of staff to posts in COVID wards, which were greatly expanded and thus enabled admission of all patients in need of hospitalization. The apparatus purchased during the first wave (ventilators) proved useful, while supplies of all medical and protective equipment were intensively replenished. There were sufficient supplies in the second wave. National legal instruments that regulated the epidemic situation were updated. The second wave was much worse than the first; however, the preparations for the second wave in the summer of 2020 were well-organised. The organisation of work in the second wave was complicated, in particular, by a large number of infected healthcare professionals.

Figure 7: The number of healthcare professionals newly infected with SARS-CoV-2 in the Republic of Slovenia by epidemic week



Source: National Institute of Public Health

The role of primary healthcare

Primary healthcare, which was excellently organised, was adapted to the state of emergency and provided regular testing with PCR and later rapid antigen tests, and played (and continues to play) an important part during the COVID-19 epidemic. Access to healthcare services is provided to all residents of Slovenia and was also provided during the COVID-19 epidemic, when a state of emergency was declared. Great flexibility in adapting to needs was already noticeable in the organisation of work. Public healthcare has done an excellent job of caring for the elderly, who stayed at home and were not in residential care. Care for marginalised groups, drug addicts, the homeless, etc. should also be highlighted, as programmes for these groups continued despite the state of emergency. Attention was also focused on providing support to persons with mental health disorders and in mental distress. A separate support network was established for them, coordinated by the National Institute of Public Health. Both governmental and non-governmental organisations participated in the network. It can be assessed that Slovenia was very well organised in this context and managed to overcome the difficulties in the healthcare system mainly because public health and public healthcare are the foundation of our healthcare system. As numerous processes in the healthcare system are already linked to an electronic network connecting all healthcare organizations, doctors were able to write prescriptions and refer patients for appointments via an electronic system. It was found that electronic interconnection of healthcare service providers is all the more important in crises.

Funding

The Slovenian Government arranged funding for additional services related to COVID-19. By adopting emergency legislation, the Government regularly provided sufficient funds for the functioning of the healthcare system and additional remuneration for healthcare professionals in accordance with the collective agreement, which provides for additional financial incentives for healthcare professionals during the COVID-19 epidemic. Throughout the epidemic, the Slovenian Government also provided additional funding for material costs in healthcare and other systems to help manage the state of emergency arising from the epidemic.

The COVID-19 epidemic was a sudden major life trial for all residents of Slovenia that has unfortunately been persisting for over a year. Through good organisation at the local and national levels and mobilisation of the healthcare, education and other sectors, as well as the Civil Protection Service and the non-governmental sector, we managed to control the epidemic without overburdening the healthcare system. A rational approach provided the basic conditions for solving the problems caused by the epidemic. The Slovenian Government played an important role in this area as a coordinator of all activities. Good preparation for the second wave in the summer of 2020 significantly reduced the severity of potential consequences. Anti-corona measures were carefully planned and integrated to provide a comprehensive response to the epidemiological situation, taking into account international recommendations and the progress of the epidemic in Slovenia. The measures were constantly adapted to the course of events, following the principle of maximum benefit for the largest number of people. Individual vulnerable groups were supported by targeted measures. The general public is tired of the epidemic and solutions such as the accelerated COVID-19 vaccination strategy, which is currently underway, are urgently needed to control the epidemic. As this is not only an epidemic but a syndemic, the social sector, education and the economy should be given a great deal of attention in addition to the healthcare system; as should people who are suddenly faced with great difficulties. The Republic of Slovenia has managed to strike a balance between these areas while controlling the epidemic. This has so far made it possible to successfully address the challenges brought on by the epidemic – syndemic.

g) Additional clarifications (from the Conclusions 2013):

1) The ECSR wishes to be informed of developments in the field of alcohol control policy.

The problem of alcohol in Slovenia is addressed by the Restrictions on the Use of Alcohol Act (Official Gazette of the Republic of Slovenia, No. 15/03 and 27/17; hereinafter: the ZOPA), prohibiting, inter alia, the sale of alcohol to minors and the intoxicated, by the Act Regulating the Sanitary Suitability of Foodstuff, Products and Materials Coming into Contact with Foodstuffs (Official Gazette of the Republic of Slovenia, Nos 52/00, 42/02 and 47/04 – ZdZPZ; hereinafter: ZZUZIS), restricting the advertising of alcoholic beverages, as well as strategy documents such as the Resolution on the National Health Care Plan 2016-2025 "Together for a Healthy Society" (Official Gazette of the Republic of Slovenia, No. 25/16) and the Resolution on the National Road Safety Programme for the period 2013-2022 (Official Gazette of the Republic of Slovenia, No. 39/13).

Apart from the requirement that alcoholic beverage sellers must have on sale at least two different types of non-alcoholic beverages which are of the same price or cheaper than the cheapest alcoholic beverage, the ZOPA has no impact on the affordability of alcohol, which is regulated in the Excise Duty Act (Official Gazette of the Republic of Slovenia, No. 47/16; ZTro-1). One of the measures that the World Health Organisation considers successful is the increase in excise duties, or measures which would lead to lower affordability of alcoholic beverages. In Slovenia, excise duties were last increased in 2014. Slovenia introduced new entities liable to pay excise duty, i.e. small beer producers and a small producers of spirits, who pay half the excise duty for a certain amount of alcoholic beverages (for beer up to 20,000 hectolitres per year, for spirits up to 150 litres of 100% alcohol by volume per year). Slovenia also introduced a quantity of wine (up to 600 litres per year) and beer (up to 500 litres per year) allowed for own use, for which registration and excise duty payment is not required. Despite numerous expert and civil society initiatives to support the increase in excise duty on wine, this has remained zero.

In 2017, on the initiative of a parliamentary group, the Act amending the Restrictions on the Use of Alcohol Act was adopted in Slovenia (Official Gazette of the Republic of Slovenia, No. 27/17; ZOPA-A), which, after almost 20 years, allowed the sale of alcoholic beverages containing less than 15% alcohol by volume (beer, wine, etc.) at public sports events. Alcohol policy makers, experts and civil society in Slovenia opposed this and pointed out that sports and alcohol were not compatible, that the sale and supply of alcohol at sports events contributed to increased accessibility and increased market communication of alcohol and, consequently, to increased consumption and harm.

An example of good practice is road transport legislation, which in 2011 introduced counselling and rehabilitation measures (medical examinations with counselling, educational and psychosocial workshops) in addition to the punitive ones. The National Road Safety Programme 2013-2022 includes various preventive, promotional and control activities to prevent participation in road traffic when under the influence of alcohol, and it involves various stakeholders: the Ministry of Health, the Ministry of Infrastructure, the Slovenian Traffic Safety Agency, the Police, the Ministry of Justice, inspectorates, professional institutions, local communities and non-governmental organizations.

The Ministry of Health with its partners (the police, inspection services, the Automobile Association of Slovenia, non-governmental organisations, Slovenian radio Val 202) carries out the *Slovenia Blows Zero (Slovenija piha 0.0,)* campaign, which aims to raise awareness of the harmful effects of alcohol, drugs and other psychoactive substances that impair the ability to drive safely. Following the example of some of the more successful countries, Slovenia is trying to contribute to the promotion of alcohol-free entertainment, which is perhaps most visible during the high school leavers' quadrille party, when the campaign encourages young people to party in a responsible way and refrain from alcohol. In 2011, the Health and Safety at Work Act (the ZVZD-1) was adopted, which explicitly prohibits alcohol consumption and alcoholism in the workplace. In 2015, the Audiovisual Media Services Act (Official Gazette of the Republic of Slovenia, Nos 87/11 and 84/15) prohibited the television sale of alcoholic beverages.

Since 2017, significant progress has also been made in investing in alcohol prevention activities. Slovenia has managed to provide significantly higher (eight times higher) funds from the budget, which the Ministry of Health allocated, through an open invitation to tender, to preventive activities such as education and public awareness of the consequences of hazardous and harmful alcohol use, to help families in which alcohol problems occur, prevent drink-driving, prevent harmful drinking in drinking environments and bring together different actors in planning, advocacy and implementation of comprehensive alcohol policy and to exchange good practices. By providing higher funding in this area, Slovenia contributed to greater coverage of target groups in different parts of Slovenia, to more employment and to a greater professionalisation of the field work. As part of the public invitation to tender for co-financing health protection and health promotion programmes 2020-2022, we have co-funded programmes of more than EUR 2 million in the area of alcohol and tobacco; these were programmes of non-governmental organisations working together with professional institutions.

Slovenia also focuses on raising awareness about the consequences of drinking alcohol during pregnancy, breastfeeding and planning a pregnancy. The Ministry of Health has been co-financing the activities of the National Institute of Public Health in this area since 2013. This involves empowering and sensitising health professionals in this field, connecting the profession with non-governmental

organizations, youth organisations and other youth representatives and organising expert consultations on the annual Foetal Alcohol Syndrome Day.

Within the framework of the Operational Programme for the implementation of European cohesion policy 2014-2020, the Ministry of Health managed to provide around EUR 6 million of European funding for the project titled *Together for a responsible attitude towards alcohol consumption (SOPA);* through this project, Slovenia for the first time connected health and social institutions and non-governmental organizations into a network that will address alcohol issues at both individual and community level. The main purpose of the *Together for a responsible attitude towards alcohol consumption* project is to reduce alcohol over-consumption and its negative effects on the health of a risky and harmful drinker, and to establish a responsible attitude towards alcohol. The programme, run by the National Institute of Public Health, includes short counselling to those who engage in hazardous and harmful drinking; the programme is considered one of the more effective measures. The aim is to upgrade existing programmes in healthcare and to raise awareness and train personnel in healthcare, social and non-governmental organisations to effectively identify and implement short-term actions, both for those who drink excessively and for their families. Awareness-raising and training of journalists in responsible reporting on alcohol in the mass media and raising awareness of alcohol issues among the general public are also important parts of the programme. By supporting the abandonment of hazardous and harmful alcohol consumption, we also indirectly protect the individual from potential loss of employment due to alcohol-related problems. By supporting the abandonment of excessive alcohol consumption, we also indirectly support the individual's reintegration into the labour market in the case of unemployment.

In 2014, a publication entitled *Alcohol Policy in Slovenia - Opportunities for Reducing Damage, Costs and Inequalities among the Population* was compiled for the first time in Slovenia and updated in 2016 and 2018. The Ministry of Health finances the operation of the Mobilisation of the Community for a more Responsible Attitude Towards Alcohol (MOSA) forum, which through its work, has in recent years become recognised in Slovenia as the only trans-organisational entity that connects and brings together actors (governmental, professional and non-governmental institutions) directly or indirectly involved in the design of programmes and/or policies intended to deal with alcohol-related problems. It also contains a section on "*Where to turn for help?*" providing advice in the event of risky and harmful use of alcohol.

Since 2010 in Slovenia national alcohol policy conferences have been organised every two years, in response to European Alcohol Policy Conferences, promoting cooperation between political decision-makers, experts and non-governmental organizations and promoting interdisciplinarity and action in the local environment. For several years, Slovenia has supported the initiative for a new comprehensive common EU strategy in this field, as advertising, especially cross-border advertising, and alcohol prices are areas that require international agreement. In November 2019 Slovenia hosted the 7th European Conference on Alcohol Policy in order to strengthen the international integration of experts, decision makers and non-governmental organisations in the area of reducing harmful alcohol use in the EU and in Europe. The aim of the conference was to exchange knowledge, good practices and innovative approaches to formulate an alcohol policy that will contribute to sustainable development and reduction of inequalities. In September 2018, Slovenia was also the initiator of the regular session of the United Nations General Assembly in New York on the topic entitled *Alcohol, Non-*

communicable Diseases and Sustainable Development – Where are we and where are we going?. At this meeting, Slovenia, together with several countries in different parts of the world, discussed the initiative to make binding commitments in the international community, following the example of tobacco control, also in the area of alcohol, to help countries formulate effective alcohol policies.

2) The ECSR wishes to be informed of any measures taken to reduce the prevalence of illicit drug use.

See point d) of this Section or Article.

3) The ECSR wishes to be informed about the compulsory vaccination programme and vaccination coverage.

In the Republic of Slovenia, vaccination is regulated by the Communicable Diseases Act (Official Gazette of the Republic of Slovenia, No. 33/06 – official consolidated text, 49/20 – ZIUZEOP, 142/20 and 175/20 – ZIUOPDVE; ZNB). In the pre-school and school periods, vaccination against nine infectious diseases (diphtheria, tetanus, whooping cough, haemophilus influenza B, poliomyelitis, hepatitis B, measles, mumps and rubella) is compulsory. Vaccination against pneumococcal infections for pre-school children and vaccination against human papillomavirus (HPV) infections for girls in grade 6 of primary school are carried out in the same way as other compulsory vaccinations; however, the two are recommended and not mandatory. Each year, the National Institute of Public Health, in cooperation with other experts, draws up a proposal for the *Annual Vaccination and Protection Programme*, which is approved by the Minister and published in the Official Gazette of the Republic of Slovenia. All population age groups are included in this programme. Thus Slovenia has in place a successful national vaccination implementation system that combines good practice in safe vaccination and uninterrupted supply of vaccines.

Considering that vaccination of pre-school and school children is compulsory, the proportion of persons vaccinated against these childhood diseases is relatively high at present. In 2019, 94.7% of children were vaccinated against diphtheria, tetanus, whooping cough, haemophilus influenza B and poliomyelitis (DTP, hib, IPV) and 93.6% against measles, mumps and rubella (OMR). Against pneumococcal infections, vaccination coverage in children was 64.9%. The number of non-compulsory vaccinations, e.g. against influenza, has been slowly increasing in recent seasons. In the 2019/2020 season, 12.9% of the population were vaccinated against seasonal influenza (18.8% in the age group of ≥65 years).

4) The ECSR wishes to receive updated information on accidents.

For information on occupational accidents collected by the Labour Inspectorate, see Section 3§3 – Ensuring the enforcement of safety and health regulations by measures of supervision.

Data on road traffic accidents, hospitalisations and mortality due to road traffic accidents are collected by the National Institute of Public Health. The data include cases of deaths arising from accidents involving means of transporting people or goods by land, water or air and hospitalisation due to injuries. In Slovenia, 109 people died in transport accidents in 2018; the majority of them were men (83%). The most common are road traffic accidents. In 2018 there were 18,304 such accidents in Slovenia, in which 91 people died (102 in 2017 and 130 in 2016). Since 2009, the number of road traffic accidents has decreased by 11%, according to the National Institute of Public Health data; in 2018 there were 11 fewer fatalities than in the previous year. According to the National Institute of Public Health data, the number of deaths per 100,000 people due to road traffic accidents decreased by 48% in the

ten-year period from 2008 to 2018. There is a marked gender difference in mortality due to road traffic accidents, with the death rate for men being four times higher than for women. Driving under the influence of alcohol is also among the causes of mortality in road traffic accidents. In 2018, of all persons responsible for fatal road traffic accidents, 26% were intoxicated with alcohol. For measures addressing this problem, see point G2 of this Section (development of alcohol control policy).

Article 12: THE RIGHT TO SOCIAL SECURITY

With a view to ensuring the effective exercise of the right to social security, the Parties undertake:

1. **to establish or maintain a system of social security;**
2. **to maintain the social security system at a satisfactory level at least equal to that necessary for the ratification of the European Code of Social Security;**
3. **to endeavour to raise progressively the system of social security to a higher level;**
4. **to take steps, by the conclusion of appropriate bilateral and multilateral agreements or by other means, and subject to the conditions laid down in such agreements, in order to ensure:**
   a. equal treatment with their own nationals of the nationals of other Parties in respect of social security rights, including the retention of benefits arising out of social security legislation, whatever movements the persons protected may undertake between the territories of the Parties;
   b. the granting, maintenance and resumption of social security rights by such means as the accumulation of insurance or employment periods completed under the legislation of each of the Parties.

12§1 Existence of social security systems

Information to be submitted

No information requested, except where there was a conclusion of non-conformity or a deferral in the previous conclusion for your country. For conclusions of non-conformity, please explain whether and how the problem has been remedied and for deferrals, please reply to the questions raised.

Additional clarifications (from the Conclusions 2013):

Discrepancies were found in the latest Conclusions and therefore further clarifications are provided below in line with the ECSR call in Conclusions 2013.

1) The ECSR wishes to receive information on the share of uninsured persons in relation to all active persons in Slovenia (total number of employed and non-employed persons).

The text below indicates data on the number of persons who had no compulsory health insurance coverage for disease and injury outside work for more than two months. Despite activities to regulate insurance for uninsured persons, their number remains at a similar level, since on 31 December 2018 there were 3,430, such persons and 3,050 on 31 December 2019. This group includes "temporarily" uninsured persons. These are persons who are waiting for recognition of the right to a pension, the right to unemployment benefits, etc. and "temporarily" have no insurance on a different basis, since they are also granted this right retroactively after recognition. Persons who have their registered permanent residence in Slovenia are included, but there is doubt as to whether they really reside at the address at which they registered permanent residence in Slovenia and whether they fulfil the conditions to be included in compulsory health insurance at all. There were 275 such persons on 31 December 2019.

There is also an issue concerning a group of insured persons whose rights are withheld because of their failure to pay contributions for various reasons, or who can only exercise their rights if they need urgent medical treatment. Thus, as at 31 December 2019 there were 18,221 persons (insured persons and their family members covered with insurance) who did not pay contributions for compulsory health insurance and therefore their rights under this insurance were withheld (19,025 people on 31

December 2018). Insured persons whose entitlements were withheld for more than 1 year due to non-payment of contributions amounted to 6,434 (7,081 in 2018).

Compulsory pension and disability insurance is uniform in Slovenia, with the same insurance institution (the Pension and Disability Insurance Institute of Slovenia), and in accordance with the principle of equality, all workers in employment, self-employed persons, unemployed persons who receive cash benefits from the Employment Service of Slovenia or for whom the Employment Service of Slovenia pays their contributions for pension and disability insurance, insured parents, persons who have voluntarily enrolled in compulsory insurance, persons insured in accordance with Article 18 of the ZPIZ-2 (other legal relations, including university and secondary school students) and other categories of insured persons (including persons employed abroad) are compulsorily insured. The total average number of insured persons in 2019 was 960,755 (939,149 in 2018); 914,313 in 2017; 891,002 in 2016), of which 749,191 were employed by legal persons, 52,719 employed by private persons, 72,712 self-employed, 4,645 were farmers, 16,745 unemployed, 20,935 parents, 21,312 insured under other legal relationships (including 20,841 secondary school and university students), 7,998 voluntary insured persons and 14,498 persons classified in other categories of insured persons. According to the data of the Statistical Office of the Republic of Slovenia, in 2019 there were 894,229 persons in employment (employees and self-employed persons) in Slovenia, while according to data from the same source in the last quarter of 2019 there were about 41,000 persons unemployed.

2) Minimum sickness benefit

The amount of wage compensation depends on the basis for the benefit, the reason and duration of the temporary absence from work and the method of valuation. The basis for the benefit is the average monthly wage and allowances paid in the calendar year preceding the year in which the temporary absence from work occurred, or the average basis for the payment of contributions in the calendar year preceding the year in which the temporary absence from work occurred (unless the person had no salary or basis for the payment of contributions in the entire previous calendar year, or the person had no salary or basis for the payment of contributions in the entire previous calendar year prior to the period of temporary absence from work, or the insured person was injured on their way to work or before they started work or when, upon arrival after completing military service or due to illness or injury, they cannot take up a post). The benefit may not be less than the guaranteed salary and not higher than the salary the insured persons would have received if they had worked, or higher than the basis on which they are insured at the time of absence ("limit" as we call it).

From 1 January 2020 the gross minimum wage amounted to EUR 940.58 (net amounting to about EUR 700) and in 2021 it will be increased to EUR 1024.24. The Act amending the Minimum Wage Act (Official Gazette of the Republic of Slovenia, No. 83/18) with effect from 1 January 2020 exempts from the definition of the minimum wage all allowances provided for by laws and regulations and collective agreements (seniority bonus, allowance for difficult working conditions, etc.), part of the salary for job performance bonus and business performance bonus agreed by a collective labour agreement or employment contract. The minimum amount of sick benefit is 70% of the above-mentioned net amount to which the allowances are to be added.

3) The amount and duration of unemployment benefit.

Unemployment insurance is regulated by the Labour Market Regulatory Act (Official Gazette of the Republic of Slovenia, No. 80/10; hereinafter: ZUTD), supplemented in the reporting period 2016-2019 by the ZUTD-D (Official Gazette of the Republic of Slovenia, No. 55/17) and the ZUTD-E (Official Gazette

of the Republic of Slovenia, No. 75/19). The rights under compulsory and voluntary unemployment insurance include:

- the right to unemployment allowance;
- the right to have contributions for compulsory social insurance paid;
- the right to have pension and disability insurance contributions paid one year prior to the fulfilment of the minimal conditions for the right to an old age pension pursuant to the regulations governing pension and disability insurance (during a part of the reporting period this right lasted two years and was exercised from the entry into force of the ZUTD-A (Official Gazette of the Republic of Slovenia, No. 21/13) from 5 March 2013 until 1 March 2018).

The rights under unemployment insurance may be acquired by unemployed persons insured for at least nine months in the last 24 months prior to their unemployment; however, after the introduction of the Act Amending the Labour Market Regulation Act (the ZUTD-E) (Official Gazette of the Republic of Slovenia, No. 75/19), this provision was amended as from 1 January 2021 so that insurance rights can be acquired by an unemployed person insured for at least ten months in the last 24 months. The rights under unemployment insurance may be acquired by insured persons who become unemployed through no fault of their own.
An unemployed person may claim a cash benefit for the duration of:

- two months for individuals under 30 years for an insurance period of six to ten months;
- three months for an insurance period of ten months to five years;
- six months for an insurance period of five to 15 years;
- nine months for an insurance period of 15 to 25 years;
- 12 months for an insurance period of over 25 years;
- 19 months for insured persons older than 53 years with an insurance period of more than 25 years;
- 25 months for insured persons older than 58 years with an insurance period of more than 28 years.

Acts amending the ZUTD-D and the ZUTD-E also enable the activation of the low-educated unemployed and their early employment. Unemployed persons with minimal vocational or secondary education levels other than those in deficit occupations are entitled to an allowance in the event of employment before the expiry of the unemployment benefit. This amounts to 20% of the monthly net unemployment benefit until entitlement to the benefit expires or to a maximum of 12 months. During this period, they must be full-time employees and with a different employer from that before unemployment.

The unemployment benefit for the first three months is paid in an amount of 80% of the basis. In the subsequent nine months, unemployment benefit amounts to 60% of the base and in all other subsequent months of eligibility to 50% of the base. The payment method has been in force since 2013 (the ZUTD-A). The minimum (EUR 530.19) and the maximum amount of unemployment benefit (892.50) are set by law. The legislation governing the duration and amount of unemployment benefits was last amended at the end of 2019 (the ZUTD-E, Official Gazette of the Republic of Slovenia, No. 75/19). These amendments changed, in particular, the level of the minimum benefit and the minimum conditions of insurance for receiving unemployment benefits. Amendments in 2019 increased the

benefit to EUR 530.19 and this is comparable to the minimum income of EUR 402.18. In addition, the minimum entry conditions for entitlement to unemployment benefit changed in 2019 and from 2021 onwards it will be possible to obtain a three-month benefit if the person was insured for ten months (previously nine months) in the last 24 months. The minimum period of receiving unemployment benefit will therefore be three months for a period of ten months (previously nine months) to five years of insurance.

Amendments to the ZUTD have made it possible for younger unemployed, most of whom have a shorter total duration of employment, to be more appropriately treated. Young people under the age of 30 are now entitled to unemployment benefit even for shorter periods of employment, and can therefore receive two months' benefit if they were previously insured for six to ten months. Considering the demographic trends of the ageing population and the promotion of the work activity of older workers, the age limit for entitlement to benefits for periods of 19 and 25 months was increased by three years, as well as the necessary periods of insurance for entitlement to a maximum of 25 months of benefit.

4)) The ECSR wishes to obtain information on the impact of the introduction of the Pension and Disability Insurance Act (the ZPIZ-2) on the amount of the minimum pension.

At the time of the adoption of ZPIZ-2, which entered into force in 2013, the minimum pension for an insured person who is entitled to an old-age or early pension of at least 26% of the minimum pension base was set. This percentage was set by the end of 2019. The ZPIZ-2G amendment set a minimum pension in the amount of 29.5% of the minimum pension base. During the 2020-2024 transitional period, the minimum pension will be increased by 0.5% each year until it reaches 29.5%. Despite the fact that the ZPIZ-2, due to a different method of calculating the minimum pension base, set new percentages for pension assessment, the ZPIZ-2 amendment raised the minimum pension; for example, in December 2019 the minimum pension would have been EUR 223.24 per month if it had been assessed under the provision on the minimum pension under the ZPIZ-1, whereas, according to the applicable ZPIZ-2 provision, the minimum pension amounted to EUR 226.55. After the expiry of the transitional period, the minimum pension of the insured person fulfilling the conditions for an old-age or early pension will amount, under the same assumptions, to EUR 257.34 per month.

With the entry into force of the ZPIZ-2C, the institution of a guaranteed pension was introduced, and entered into force on 1 October 2017. Thus, paragraph three of Article 39 of the ZPIZ-2 stipulates that an insured person (man or woman) who acquired the right to an old-age or disability pension under the provisions of the aforementioned act and who completed the prescribed number of years of pensionable service excluding the surcharge for entitlement to an old-age pension at the minimum age is guaranteed a pension in the amount of EUR 500. The guaranteed pension for 40 years of pensionable service, excluding the surcharge, amounted to EUR 538.53 in December 2019.

Before the amendment to the ZPIZ-2, an insured person received a disability pension in the minimum amount of 36% of the pension rating base. Through the amendment to the ZPIZ-2G, insured persons who became disabled prior to reaching 65 years of age received their disability pension in the minimum amount of 41% of the pension rating base. During the transitional period up until 2024, the assessment percentage will gradually increase. If we compare the ZPIZ-1 and the ZPIZ-2 regarding the minimum pension base of December 2019, the minimum disability pension for insured persons whose disability occurred before the age of 65 would be EUR 287.01 in December 2019 and EUR 313.68 after

the amendment to the ZPIZ-2. Under the same assumptions, the minimum pension will amount to minimum EUR 357.24 per month after the expiry of the transitional period.

The ZPIZ-2 stipulated a minimum basis for determining a widow's pension until 2019, amounting to minimum 33% of the pension rating base of the insured person and after the amendment to the ZPIZ-2G it is set at a minimum 38% (in the 2020-2024 transition period it will increase by 1% per annum until it reaches 38%). Here, too, compared to the ZPIZ-1, the lowest widow's pension is on the increase, which will be most noticeable at the end of the transitional period.

12§2 Right to social security

Information to be submitted – see 12§3

12§3 Development of social security systems

Information to be submitted

a) Please provide information on social security coverage and its modalities provided to persons employed or whose work is managed through digital platforms (e.g. cycle delivery services).

b) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

c) Please provide information on any impact of the COVID-19 crisis on social security coverage and on any specific measures taken to compensate or alleviate possible negative impact.

a) The occurrence of new ways of working, changed circumstances of companies' operation, technological development and other factors put pressure on traditional and established institutions of work, among which the employment relationship is the basis of employment. Despite different modern approaches and new ways of working, it can be concluded that already established institutions generally provide a sufficient and appropriate legal framework for the performance of work when a dependent work relationship is in question. The employment relationship establishes the appropriate balance between the rights and duties of both parties, whereby the employee, as the weaker party, is granted legal security, while the employer is granted adequate predictability in terms of the labour force.

As far as work on online platforms is concerned, we often find that the central problem is the vague (labour law) legal status of platform workers, i.e. persons working on online platforms and on the other hand, the role and (legal) position of platforms are often unclear. However, it should also be pointed out that this involves a very heterogeneous category of work, as the way of working can vary from platform to platform and decision-makers often face the challenge of how to standardise this kind of work. Since the work on online platforms is as diverse as work in a conventional working environment, it is necessary to establish, in the same way, whether there is an employment relationship between the platform and the person working on this platform. If the agreement between the platform and the employee has the characteristics of an employment relationship, it means that it is an employment relationship, including in the case of platform work. Workers working on online platforms should therefore work under the same conditions as other workers. The new technologies and new ways of organising work on online platforms may not be a reason for denial of obligations and rights arising from the employment relationship. We estimate that the scope of platform work in the Republic of Slovenia is very small, although some of its forms have recently begun to appear, such as bike delivery services. Until now, the Slovenia has not yet addressed this phenomenon with legal solutions that would regulate the specificities of platform work only.

However, we are aware that the unclear legal and labour situation of platform workers can be the reason why the level of risk of precariousness of these workers is very high. In 2018, in order to highlight the dimensions and forms of precarious work, the Ministry of Labour, Family, Social Affairs and Equal Opportunities joined the co-financing of the project titled *Multidisciplinary analysis of precarious work: Legal, economic, social and healthcare aspects (MAPA)*. This is a joint project of three

Slovenian universities based on a multidisciplinary approach. The research was completed in 2020. The main goals of the project are to gain a comprehensive multidisciplinary insight into the state of precarious work in Slovenia by establishing its scope, characteristics and comparison with other EU countries and then to formulate proposals to limit the negative effects of precarious work on the basis of a comprehensive insight into precarious work in Slovenia for individuals and society as a whole. Among all the forms of work discussed within the project, special attention was paid to platform work. The Ministry of Labour, Family, Social Affairs and Equal Opportunities is examining the conclusions and recommendations to appropriately address this phenomenon.

b) The Slovenian Government immediately addressed the COVID-19 crisis management and long-term reduction of adverse effects on the economy and population by adopting immediate intervention measures that can be implemented in a short period of time and by developing strategic measures to help the population and the economy. An advisory group was established to assist ministries in the preparation of legislative packages focused on the provision of rapid financial assistance to citizens to prevent and mitigate the consequences of the epidemic. Seven aid packages were adopted in 2020 and included a number of measures in the area of social security.

During the first wave of the epidemic, the Act Determining the Intervention Measures to Contain the COVID-19 Epidemic and Mitigate its Consequences for Citizens and the Economy (Official Gazette of the Republic of Slovenia, Nos 49/20, 61/20, 152/20 – ZZUOOP and 175/20 – ZIUOPDVE; hereinafter the ZIUZEOP) was adopted with subsequent modifications to ensure, inter alia:

- Slovenia provided assistance to workers and employers in the form of subsidised compensation for temporary lay-offs and exemption from the payment of social security contributions for workers who were temporarily laid off or could not perform their work due to force majeure. The amount of salary compensation for workers who were unable to work due to force majeure was 80% of the worker's salary for the past three months, but no less than the minimum salary (EUR 940.58 gross);
- The subsidisation of short-time working of 5–20 hours per week, which has been in force since June 2020;
- Workers who had to stay at home to take care of children because preschool institutions and schools were closed were entitled to 80% of the salary allowance and not just 50%, as provided for in Article 137 of the Employment Relationship Act (the ZDR). Compensation of wages was covered by the Republic of Slovenia, the amount of the refund was capped up to an amount equal to the average salary for 2019 (EUR 1,753.84 gross) and was not allowed to be below the minimum wage (EUR 940.58 gross);
- Exemption from contributions for pension and disability insurance and crisis allowance for employees receiving wages (from 13 March to 31 May 2020). The exempted payment of pension and disability insurance contributions was fully covered by the Slovenian Government, whereby all rights arising from the insurance were retained;
- Exemption from contributions and payment of monthly basic income of EUR 700 per month for self-employed, company members, farmers and religious staff on the basis of a submitted statement of reduction in their income. There is also potential reimbursement of lost income in the event of quarantine or childcare obligations for the self-employed, company members and farmers;

- Temporary salary compensation for loss of employment of EUR 513.64 gross per month was introduced for persons whose employment was terminated for business reasons or their fixed-term employment contracts ended;
- A one-off solidarity bonus of EUR 150 was paid to the recipients of financial social assistance or income support for April 2020. The payment of the above-mentioned one-off solidarity bonus was paid to 49,839 recipients in May and June 2020;
- A one-off solidarity bonus of EUR 150 was also awarded to students with permanent residence in Slovenia as well as the recipients of parental allowance, special childcare allowance, family assistants, foster parents, beneficiaries under the War Veterans and War Disabled Act and beneficiaries of compensation under the Social Inclusion of Disabled Persons Act and members of farm households over the age of 65 who do not receive pensions;
- A one-off solidarity bonus was paid to pensioners (see Section or Article 23);
- Automatic (monthly) extension of already recognised rights (e.g. child benefit, reduced payment of preschool institutions). The aim was to ensure smooth or regular functioning of Social Work Centres (which, at the first instance, decide on the right to financial social assistance) and thus to ensure smooth decision-making. This enabled faster decision-making regarding the new applications of clients for financial social assistance and its specific form, extraordinary financial social assistance, which had been requested by the clients owing to the deterioration of their social status as a result of the emergency situation. A comparison of beneficiaries of financial social assistance and extraordinary financial social assistance in the function of its specific form (also intended under the current legislation to cover the costs resulting from the natural disaster or declaration of an epidemic) shows that between March (month of the declaration of the epidemic) and May 2020 (end of the first wave of the epidemic), the number of beneficiaries of financial social assistance increased by 7,462 and the number of beneficiaries of extraordinary financial social assistance by 1,056;
- In deciding on applications for financial social assistance, income support, rent subsidy and both medical entitlements under the Exercise of Rights to Public Funds Act, owing to the limitations on the disposal of assets during the emergency situation, this (other than savings and securities) was not taken into account in establishing the financial situation;
- Simplified submission of applications for social transfers and other rights to public funds;
- Increased large family allowance, specifically by EUR 100 for families with three children and EUR 200 for families with four or more children;
- A one-off solidarity bonus in the amount of EUR 30 for each child was granted to recipients of child benefits if not ranked higher than in the 6th income class;
- The provision of hot meals for primary and secondary school students from socially disadvantaged families during remote schooling organised by local communities for days of remote schooling. The funds for ensuring hot meals were provided from the state budget.

The last package of measures in 2020 to mitigate the consequences of the crisis was adopted by the National Assembly in the form of the Act Determining Intervention Measures to Assist in Mitigating the Consequences of the Second Wave of COVID-19 Epidemic (Official Gazette of the Republic of Slovenia, No. 203/20; hereinafter: the ZIUPOPDVE), which entered into force on 31 December 2020. In addition to providing help to the economy and healthcare, it includes additional financial support measures for the most vulnerable. The ZIUPOPDVE has improved the financial situation of a wide range of beneficiaries, as students and farmers over the age of 65 and with low income were again entitled

to a one-off crisis allowance amounting to EUR 150. Pensioners with low pensions were again entitled to an allowance in three different amounts (see Section or Article 23). Employees on low incomes were also entitled to the allowance, as every employee who works and whose last paid monthly salary was less than twice the minimum wage, in addition to a salary for December 2020 was paid a monthly crisis allowance in the amount of EUR 200, which was exempt from all taxes and contributions and covered by the Slovenian Government. Families with children are entitled to a one-off solidarity bonus of EUR 50 for a child, and the amount of the annual large family allowance was increased by EUR 100 for families with three children and EUR 200 for families with four or more children until the end of the epidemic. The child care allowance is also higher, as the amount of child care allowance under the Parental Protection and Family Benefits Act was increased by EUR 100 per month until the end of the epidemic. The ZIUPOPDVE has also introduced a one-off solidarity bonus for newborns: one parent or adopter of a child with permanent residence in Slovenia, born in the period from 1 January 2020 to one year after the end of the epidemic, will receive a one-off solidarity bonus for newborns of EUR 500.

c) <u>Additional clarifications (from the Conclusions 2013):</u>

1) The ECSR wishes to obtain information on the consequences of the transfer of the right to an income support from the pension system to the social assistance system.

See Section or Article 23.

2) The Committee would like to be informed about the implementation of ZPIZ-2

See the last point of the additional clarifications of Section or Article 12§1.

12§4 Social security of migrants

Information to be submitted

No information requested, except where there was a conclusion of non-conformity or a deferral in the previous conclusion for your country. For conclusions of non-conformity, please explain whether and how the problem has been remedied and for deferrals, please reply to the questions raised.

Additional clarifications (from the Conclusions 2013):

Discrepancies were found in the latest Conclusions and therefore further clarifications are provided below in line with the ECSR call in Conclusions 2013.

1) Bilateral Agreements on Social Insurance of the Republic of Slovenia concluded with other states signatories of the European Social Charter (RESC)

The Republic of Slovenia has a bilateral social insurance agreement with the Republic of North Macedonia, the Republic of Serbia, with Bosnia and Herzegovina and with Montenegro from among the non-EU states signatories of the European Social Charter (RESC). Discussions on the conclusion of an agreement are ongoing with Turkey and the Russian Federation.

2) The ECSR found inconsistencies considering the allegations of unequal treatment of citizens of all the RESC signatories with regard to social protection rights and access to family transfers. The ECSR also found inconsistencies owing to the lack of information on ensuring equal treatment of nationals of all the RESC signatories regarding the exercise of acquired benefit rights and the accumulation of insurance periods and length of service.

We would like to emphasise that compulsory pension and disability insurance in Slovenia is uniform for all insured persons and does not presuppose the condition of citizenship. According to the applicable legislation under the ZPIZ-2, rights in relation to old age, disability and death are guaranteed under equal conditions to citizens of the Republic of Slovenia and foreign citizens on the basis of work, paid contributions to pension and disability insurance and in accordance with the principles of reciprocity and solidarity.

As regards access to family transfers (child benefit), we would like to emphasise that foreigners are entitled to this provided that they have temporary or permanent residence in Slovenia and actually reside in Slovenia, irrespective of whether the Republic of Slovenia has a bilateral agreement with the country of origin or not.

In the area of healthcare, citizens who have the legal status of foreigners in Slovenia are, as a rule, covered by compulsory health insurance if they are employed, self-employed or unemployed. This means that their rights of access to healthcare are equal to the rights of the citizens of Slovenia. In Slovenia, the conditions for acquisition of a right to compensation for temporary absence from work are also linked to the payment of contributions to compulsory health insurance, and therefore do not differ depending on whether the person is a Slovenian national or not.

Foreigners employed in the territory of Slovenia are included in compulsory unemployment insurance. The conditions for acquisition of the right to unemployment benefits are linked to the length of time during which insurance contributions were paid. However, restrictions regarding third-country nationals are imposed on conditions for attaining the unemployed person's status enabling the enjoyment of rights arising from the above-mentioned insurance.

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

Foreigners who come from non-EU countries with which Slovenia has no bilateral agreement and are included in compulsory pension and disability insurance in Slovenia, acquire the right to a pension under the same conditions as other insured persons. They may exercise the right to an old-age pension from the Slovenian state at the age of 65 if they have completed a minimum of 15 years of insurance, and they may also exercise the right to a disability pension if they fulfil the conditions for this. Survivors of the insured person are entitled to a widow's or survivor's pension if the conditions are met on the part of the deceased and on the part of the survivors. However, the Slovenian pension scheme does not provide the right to the paying out of contributions paid in by an insured person who does not complete the minimum insurance period. Foreigners who have completed their pension qualifying periods in a country with which Slovenia has no bilateral agreement, do not have the right to aggregation of insurance periods. If such a person fails to fulfil the minimum conditions for acquisition of the right to a pension as stipulated by national legislation in Slovenia, they do not acquire the right to a pension. Foreigners who fulfil the conditions for being granted a pension under Slovenian legislation are entitled to payment of a pension abroad if they emigrate permanently.

Since the last reporting no changes have been made regarding the conditions for obtaining parental benefit and partial payment for lost income.

Article 13: THE RIGHT TO SOCIAL AND MEDICAL ASSISTANCE

With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake:

2. to ensure that persons receiving such assistance shall not, for that reason, suffer from a diminution of their political or social rights;

3. to provide that everyone may receive by appropriate public or private services such advice and personal help as may be required to prevent, to remove, or to alleviate personal or family want.

13§2 Anti-discrimination legislation regarding social and political rights

Information to be submitted

No information requested, except where there was a conclusion of non-conformity or a deferral in the previous conclusion for your country. For conclusions of non-conformity, please explain whether and how the problem has been remedied and for deferrals, please reply to the questions raised.

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13§3 Prevention, elimination or mitigation of personal or family distress

Information to be submitted

No information requested, except where there was a conclusion of non-conformity or a deferral in the previous conclusion for your country. For conclusions of non-conformity, please explain whether and how the problem has been remedied and for deferrals, please reply to the questions raised.

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Article 14: THE RIGHT TO BENEFIT FROM SOCIAL WELFARE SERVICES

With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Parties undertake:

1. **to promote or provide services which, by using methods of social work, would contribute to the welfare and development of both individuals and groups in the community, and to their adjustment to the social environment;**
2. **2. to encourage the participation of individuals and voluntary or other organisations in the establishment and maintenance of such services.**

14§1 Promotion and provision of social welfare services

Information to be submitted

a) Please explain how and to what extent the operation of social services has been maintained during the COVID-19 crisis and whether specific measures have been taken in view of possible future such crises.

b) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

a) In the initial wave of the COVID-19 epidemic in spring 2020, social welfare services providers acted in accordance with the recommendations for infection control issued by the Ministry of Labour, Family, Social Affairs and Equal Opportunities and the Ministry of Health or the National Institute of Public Health respectively. After the end of the first wave, the Ministry of Labour, Family, Social Affairs and Equal Opportunities urged service providers to present their experience and good practices during the epidemic in a questionnaire, which served to assist in the preparation of the Covid-19 infection control plan as the epidemic continued. The Minister responsible for Social Affairs appointed a working group to prepare the COVID-19 Plan in the case of a second wave; the working group consisted of representatives of the Ministry of Labour, Family, Social Affairs and Equal Opportunities and the Ministry, representatives of the National Institute of Public Health and representatives of social security providers. The Working Group analysed initial actions, experiences and best practices and developed protocols that formed an integral part of the plan for the containment of COVID-19 in the second, autumn wave of infections. The plan brought together and adapted recommendations according to a one-stop shop principle and developed tailored protocols for all social services. The protocols contain detailed instructions for the operation of service providers during the COVID-19 epidemic in nursing homes and other institutions providing social welfare services. The protocols are drawn up separately for the operation of institutional care providers (https://www.gov.si/teme/domovi-za-starejse/), for the operation of home assistance providers (https://www.gov.si/teme/pomoc-na-domu/), for the operation of institutional care providers for persons with special needs (https://www.gov.si/podrocja/socialna-varnost/varstvo-oseb-s-posebnimi-potrebami/), for the operation of management, care and employment service providers under special conditions (https://www.gov.si/podrocja/socialna-varnost/varstvo-oseb-s-posebnimi-potrebami/) and for the operation of crisis centre providers (https://www.gov.si/teme/centri-za-socialno-delo/).

Expert assistance in planning and implementing measures to contain the SARS-CoV-2 virus in social welfare institutions is provided by regional teams. Regional teams of the working group of coordinators for the prevention and control of infections with SARS-CoV-2 and other infectious respiratory diseases

in social welfare institutions provide professional support to social welfare institutions to effectively address the risks posed by the presence of the SARS-CoV-2 virus in Slovenia. The working group with regional teams was established in August 2020 and has since been providing expert assistance to social welfare institutions in solving the challenges related to the presence of the SARS-CoV-2 virus.

In order to ensure consistent and correct implementation of appropriate safeguards to prevent the introduction of the virus into workplace environments, employees had a number of trainings in handling protective equipment, professional advice and assistance. Funds for protective equipment were provided in the Slovenian national budget. Additional financial assistance of EUR 26 million for an estimated 550 additional employment positions was provided from the Slovenian budget for additional staffing, mainly in nursing homes, and additional staffing was also provided through a temporary deployment of employees where there was an increased workload due to COVID-19.

Homes for the elderly have special zones during the COVID-19 epidemic. A grey zone organised by means of individual isolation by separating clean and unclean paths is mandatory for residents suspected of COVID-19 infection. Each service provider has an emergency plan in place to establish a red zone intended for occupants with a detected infection. According to the epidemiological status of the users, the working group of coordinators for preventing and controlling infections with SARS-CoV-2, issues a written opinion confirming the spatial organization. For the employees of homes for the elderly, a financial allowance was granted from the Slovenian budget for work in grey and red zones, which is being paid during the declared epidemic.

During the COVID-19 epidemic, active linking between institutional care providers and local primary healthcare centres has been increased, and cooperation with civil protection and non-governmental organizations established. In the search for new staff, linking of the Employment Service of Slovenia (ESS) and homes for the elderly has also been strengthened. The Ministry of Labour, Family, Social Affairs and Equal Opportunities is in constant contact with managers and directors of homes for the elderly to address topical and open issues as well as to exchange good practices.

In the area of social welfare programmes, the programme providers were invited to further strengthen the advisory work with users. Throughout the epidemic, the programmes had to be available to users during office hours. The programme providers contacted users through field work, telephone, mail, video calls, organised online workshops, trainings, activities for users and, above all, maintained contacts with existing users and supported them. Setup programmes (women's shelters, safe houses, shelters, communes, residential group care in the area of mental health, etc.) were carried out unchanged.

In June 2020, the Ministry of Labour, Family, Social Affairs and Equal Opportunities launched a public invitation to tender for co-financing projects to help the most vulnerable groups of the population in addressing needs related to the COVID-19 epidemic and to mitigate its consequences. Within the framework of the public invitation to tender, projects to develop and test new methods, formats and/or approaches that will build on existing practices and address the distress of vulnerable groups due to the emergence of the COVID-19 epidemic will be co-financed. Within the scope of the public invitation to tender, co-financing will be provided for projects developing various approaches to address the newly arising needs related to the epidemic in the following areas: psychosocial counselling, awareness-raising, provision of information, field work, provision of practical support to users, establishment of new safe spots, digital solutions for relieving distress and providing emergency accommodation for target groups. The key objective of the invitation to tender is promotion of social inclusion and empowerment and combating poverty and discrimination of any kind. The target groups

are victims of violence, the elderly, people with disabilities, people with mental health problems, children and young people and others who face high levels of social exclusion.

b) <u>Additional clarifications (from the Conclusions 2013):</u>

ECSR wishes to obtain information on the number of users of social welfare services by employee or user-employee ratio.

The table below contains data on the number of social welfare services provided by Social Work Centres, based on data on the number of cases addressed by Social Work Centres each year.

Table 4: Number of social welfare services provided (number of users) 2016-2019

Social protection services provided by Social Work Centres (number of users)	2016	2017	2018	2019
Emergency assistance	41.836	42.918	41.836	39.367
Personal assistance	2.832	2.716	2.698	2.634
Family help for home	1.928	1.960	1.834	1.760

Source: Ministry of Labour, Family, Social Affairs and Equal Opportunities, Social data base, Information System of Social Work Centres

The Rules on the standards and norms for social services (Official Gazette of the Republic of Slovenia, Nos 45/10, 28/11, 104/11, 111/13, 102/15, 76/17, 54/19 and 81/19) lay down norms for the staff providing individual social welfare services, specifically for social welfare services:

- emergency assistance: one professional per 25,000 population;
- personal assistance: one professional per 30,000 population;
- family help for home: one head of the service and one provider of the service per 10,000 families.

In accordance with the established norms, the Ministry of Labour, Family, Social Affairs and Equal Opportunities provides funding for all employments in Social Work Centres, which in addition to social services also perform the tasks entrusted by law to Social Work Centres as a public authority and the tasks entrusted to Social Work Centres by other regulations. The Ministry of Labour, Family, Social Affairs and Equal Opportunities collects direct data on the actual share of employees performing social welfare services at Social Work Centres since 2019. In 2019, a total of 1,078.79 professional workers and allied professionals were employed at Social Work Centres; emergency assistance was provided by 92.68 employees, personal assistance by 50.14 employees and family counselling by 38.96 employees.

14§2 Participation in the establishment and operation of social services

Information to be submitted

a) Please provide information on user involvement in social services ("co-production"), in particular on how such involvement is ensured and promoted in legislation, in budget allocations and decision-making at all levels and in the design and practical realisation of services. Co-production is here understood as social services working together with persons who use the services on the basis of key principles, such as equality, diversity, access and reciprocity.

b) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised

a) The implementation of social welfare services and conditions for the inclusion of users in them is laid down in the Social Assistance Act (Official Gazette of the Republic of Slovenia, Nos 3/07 – Official Consolidated Text, 23/07 – corr., 41/07 – corr., 61/10 – ZSVarPre, 62/10 – ZUPJS, 57/12, 39/16, 52/16 – ZPPreb-1, 15/17 – DZ, 29/17, 54/17, 21/18 – ZNOrg, 31/18 – ZOA-A, 28/19 and 189/20 – ZFRO; hereinafter: the ZSV) and implementing acts such as the Rules on the standards and norms for social services (Official Gazette of the Republic of Slovenia, Nos 45/10, 28/11, 104/11, 111/13, 102/15, 76/17, 54/19 and 81/19). The Social Assistance Act regulates the following types of social welfare services:

- social prevention;
- emergency assistance;
- personal assistance;
- support to victims of crime;
- family counselling and (family) help at home;
- institutional care;
- guidance, care and sheltered employment.

The Government provides a public service network for all the above-mentioned services, with the exception of the local public service network for family assistance, which is provided by the municipality. Services defined by the Act as public services may be provided within the network of public services under the same conditions by public social welfare institutions and by other legal and natural persons who are granted a concession following an open invitation to tender.

Social prevention, aimed at preventing social distress and difficulties, includes activities and self-help support for individuals, families and population groups. In the context of social prevention, the social service providers try to help individuals or groups to deal with personal, financial and other difficulties or problems by themselves; help is provided in the form of lectures, counselling, ensuring basic conditions for organising self-help (spatial conditions), etc. Anyone in social distress is eligible to receive social assistance services in the form of emergency assistance and personal assistance. In accordance with the Social Assistance Act, beneficiaries of assistance in family counselling and (family) home help, institutional care and guidance and care and sheltered employment are Slovenian citizens permanently residing in Slovenia and foreigners holding a permit for permanent residence in Slovenia or if stipulated by an international treaty. Citizens of Slovenia and foreigners who do not have a permanent residence permit in Slovenia exercise their rights to individual services in the events and under the conditions laid down by the Social Assistance Act. Pursuant to the Social Assistance Act, the latter above-mentioned persons are obliged to pay for all provided services according to this Act, except social prevention, first social assistance and institutional care in special social care and education centres, which is free for entitled persons.

Any person who is a victim of a crime committed in Slovenia, may be entitled to support for victims of crime, irrespective of whether they have reported the crime or not. When the crime is committed outside the territory of the Republic of Slovenia, the person entitled is a person permanently or temporary residing in Slovenia. This social welfare service was newly introduced in 2019 with an amendment to the Social Assistance Act, thereby transposing the provisions of Articles 8 and 9 of the Directive of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime and replacing Council Framework Decision 2001/220/JHA. Consequently, standards and norms for the provision of this service were also laid down in the Rules on the standards and norms for social services.

Recipients of permanent financial social assistance and recipients of disability benefit under the Act on Social Care of Persons with Mental and Physical Impairments (Official Gazette of the Socialist Republic of Slovenia, No. 41/83) are exempt from payment of all services other than institutional care services pursuant to Article 16 of this Act. The criteria according to which exemptions from the payment of services, in whole or in part, are determined for beneficiaries and other persons liable are stipulated by the Slovenian Government. At the request of the beneficiary of the social security service, the Social Work Centre decides on the partial or total exemption from payment of the service, in accordance with the above-mentioned criteria. In accordance with the Decree on the criteria for determining exemptions from the payment of social assistance services (Official Gazette of the Republic of Slovenia, Nos 110/04, 124/04, 114/06 – ZUTPG, 62/10 – ZUPJS, 99/13 – ZUPJS-C and 42/15), every beneficiary and liable person is exempt from the payment of personal assistance in the form of counselling, management and guidance services to the family is in the form of professional counselling and assistance in the management of relations between family members and in the care of children and training of the family for the purpose of carrying out its role in everyday life, when the beneficiary concludes an agreement on implementation of the service.

Social assistance services provided by Social Work Centres (i.e. emergency assistance, personal assistance, support for victims of crime and family help for home) are free of charge and accessible to anyone who needs them and are financed from the Slovenian budget. The guidance and care service and sheltered employment is also free of charge for users and is also financed from the national budget. Institutional care for the elderly is payable and involves basic, health and social care according to the needs of the user. Health care is financed from the national budget, while basic and social care is mainly financed by users' surcharges. Family support services are organised by municipalities, which also subsidise the bulk of home help costs, with a smaller share paid by the government and users. Data on the number of users of social assistance services in the period 2016-2019 provided by Social Work Centres can be found in the previous section in Table 4. Table 5 indicates the number of users of other social assistance services mentioned in this paragraph.

Table 5: Number of users of social assistance services

Social assistance services (number of users)	2016	2017	2018
Family help at home	7.374	7.908	7.971
Institutional care (for the elderly and adults with special needs)	21.204	21.415	21.779
Guidance, care and sheltered employment	3.367	3.482	3.506

Source: Social Protection Institute of the Republic of Slovenia

On the basis of the ZSV, the Social Chamber of Slovenia operates as the central professional association, which includes, on a voluntary basis, social security providers as well as other service providers wishing to contribute to the development of the field. The mission of the Social Chamber of Slovenia is to integrate social assistance activities at local, regional and national levels and to connect all three sectors – public, non-governmental and private – to ensure the development and professional progress of social assistance activities.

The Social Assistance Act provides, inter alia, that social welfare institutions and other legal and natural persons providing social services in accordance with the Act may together form a community. Communities perform primarily the following functions:

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

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

In addition to certain forms of cooperation between social security service providers defined in the Social Assistance Act, there are other forms of cooperation between non-governmental organizations, such as the Centre for Information Service, Co-operation and Development of Non-governmental Organizations, which is an umbrella network of non-governmental organizations, bringing together more than 600 different associations and organisations and also operating in the field of social welfare and volunteering.

b) <u>Additional clarifications (from the Conclusions 2013):</u>

The ECSR wishes to obtain information on the criteria for withdrawal of work permits of legal and natural persons, on the basis of which they can perform social welfare services outside the public service network and information on how the Government ensures that social welfare services provided by the private sector are effective and accessible to all under the same conditions.

The provision of Article 16 of the Rules on providing social services on the basis of a work permit and entry in the register (Official Gazette of the Republic of Slovenia, No. 3/06) stipulates that the service provider must at all times fulfil all the requirements for the provision of the service. In the event the service provider does not fulfil all the requirements, this is the basis for withdrawal of a work permit.

The legislative framework for implementation of social welfare services, defined in the Social Assistance Act and in the Rules on the standards and norms related to social services (Official Gazette of the Republic of Slovenia, No. 45/10, 28/11, 104/11, 111/13, 102/15, 76/17, 54/19 and 81/19), the Rules on minimum technical requirements for social services providers (Official Gazette of the Republic of Slovenia, No. 67/06), the Rules on concessions in the field of social assistance (Official Gazette of the Republic of Slovenia, No. 72/04, 113/08 and 45/11), the Rules on the engagement in the provision of social services on the basis of a work permit and entry in the register and the Rules on methodology for social service price formation (Official Gazette of the Republic of Slovenia, No. 87/06, 127/06, 8/07, 51/08, 5/09 and 6/12), applies to all service providers and must be observed by public institutions and private service providers in their provision of social welfare services.

Article 23: THE RIGHT OF ELDERLY PERSONS TO SOCIAL PROTECTION

With a view to ensuring the effective exercise of the right of elderly persons to social protection, the Parties undertake to adopt or encourage, either directly or in co-operation with public or private organisations, appropriate measures designed in particular:

– to enable elderly persons to remain full members of society for as long as possible, by means of:

a. adequate resources enabling them to lead a decent life and play an active part in public, social and cultural life;

b. provision of information about services and facilities available for elderly persons and their opportunities to make use of them;

– to enable elderly persons to choose their lifestyle freely and to lead independent lives in their familiar surroundings for as long as they wish and are able, by means of:

a. provision of housing suited to their needs and their state of health or of adequate support for adapting their housing;

b. the health care and the services necessitated by their state;

– to guarantee elderly persons living in institutions appropriate support, while respecting their privacy, and participation in decisions concerning living conditions in the institution.

Information to be submitted

a) Please provide detailed information on measures (legal, practical and proactive, including as regards supervision and inspection) taken to ensure that no older person is left behind in terms of access to and enjoyment of their social and economic rights.

b) Please provide information on specific measures taken to protect the health and well-being of the elderly, both in their home and in institutional settings, in the context of a pandemic crisis such as the COVID-19 crisis.

c) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised

a) During the reporting period, the *Long-Lived Society Strategy* was adopted, prepared by the Office of the Government of the Republic of Slovenia for Macroeconomic Analysis and Development together with the Ministry of Labour, Family, Social Affairs and Equal Opportunities in response to the ageing population in the Republic of Slovenia. The strategy is available in English at: https://www.umar.si/fileadmin/user_upload/publikacije/kratke_analize/Strategija_dolgozive_druzbe/UMAR_SDD_ang.pdf

The strategy focuses mainly on measures on quality ageing, focusing on the different directions of necessary adaptations and changes, which are covered by four subject areas:

- labour market and education (adjustments in the labour market, including education and training, providing a sufficiently large workforce with net immigration);
- independent, healthy and safe life of all generations (social protection systems, accessibility of healthcare services, care for health and reducing inequalities in health);
- inclusion in society (intergenerational cooperation, volunteering, use of ICT for communication, prevention of discrimination and violence in society, political engagement);
- creating an environment for activities throughout life (adjustments in the economy, living conditions and transport arrangements supported by ICT and technological solutions).

On the basis of the Strategy, action plans are planned to be drawn up with concrete proposals for solutions to implement the outlined orientations. The preparation of the action plans has been suspended by the pandemic.

In 2019, progress was made in the area of systemic long-term care arrangements by preparing and putting to public debate the proposal for the Long-Term Care and Long-Term Care Insurance Act. The Act represents a conceptual shift from meeting needs to maintaining and improving physical and mental health at all ages. See further clarifications of Section or Article 11§2. The necessary changes in planning, management and assuring the quality, safety and efficiency of the delivery of long-term care have been further highlighted by the COVID-19 epidemic, for example, as the planning of a sufficient and adequate number of employees has proven to be important not only for the quality and safety of long-term provision of services but also for the prevention and containment of SARS-CoV-2 infection.

The Social Affairs Inspection Service, which operates within the Labour Inspectorate, also monitors the implementation of social welfare activities aimed at promoting and protecting the benefits of the elderly. The Social Assistance Act provides benefits for the elderly in particular through social welfare services in the area of institutional care, home help in the form of social care, and home care services. In connection with the provision of the above-mentioned services, the inspection service also supervises the performance of the tasks of the municipalities. In the 2016-2019 period, the inspection service carried out 141 inspections of the implementation of institutional care in elderly people's homes, 13 inspections of the delivery of home help in the form of social care, 9 inspections of home care service provision and 82 inspections of the performance of the tasks of municipalities related to the provision of those services.

b) Homes for the elderly received all recommendations and instructions from the two competent ministries (the Ministry of Health and the Ministry of Labour, Family, Social Affairs and Equal Opportunities) for the management and containment of COVID-19 infections in the first wave of infections, which, together with the later developed protocols, are still in force. At the time of COVID-19 infection, the most important tasks were prevention of infection and prevention of transmission of infection, and consistent implementation of instructions by the two competent ministries. Most difficulties in implementing the above were experienced by homes for the elderly that are of an older date and not adapted to modern concepts of work and are therefore inadequate to ensure safe care in homes for the elderly in the event of infections. These homes face spatial challenges of how to ensure their operation in accordance with professional instructions in the event of occurrence of infectious respiratory diseases. The establishment of zones (in particular the red zone, requiring adequate capacity for accommodation or isolation of COVID-19 positive persons who do not need hospital treatment) was very difficult or practically impossible to provide in some homes, and therefore other suitable solutions were found. Homes for the elderly have been understaffed for a long time, which became more obvious in the period of infection. Currently, the issue of understaffing in homes for the elderly fighting the infection is being solved by redeployment of staff from healthcare institutions and other homes for the elderly, as well as by financing additional care home staff for basic and social care jobs from the national budget, which means that the reinforcement of the staff and improvement of standards in homes for the elderly will not be charged to the users or their relatives. See point a) of Section or Article 14§1.

In April 2020, through the Act Determining the Intervention Measures to Contain the COVID-19 Epidemic and Mitigate its Consequences for Citizens and the Economy (the ZIUZEOP) a solidarity bonus was granted to pensioners whose pensions are below EUR 700. Together with the April 2020 pension, the Institute for Pension and Disability Insurance of Slovenia paid a one-off solidarity bonus to pensioners in the following amounts:

- pension recipients who received pensions in the amount up to EUR 500.00, a solidarity bonus of EUR 300;
- pension recipients who received pensions in the amount from EUR 500.01 to EUR 600.00, a solidarity bonus of EUR 230;
- pension recipients who received pensions in the amount from EUR 600.01 to EUR 700.00, a solidarity bonus of EUR 130.

Under this measure, a total of EUR 62.1 million was paid to 287,380 recipients.
Through the ZIUPOPDVE, adopted at the end of December 2020, pensioners receiving pensions of up to EUR 714 again received a solidarity bonus, as they did in the first wave of the COVID-19 epidemic. The bonus paid in January 2021 was in three different amounts: EUR 300 to pensioners with a pension of up to EUR 510; EUR 230 to pensioners with a pension in the amount from EUR 500.01 to EUR 612.00; and EUR 130 to pensioners with a pension in the amount from EUR 612.01 to EUR 714.00.

c) <u>Additional clarifications (from the Conclusions 2013):</u>
The conclusion was postponed and for this reason, further clarifications, as requested by the ECSR in Conclusions 2013, are provided below.

1) The ECSR wishes to obtain information on the legal framework related to decision-making on behalf of the elderly.
The Family Code (Official Gazette of the Republic of Slovenia, Nos 15/17, 21/18 – ZNOrg, 22/19, 67/19 – ZMatR-C and 200/20 – ZOOMTVI) defines guardianship of adults as a specific form of protection of adults who are unable to take care of themselves, of their rights and interests. According to Article 239 of the Family Code, the purpose of guardianship for adults is protecting their personality, carried out mainly by managing matters these persons are unable to manage themselves and by arranging healthcare and providing training for independent life. In addition to the above-mentioned, a further purpose of guardianship is to protect the property and other rights and interests of individuals.

The jurisdiction to rule on guardianship was transferred to the court. Social work centres remained responsible for appointing guardians for a specific case and for supervising the work of guardians.
Unlike the previous regulations, which governed only partial and total declaration of legal incompetence, the applicable regulations allow the court to determine the extent of guardianship in the light of the circumstances of a particular case. According to the Family Code, in the decision on placing a person under guardianship the court defines the scope of the guardian's obligations and rights, which means that the court places the person under guardianship only in those areas where this is actually necessary to protect their rights and interests.

A person who has the personal characteristics and capacities necessary for exercising the duty of a guardian and who consents to be a guardian, can be appointed a guardian. The duty of a guardian is voluntary and honorary. As far as possible and if not counter to the ward's interests, the ward's spouse, cohabitant or a relative is appointed guardian. They following persons may not become a guardian:
- if their parental responsibility was withdrawn from them;
- if they have no capacity to contract;
- if their interests are in conflict with the interests of the ward;
- if they have concluded with the ward a contract of lifelong maintenance;
- if their spouse or cohabitant concluded with the ward a contract of lifelong maintenance;
- if due to their personal characteristics or relationship with the ward or the ward's parents, they may not be expected to correctly carry out their guardianship duties.

In appointing a guardian a Social Work Centre or court primarily considers the wishes of the ward, provided they expressed them and are capable of understanding their meaning and consequences and if this is in the best interests of the ward. They also consider the wishes of the ward's spouse or their relatives, if this is in the best interests of the ward. A Social Work Centre or court may decide to appoint a Social Work Centre as guardian to a person. The Social Work Centre appoints one of its employees as the responsible person for carrying out guardianship duties. The Social Work Centre or the court may, by way of a decision, restrict the guardian's rights and decide that certain duties should be carried out by the Social Work Centre.

The guardian must carry out guardianship duties for the benefit of the ward. In doing so, they are obliged to respect the personality of the ward, so the guardian must enable him to shape his life in accordance with his own wishes and concepts within the framework of his remaining abilities. The Family Code stipulates that prior to any important action, the guardian must consider the ward's opinion, provided that the ward has expressed it and is capable of understanding its meaning and consequences.

The guardian is not allowed to do anything that would exceed the framework of regular operations and management of the ward's property without the authorisation of the Social Work Centre. In accordance with Article 250 of the Family Code, the guardian must report to the Social Work Centre on their work and financial management of the property once a year or whenever required by the Social Work Centre. The guardian's report must show the activities the guardian undertook to protect the ward's person, in particular their health and actions undertaken concerning the ward's education and schooling and other needs of the ward. Furthermore, in accordance with Article 251 of the Family Code, the Social Work Centre must carefully examine the guardian's report and the examination must comprise a visit to the ward that is to be made by the Social Work Centre at least once a year. If there are minor irregularities in carrying out the duties of guardian, the Social Work Centre must take all the necessary steps to eliminate them; but if there are major irregularities which indicate the likelihood that the guardian has failed to exercise due diligence in caring for the personality, rights and interests of the ward and in managing the ward's property with care, the Social Work Centre can initiate the procedure for dismissal of the guardian. In accordance with Article 254 of the Family Code, the Social Work Centre proposes to a court the dismissal of the guardian and appointment of a new one if it establishes that the guardian was negligent in carrying out their duties, abused their rights or by their actions put at risk the interests of the ward, or if it establishes that it would be best for the ward to have another guardian.

The Family Code also regulates objections concerning the work of a guardian, which, if they are able to understand its meaning and consequences, may also be lodged by the ward. Objections concerning the work of a guardian are resolved by the competent Social Work Centre; objections to the work of the Social Work Centre are resolved by the ministry responsible for family affairs.

The applicable legislation allows persons placed under guardianship (if they are able to understand the meaning and legal consequences of their proposal) to submit independently to the competent court a proposal to modify the scope of the guardian’s duties and rights and to terminate the guardianship.

2) The ECSR wishes to be informed about the implementation of the Exercise of Rights from Public Funds Act (the ZUPJS) in connection with the elderly beneficiaries.

In 2014, amendments to the Exercise of Rights from Public Funds Act (Official Gazette of the RS, Nos 62/10, 40/11, 40/12 – ZUJF, 57/12 – ZPCP-2D, 14/13, 56/13 – ZŠtip-1, 99/13, 14/15 – ZUUJFO, 57/15,

90/15, 38/16 – Constitutional Court Decision, 51/16 – Constitutional Court Decision, 88/16, 61/17 – ZUPŠ, 75/17, 77/18, 47/19 and 189/20 – ZFRO; hereinafter: ZUPJS) and the Financial Social Assistance Act (Official Gazette of the Republic of Slovenia, Nos 61/10, 40/11, 14/13, 99/13, 90/15, 88/16, 31/18 and 73/18; hereinafter: ZSVarPre) entered into force. This was a revision of the new social legislation in parts where the conditions proved to be too tightened. The majority of the amendments started to be implemented on 1 January 2014 and some on 1 September 2014. Key amendments to the two Acts were:

- amendments regarding the return of received income support intended, in particular, for the elderly, after the death of the recipient (in the event of a transfer of the right to income support from the pension scheme to the social welfare system, or due to a new placement and definition of income support under the new social legislation, a large number of beneficiaries waived their entitlement to income support in 2020 because of a notice against property or required refunding of the received funds from the inheritance after the death of the beneficiary);
- an increase in the amount of assets not taken into account for obtaining income support (not including assets or savings of up to EUR 2,500 per single person and up to EUR 3,500 per family);
- recipients of income support may exercise their right to extraordinary financial social assistance;
- Social Work Centres have more discretion in taking into account real estate where the individual does not live.

These amendments or revisions to social legislation, which somewhat mitigated the financial conditions for receiving income support and also limited the payment from inheritance, did not have much effect in terms of increasing the number of recipients, especially not among the older population. The primary purpose of the income support was to mitigate the financial situation of elderly people, including very high risk-of-poverty rates, especially of the elderly living in single-person households.

On 1 February 2017, the amendment to the Financial Social Assistance Act (ZSVarPre-E, Official Gazette of the Republic of Slovenia, No. 88/16) abolished entering a notice against property and refunding of received income support for the recipients of income support and financial social assistance in cases where an individual or family owns a dwelling or a residential house in the value of up to EUR 120,000. With the implementation of the ZSVarPre-E at the end of February 2017, there was an increase in the number of beneficiaries of income support as well as some changes in their age structure in the first half of 2017. Both the total number of beneficiaries of income support and the number of beneficiaries among the older population increased.

The amendment to the ZPIZ-2 in 2017 introduced a new institution for guaranteed minimum old-age or disability pensions. See the last point of further clarifications of Section or Article 12§1. This contributes positively to reducing the risk of poverty of the elderly, especially single older women, who are among those most exposed to the risk of poverty.

The basic amount of the minimum income increased with the amendments to the ZSVarPre and owing to the adjustment to the rise in consumer prices in the years 2018 to 2020, thus guaranteeing basic social security for all beneficiaries of financial social assistance and income support. See clarifications under point a) of Section or Article 30. See also the following point of this Section.

3) The ECSR wishes to obtain information on the conditions for entitlement to the income support.

Prior to the entry into force of the new social legislation, the income support under the rules governing pension and disability insurance was a monthly cash pension supplement, which was lower than the threshold amount, the entitlement to which was recognized on condition that the pensioner met the income and property threshold. The primary purpose of the income support was, as a corrective measure, to improve the financial security of beneficiaries with the lowest pensions. Due to their social security nature and the fact that funds for financing the income support are provided from public finances, with the implementation of the ZUPJS and the ZSVarPre, the income support passed into the social welfare benefits.

In accordance with the ZSVarPre, the income support is a social welfare benefit granted to individuals who are unable to provide themselves with financial security due to circumstances beyond their control. Income support is intended to provide beneficiaries with funds to cover their living expenses incurred over a longer period of time during their residence in Slovenia (costs of housing maintenance, replacement of durable consumer goods) and not the costs of providing minimum living needs (Articles 2 and 4 of the ZSVarPre).

The following persons are entitled to the income support:

- those who are permanently unemployable or permanently incapable of work or are unemployed over the age of 63 (females) or over the age of 65 (males) and
- those who are entitled to or may be eligible for financial social assistance; or
- those whose own income or family's own income exceeds the level of their minimum income or the sum of the minimum income of individual family members and therefore do not qualify for financial social assistance, but does not exceed the level of their minimum income or the sum of the minimum income of individual family members for the income support.

The amount of the minimum income per family member for determining entitlement to the income support is determined in relation to the basic amount of the minimum income in the same way as is defined for determining the entitlement to financial social assistance and in accordance with the provisions of Article 50 of the ZSVarPre.

From 1 January 2016, the limit for the income support for a single person was EUR 470.76, from 1 August 2016 EUR 476.87, from 1 August 2017 EUR 484.97, from 1 August 2018 EUR 577.34 and from 1 August 2019 EUR 591.20. If a single person also has their own income, the income support is determined at the level of the difference between EUR 591.20 and their income. Savings of up to EUR 2500 are not taken into account when deciding on a single person's income support.
Since 1 June 2018 an amendment to the ZSVarPre applies for determining the amount of the income support for the family, i.e. if children are taken into account in determining the threshold, this is increased by 0.11 of the basic amount of minimum income. Since 1 August 2019, the limit on income support for a two-member family in which both members qualify for income support is EUR 921.00 (in the case of a two-member family, where only one member qualifies for income support, it is EUR 820.44). Savings of up to EUR 3500 are not taken into account when deciding on a single person's income support. Even in the case of a family, the income support is set at the level of the difference between the threshold for a specific type of family and possible family own income. In the vast majority of cases, the recipients are persons who exercise the entitlement to income support only for themselves or are single-person households.

The number of recipients of the income support decreased by 78% between December 2011, when the entitlement was still part of the pension scheme and was granted and paid by the Pension and Disability Insurance Institute of Slovenia (46,752 recipients) and December 2012, when the entitlement was already part of a system of social transfers dependent on the financial situation of individuals and

families (10,217 recipients). The reasons for the decrease in this period were based mainly on the new placement and definition of the income support under the new social legislation. As a result of the household/family threshold verification, some previous beneficiaries were no longer entitled to receive it and a very large number of beneficiaries waived the right owing to a notice against property or the required refunding of received funds from inheritance after the death of the beneficiary. With the transfer from the pension to the social system, the income support has in fact become a different type of entitlement: if it was previously an individual right linked to an individual's pension, it has now become linked to the family's financial situation. In 2013, the number of recipients and beneficiaries of the income support decreased slightly further, after which it stabilised to around 10,000 recipients and a few more beneficiaries. In December 2016, there were 11,275 recipients of the income support and 11,706 beneficiaries of the income support.

An amendment to the ZSVarPre, adopted at the end of 2016, had a real impact on the claiming of income support, which, among other things, abolished the notice against property and the return of income support (and financial social assistance) received in the event that an individual or family owns an apartment or house of up to EUR 120,000. The amendments started to apply as of February 2017 and brought the expected results: in all age categories, slightly more among the elderly, the number of recipients and the number of beneficiaries of the income support increased markedly from February 2017. Out of 11,706 beneficiaries of the income support in December 2016, the number of persons receiving the income support increased to 17,949 up to December 2017, meaning that in December 2017 there were 53% more persons entitled to the income support than the year before. A sharp rise in the number of recipients and beneficiaries of the income support was observed as early as February 2017 and the number of recipients and beneficiaries increased every month. In the first three months of 2018, the number of recipients and beneficiaries of the income support decreased slightly, but in April it started to rise again and increased up until the end of 2018. In the second half of 2018, an increase in the threshold contributed to the fact that slightly more persons were entitled to the right. At the end of 2018 there were already 19,330 recipients of the income support (households) or 20,663 beneficiaries of the income support (persons who actually received the income support). In 2019, the number of recipients and beneficiaries of the income support continued to rise and reached its peak at the end of 2019, with the total number of recipients (households) of 19,447 and 21,045 beneficiaries (persons who actually received the income support).

The age structure of the beneficiaries of the income support slowly changed until the end of 2016, as the number of older recipients decreased and the number of younger recipients increased among those receiving the income support. In mid-2014, more than half (52.5%) of those receiving the income support were over the age of 65, while in December 2016 their number amounted to 46.8% or 5,242 such persons. Following the entry into force of the ZSVarPre in February 2017, the increase in people over the age of 65 entitled to the income support was slightly higher. Thus, in December 2017 there were 8,904 beneficiaries of the income support over the age of 65, which is 3,662 more than in December 2016. In December 2018, there were 10,366 persons over the age of 65 among the beneficiaries of the care allowance. In December 2019, there were 12,085 persons over the age of 65. At the same time, the number of beneficiaries of the income support in younger age categories is increasing, so even after the changes in legislation at the beginning of 2017, the proportion of the older beneficiaries remained only slightly above a half of all beneficiaries of the income support: in December 2017 and December 2018, persons over the age of 65 accounted for roughly 51% of all beneficiaries of the income support. In 2019, the situation started to change slightly with the proportion of older beneficiaries rising to 57.42%.

4) The ECSR wishes to obtain information on the measures taken to reduce the risk of poverty of the elderly.

With a wide range of measures through social transfers and a wide range of social protection programmes, Slovenia is constantly striving to ensure maximum social inclusion of all individuals, including those over the age of 65 on low income. In Slovenia, a relatively large share of funds is allocated to transfers linked to survival (transfers within the wider social welfare system), which are (still) effective in reducing poverty and social exclusion.

Socially disadvantaged persons over the age of 65 are entitled to obtain financial social assistance, income support, coverage of the difference to the full value of healthcare services and extraordinary financial social assistance from the social welfare system. If they exercise their right to social welfare services, they may be entitled to exemption from payment of the institutional care service and to exemption from the payment of home help services. See also the preceding points of this Section or Article.

One of the areas of social welfare programmes co-financed by the Ministry of Labour, Family, Social Affairs and Equal Opportunities is older people at risk of social exclusion or in need of support and assistance in their daily lives. The programmes include assistance and support to people with dementia and their relatives, day centre programmes and self-help group programmes. In 2020, the Ministry of Labour, Family, Social Affairs and Equal Opportunities co-funded eight programmes amounting to EUR 650,000.00. In the area of prevention of violence against the elderly, the Ministry of Labour, Family, Social Affairs and Equal Opportunities also co-funded one programme amounting to EUR 50,000.00 in 2020.

5) The ECSR wishes to be informed about further developments in the medical treatment of dementia patients.

In 2016, the St*rategy for Dementia Management in Slovenia up to 2020* was adopted. The strategy aims at ensuring preventive measures, early disease detection and an appropriate standard of health and social protection and healthcare for people with dementia. It is based on the recognition that people with dementia are a particularly vulnerable target group that is rapidly increasing as a result of demographic change and population ageing, focusing on individuals and their needs, which requires a coordinated and responsive action by the government and a multidisciplinary approach to treatment. The main objectives of the Strategy are early diagnosis of the disease, access to treatment and treatment with anti-dementia medicines, and establishing coordinated support for persons with dementia, their families and caregivers. The Ministry of Health is preparing a national St*rategy for Dementia Management in Slovenia up to 2030.*

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

With a view to ensuring the effective exercise of the right to protection against poverty and social exclusion, the Parties undertake:

a. to take measures within the framework of an overall and co-ordinated approach to promote the effective access of persons who live or risk living in a situation of social exclusion or poverty, as well as their families, to, in particular, employment, housing, training, education, culture and social and medical assistance;

b. to review these measures with a view to their adaptation if necessary.

Information to be submitted

a) Please provide detailed information on measures (legal, practical and proactive, including as regards supervision and inspection) taken to ensure that no person drops under the poverty threshold, and provide also information on the impact of the measures taken. Please indicate how many people in your country are at risk of poverty, how many in a situation of poverty, and how many in extreme poverty, including specific data for children.

b) Please provide information on measures taken to assist persons affected by poverty, social exclusion and homelessness during the COVID-19 crisis, or after the crisis to mitigate its effects.

c) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

a) From 2016 to 2019 poverty and social exclusion decreased in Slovenia. According to the EU-SILC (Eurostat) survey, in 2019 there were around 243,000 persons living in Slovenia with an income below the at-risk-of-poverty threshold, which is 25,000 persons less than the previous year and 37,000 less than in 2016. In 2019, out of all persons below the at-risk-of-poverty threshold there were 90,000 pensioners (representing 18.2% of all pensioners), 40,000 persons were in employment (representing 4.5% of all persons in employment) and 41,000 were minor children (representing 10.5% of all children). In Slovenia, social transfers remain an important factor in reducing poverty, including pensions. If social transfers (family and social benefits) were not taken into account in calculating income, the at-risk-of-poverty rate would be 10% higher and amount to 22%, and if pensions were not taken into account in calculating income, the at-risk-of-poverty rate would rise to 39.2%.
In 2019, the risk of social exclusion, measured using three indicators, was 14.4% in Slovenia, which was well below the EU average, which was 21.1% for the same year according to Eurostat data. The risk of social exclusion in Slovenia declined gradually since 2014, when it was 20.4%. The reduction in the number of people exposed to this risk was the result of a reduction in all three indicators of social exclusion: at-risk-of-poverty rate, severe financial deprivation rate and very low work intensity rate. The risk of social exclusion decreased by 1.8% compared to 2018. Compared to 2018, the share of people exposed to all three forms of social exclusion at the same time decreased: in 2019 the number of these most vulnerable persons was around 10,000, which is 4,000 fewer than in 2018. The serious financial deprivation rate in 2019 was 2.6%, representing around 53,000 people, and decreased by 1.1% compared to 2018.

Slovenia regularly monitors the social status of individuals and families and proposes amendments to the legislation accordingly. Changes in the reporting period are presented in chronological order below.

As of 1 January 2016, the basic amount of the minimum income has increased to EUR 288.81, increasing the amount of regular financial social assistance and extraordinary financial social assistance. The range of beneficiaries of the subsidised lunch for pupils has widened, or 70% of the subsidised lunch was introduced for pupils from families belonging to the second income bracket and 40% of the subsidised lunch for pupils from families belonging to the third income bracket. In the area of child benefit, the amounts in the fifth and sixth income brackets increased by 10%, i.e. to the level prior to the implementation of the austerity measures, while the state scholarship partially introduced the 5th income bracket, which allowed those with an average monthly income of up to 56% per family member to qualify for a state scholarship.

On 1 February 2017, the range of beneficiaries of the subsidised lunch in the amount of the lunch price for regular school pupils registered for lunch was extended, where the family's average monthly income per person established in the children's allowance decision does not exceed 36% of the net average salary in Slovenia. From 1 February 2018, receiving the child benefit for families in the seventh and eighth income brackets was again possible.

In 2017, a survey of the minimum cost of living was also carried out, the result of which was that the minimum cost of living of a single working person receiving temporary financial social assistance was EUR 441.67. The legislation provides that if the difference between the applicable basic amount of minimum income and the amount of a newly established minimum cost of living exceeds 20%, it is necessary to set a new level of the basic amount of minimum income. Based on the results of the survey, the amendment ZSVarPre-F was adopted in 2018. In 2018, the basic amount of the minimum income temporarily increased to EUR 385.05, which owing to the adjustment to the rise in consumer prices amounted to EUR 392.75 by the end of 2018.

At the end of 2018, an amendment ZSVarPre-G was adopted, which in 2019 maintained the basic amount of the minimum income of EUR 392.75. Since 1 August 2020, the basic amount of the minimum income owing to the adjustment to the rise in consumer prices has amounted to EUR 402.18. This measure ensured basic social security and prevented the basic amount of the minimum income from which financial social assistance is calculated, falling to EUR 331.26, which would result in the loss of financial social assistance for 3,599 recipients and reduction in financial social assistance for 52,486 recipients. Thus on 1 January 2019, the financial social assistance for all beneficiaries of financial social assistance and income support was maintained at a level 30% higher than in May 2018.

From the point of view of preventing the rise in poverty among working people and taking into account the relatively favourable economic situation and measures taken to promote competitiveness in recent years, a raise in the minimum wage is also important. This increased throughout the reporting period. In 2016 the gross minimum wage amounted to EUR 790.73, in 2017 to EUR 804.96, in 2018 to EUR 842.79 and in 2019 to EUR 886.63. In 2020, the gross minimum wage amounted to EUR 940.58, while the Act amending the Minimum Wage Act (Official Gazette of the Republic of Slovenia, No. 83/18) with effect from 1 January 2020 exempts from the definition of minimum wage all allowances laid down by laws and regulations and collective agreements (seniority bonus, allowance for difficult working conditions, etc.), part of the salary for job performance bonus and business performance bonus agreed by a collective labour agreement or employment contract.

To improve efficiency, quality and accessibility, a reorganisation of the Social Work Centres began in October 2018, in line with the amendments to the ZSV adopted in 2017. The reorganisation included a change in organisational structure, rough calculation and social activation project as an integrated approach to the social activation of persons (mostly long-term beneficiaries of social transfers) who face complex social issues and are furthest away from the labour market. The goal of inclusion in the

social activation programme is to raise social, functional and work competences that bring the programme users closer to the labour market at the time of their exit.

On 1 January 2019, all austerity measures related to the family were abolished after six years. Thus paternity and parental benefit again amounts to 100% of an individual's average salary in the last 12 months (previously it was 90%); the large family allowance is again a universal right and can be granted to all large families irrespective of their income situation (previously it was limited to the threshold); the maternity allowance is unlimited and the parental allowance is 2.5 times the average salary (previously it was 2 times the average salary).

On the entry into force of the Scholarship Act (Official Gazette of the RS, Nos 59/07, 63/07 -corr., 40/09, 62/10 – ZUPJS, 40/12 – ZUJF, 57/12 – ZPCP-2D and 56/13 – ZŠtip-1) in 2008, state scholarships were significantly lower than they are today, as the amount was set by law for pupils at EUR 36 and for students at EUR 54, and irrespective of the income of the family, individual allowances could be added to the basic scholarship. In accordance with the ZUPJS, the level of state scholarships significantly increased for university and secondary school students with the lowest incomes, who are also most in need of additional financial assistance in education.

In 2019, intensive work continued on the automation of procedures for the recognition of rights from public funds, i.e. work on the rough calculation to relieve professional at Social Work Centres and clients when applying for annual rights from public funds (child benefit, kindergarten subsidy, state scholarship, subsidised meals and lunches). With a view to carrying out the rough calculation, an amendment to the ZUPJS was adopted, which aims to ensure a more effective enforcement of the rights to public funding by an individual and family. The amendment abolished the fictitious calculation of the right provided for by law as a sanction in the event that the family does not exercise certain rights from public funds in the prescribed order.

On 1 July 2019, the amounts of child benefit, state scholarships, child care allowance, large family allowance, birth grant and parental allowance increased. All these measures have strengthened the social status of families with children.

From the point of view of control and inspection, the Labour Inspectorate also controls payments for work performed, which is indirectly linked to preventing the risk of falling below the poverty line. In 2019, infringements in respect of payment for work performed were the most frequently detected infringements in supervision of employment relationships, which established 5,980 cases of infringement (5,538 cases in 2018; 6,064 cases in 2017 and 5,013 cases 2016). Of all these infringements, the most prominent were infringements regarding holiday allowance, in 3,036 cases (1,926 cases in 2018; 2,084 cases in 2017 and 1,810 cases in 2016). In connection with the payment day, 1,694 infringements were detected in 2019 (2,332 infringements in 2018; 2,275 infringements in 2017 and 1,592 infringements in 2016). In 2019, inspectors also found 23 infringements of the Minimum Wage Act (16 infringements in 2018; 26 infringements in 2017 and 27 infringements in 2016). In the 2016-2019 period, the Social Affairs Inspection Service carried out 133 inspections of the management of procedures for the enforcement of rights from public funds, which are intended, inter alia, to protect against poverty and social exclusion.

In 2016, Slovenia was deemed not to have a comprehensive system of social activation which would adequately link the social welfare service system with active employment policies, while allowing appropriate treatment of vulnerable groups who are unable to enter the labour market directly or have not reached the level for inclusion in active employment policy programmes. Social activation is

aimed at all those in need of assistance, support and empowerment to move closer to the labour market. For those above-mentioned we select, through public invitation to tender, accessible, diverse and high-quality social activation projects aimed at developing social skills and competences, enhancing functional and working competences, personal development and empowerment. Social activation programmes provide close support and help to individuals in their return to the labour market. The continued involvement of all relevant institutions, in particular labour offices and Social Work Centres, in providing support for people involved in the social activation system and in moving towards the labour market, should also be highlighted as one of the important achievements. The pilot project of social activation thus makes an important contribution to improving social issues and reducing social exclusion and poverty rates in the Republic of Slovenia. With funds from the European Social Fund, the Ministry of Labour, Family, Social Affairs and Equal Opportunities engaged in the creation of a comprehensive social activation model for the 2017-2022 period in the amount of EUR 30,148,110.26, comprising:

- Establishment of a comprehensive social activation system including a project unit for social activation within the Ministry of Labour, Family, Social Affairs and Equal Opportunities and 16 regional mobile social activation units (48 coordinators), in the amount of EUR 9,771,622.55;
- Provision of information support (application) to the social activation system, which will enable more effective work and treatment of people involved in social activation programmes, in the amount of EUR 548,194.80;
- Development and implementation of quality social activation programmes, where the providers of social activation programmes are selected through public invitations to tender for co-financing, in the amount of EUR 19,828,292.91.

b) Specific measures taken to mitigate the potential negative effects of the COVID-19 crisis to prevent poverty and social exclusion adopted in 2020 are described in detail in point b) of Section or Article 12§3. For reporting on the functioning of social protection programmes for vulnerable groups during COVID-19, see point a) of Section or Article 14§1.

c) <u>Additional clarifications (from the Conclusions 2013):</u>

1) The ECSR wishes to obtain more detailed information on the measures taken for certain categories of vulnerable persons, such as mentally ill person, addicts and homeless.

The National Social Protection Programme 2013-2020 provides a network of public services in the field of social welfare programmes designed to prevent and deal with the social distress of individual vulnerable groups and to complement social welfare services and measures. The programmes are implemented on the basis of verification or guidelines published in public invitations to tender for their (co)financing, and they are designed to take into account characteristics and needs of individual target groups of users and they are based on the specifics of the environment and area of implementation. Programme networks are designed for individual areas or target groups:

The number of users of the network of programmes in the field of addiction targeting illicit drug users and persons experiencing social distress as a result of alcoholism or other types of addiction has more than doubled from 2012 to 2018, and according to the Social Protection Institute of the Republic of Slovenia, which is monitoring the implementation of the National Social Assistance Programme, in 2012 the network included 12,465 users and 29,171 in 2018. In 2018, there were 32 programmes active in the field of social rehabilitation of addicts, 24 of them in the area of illicit drugs, six programmes to mitigate social distress due to alcoholism, one programme related to eating disorders and one

programme to prevent excessive use of modern information communication technologies. In most of the above programmes, the providers also provided counselling. In high-threshold programmes for illicit drug users, 127 beds were available in therapeutic communities, communes, residential group cares and reintegration programmes. Over 4,000 persons were included in various high-threshold programmes. There were a total of over 15,000 users in low-threshold programmes for illicit drug users in 2018. There were 41 accommodation facilities available to users. See also point d) and further clarifications of Section or Article 11§3.

In 2018, the network of programmes for the homeless included 12 shelters and other accommodation programmes with comprehensive treatment of homeless people which had 249 beds at their disposal. In addition, there were also four accommodation programmes, which provided 51 beds. In 2018, the Ministry of Labour, Family, Social Affairs and Equal Opportunities co-financed five day centres or programmes for the homeless providing counselling, information, guidance and assistance to the homeless on a daily basis and two programmes providing preventive activities, prevention of evictions and empowerment to retain existing housing at risk. These activities are also part of the above-mentioned accommodation programmes. In 2018, the network of programmes for the homeless had 3,969 users, which is 2,336 more than in 2012.

In 2018, the network of mental health programmes included 44 residential care groups for people with long-term mental health problems, with accommodation capacity of 218 places, 31 day centres and 24 information and counselling offices with field work and a telephone line for counselling in mental distress, with 23,135 telephone conversations conducted (9,399 in 2012). There were 4,969 users of the network in 2018 (4,785 in 2012). See also point c) of Section or Article 11§3.

In addition to the networks presented above, the Ministry of Labour, Family, Social Affairs and Equal Opportunities also co-finances networks of programmes for other vulnerable groups including victims of violence, children and adolescents with development problems, socially excluded elderly people, programmes providing support residence to persons with disabilities, programmes for Roma and specialised psychosocial support programmes. In June 2020, the Ministry of Labour, Family, Social Affairs and Equal Opportunities launched a public invitation to tender for co-financing projects to help the most vulnerable groups of the population in addressing needs related to the COVID-19 epidemic and to mitigate its consequences. See point a) of Section or Article 14§1.

2) The ECSR wishes to obtain information on the amount of resources to combat poverty and social exclusion.

In 2018, Slovenia allocated 22% of GDP to social protection. This means that social protection expenditure in 2018 amounted to EUR 10.092 billion (EUR 9.728 billion in 2017 and EUR 9.398 billion in 2016). According to the European System of integrated Social Protection Statistics (ESSPROS) methodology used, social protection covers all interventions by public and private institutions that mitigate burdens of a specific category of risks or needs of households or individuals without at the same time providing equivalent compensation or remuneration and which are not the result of individual arrangements. The risks or needs or areas of observation are sickness and healthcare, disability, old age, death of a family breadwinner, family and children, unemployment, housing and other forms of social exclusion. The largest categories of expenditure in the year were sickness and healthcare and old age, which accounted for about three quarters of total social protection expenditure. In 2018, expenditure related to death of a family breadwinner amounted to EUR 547 million, expenditure related to family and children to EUR 830 million, expenditure related to disability to EUR 461 million, expenditure related to unemployment to EUR 232 million, expenditure related to accommodation to EUR 11 million and expenditure related to other forms of social exclusion

amounted to EUR 324 million. Benefits paid on the basis of means testing amounted to EUR 881 million in 2018.

Information on poverty and social exclusion during the reporting period is presented in point (a) of this Section or Article.

3) The ECSR wishes to obtain information on monitoring and evaluating the effectiveness of poverty reduction and social exclusion policies.

On behalf of the Ministry of Labour, Family, Social Affairs and Equal Opportunities, the Social Protection Institute of the Republic of Slovenia prepares annual reports on the implementation and achievement of the objectives of the Resolution on the National Social Assistance Programme 2013-2020 (Official Gazette of the Republic of Slovenia, No. 39/13). The report gives an overview of the macroeconomic and demographic situation in the Republic of Slovenia, an overview of the economic and labour market situation and other factors affecting the social situation of the population. The main part of the annual report is a presentation of the realisation of key objectives of the Resolution:

- reducing the risk of poverty and increasing the social inclusion of socially disadvantaged and vulnerable groups of the population;
- improving availability and diversity and ensuring the accessibility and availability of services and programmes;
- improving the quality of services and programmes and other forms of assistance.

The attainment of the targets is monitored on the basis of pre-defined indicators and targets up to 2020. The report also includes information on the implementation of national and regional implementation plans in the field of social assistance.

Tasked by the Ministry of Labour, Family, Social Affairs and Equal Opportunities, the Social Protection Institute of the Republic of Slovenia also prepares annual reports on the social situation in Slovenia. The main purpose of the reports is to provide a comprehensive and complex overview of the changes in the social situation in Slovenia in the last two years before the publication of each report, and of the contribution of various factors towards changes in the social situation of individuals and families. The report is basically structured into four basic chapters:

- circumstances, movements and measures affecting the social situation of people;
- living standard of the population of Slovenia;
- movement and structure of recipients of transfers from public funds dependent on the financial situation of individuals and families;
- assessments, opinions and experiences of non-governmental and humanitarian organisations.

In addition, the report contains a special focus chapter, which highlights a different subject each year. So far, the chapters have focused on the following themes: changes in the situation of children and families in the period of crisis (2014 report), the survival strategy of low-income individuals and families (2015 report), housing status of low-income individuals and families (2017 report), analysis of the work allowance addition to monetary social assistance (2018 report), the social situation of the elderly (2019 report).

The Office for Economic Analysis and Development of the Republic of Slovenia produces annual Development Reports, which assess progress in the priority areas of the Slovenian Development Strategy up to 2030 and make recommendations for better policy implementation. One of the five strategic orientations of the Strategy is an inclusive, healthy, safe and responsible society that includes a healthy and active life, inclusive labour market, quality jobs and a decent life for all as objectives. The report is based on a number of main and secondary indicators.

Through a permanent expert consultative body, the Council of the Republic of Slovenia for Children and the Family, Slovenia monitors the effectiveness of the poverty and social exclusion reduction policy.