SLOVAK NATIONAL CENTRE FOR HUMAN RIGHTS

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INDIVIDUAL SUBMISSION OF SLOVAK NATIONAL CENTRE FOR HUMAN RIGHTS

Alternative Report on the Implementation of the European Social Charter – Articles 3, 11, 12, 13, 14, 23 and 30

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About Slovak National Centre for Human Rights:

Slovak National Centre for Human Rights (the "Centre") is a national human rights institution established in the Slovak Republic, accredited with status B by the Global Alliance of National Human Rights Institutions. As an NHRI, the Centre is a member of the European Network of NHRIs (ENNHRI). The Centre was established by the Act of Slovak National Council No. 308/1993 Coll. on the Establishment of Slovak National Centre for Human Rights. Pursuant to the Act No. 365/2004 Coll. on Equal Treatment in Certain Areas and on Protection from Discrimination, as amended (the Anti-Discrimination Act), the Centre also acts as the only Slovak equality body. As an NHRI and equality body, the Centre performs a wide range of tasks in the field of protection and promotion of human rights and fundamental freedoms including the observance of the principle of equal treatment.

The Centre among other powers:

1) monitors and evaluates the observance of human rights and the observance of equal treatment principle;

2) gathers and, upon request, provides information on racism, xenophobia and antisemitism in the Slovak Republic;

3) conducts research and surveys to provide data in the field of human rights; gathers and distributes information in this area;

4) prepares educational activities and participates in information campaigns aimed at increasing tolerance of the society;

5) provides legal assistance to victims of discrimination and manifestations of intolerance;

6) issues expert opinions on matters concerning the observance of the equal treatment principle;

7) performs independent inquiries related to discrimination;

8) prepares and publishes reports and recommendations on issues related to discrimination; and

9) provides library services and other services in the field of human rights.

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1. INTRODUCTION

This report has been prepared by the Centre utilizing the first-hand information gathered (i) during the annual monitoring and evaluation of the observance of human rights, fundamental freedoms and equal treatment principle, (ii) gathered as a part of providing legal services for victims of discrimination and (iii) gathered as a part of conducting research and providing education on human rights. In respect to annual evaluation of the observance of human rights, fundamental freedoms and principle of equal treatment, the Centre has been regularly consulting key stakeholders such as civil society organizations, academia, public authorities, think thanks, media, businesses, chambers, social services providers and healthcare providers. The information gathered during the monitoring has been utilized in this report.

The alternative report of the Centre reflects on the 11th national report of the Slovak Republic on the implementation of the European Social Charter as submitted to and registered by the secretariat of the European Committee of Social Rights as well as the 2017 Conclusions of the European Committee for Social Rights Relating to Articles from Thematic Group – Health, Social Security and Social Protection concerning the Slovak Republic.

In this report, the Centre focuses especially on the right to health – Article 11(1) and Article 11(2) and right of elderly to social protection – Article 23.

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ARTICLE 11 – THE RIGHT TO HEALTH

Article 11 (1)

To remove as far as possible, the causes of ill-health.

A) LIFE EXPECTANCY ACROSS THE COUNTRY.

1. The life expectancy at birth has been steadily increasing over the recent years. In comparison with the European Union (EU) average, the progression in respect to the life expectancy at birth has been slightly above the EU increase.[1] However, the health life expectancy for both – males and females stagnates or slightly deteriorates over the recent years. Inhabitants of the Slovak Republic live longer, however, there are no additional years added that are spent in good health.[2]

Table No. 1: *Life expectancy at birth in the Slovak Republic for the Years 2016 – 2019*[3]

Gender	2019	2018	2017	2016
Males	74,31	73,71	73,75	73,71
Females	80,84	80,35	80,34	80,41

Table No. 2: *Health Life expectancy in the Slovak Republic for the years 2016 – 2019*[4]

Gender	Age Group	2019	2018	2017	2016
Males	45 years	13,9	13,9	13,9	13,1
	60 years	5,1	5,5	5,1	4,7
	75 years	1,1	1,2	1,2	1,1
Females	45 years	13,2	13,7	13,7	13,1
	60 years	5,0	5,2	5,1	4,9
	75 years	0,9	1,1	0,9	0,8

[1] OECD/European Observatory on Health Systems and Policies (2019), Slovakia: Country Health Profile 2019, State of Health in the EU, OECD Publishing, Paris/European Observatory on Health Systems and Policies, Brussels.
[2] Ibid.
[3] Statistical Office of the Slovak Republic: 1.1.5 Life expectancy for single years of age by sex (Data show life expectancy of men and women for single years of age. The calculation based on the results of routine statistical surveys on population change is the product of life tables processing.), DATAcube (2020), http://datacube.statistics.sk/#!/view/en/VBD_SLOVSTAT/om2021rs/v_om2021rs_00_00_00_en
[4] Statistical Office of the Slovak Republic: 6.4 Health life expectancy by selected age, DATAcube (2020), http://datacube.statistics.sk/#!/view/en/VBD_SK_WIN/as1008rs/v_as1008rs_00_00_00_en

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2. The data collected by relevant public authorities (e.g. Statistical Office of the Slovak Republic or National Centre for Medical Information) on life expectancy or health life expectancy are disaggregated solely by sex (male and female) and age (by single years or 5 years' age groups). As the data are not disaggregated by any other relevant characteristics (e. g. ethnicity, nationality, gender, sexual orientation, residency, disability, education, employment etc.), it is not possible to evaluate the life expectancy for different population groups including various vulnerable groups (e.g. Roma, national minorities, migrants, homeless, persons with disabilities, unemployed etc.) or for different regions or areas (e. g. urban, rural, industrial etc.). Lack of disaggregated data does not allow for identification any anomalies, especially inequalities in quality of health and wellbeing.

3. In 2019, the life expectancy at birth in the Slovak Republic for males and females was lower than the EU average (3,8 years)[5] and the number of deaths from preventable or treatable diseases/conditions per 100 000 inhabitants in the Slovak Republic is alarming. For instance, the number of deaths from avoidable diseases/conditions, persons aged less than 75 years per 100 000 inhabitants in the Slovak Republic is higher by 60% in comparison with the EU average. Similar trends have been also shown in respect to treatable diseases/conditions and preventable diseases/conditions.[6] If it comes to the deaths from preventable or treatable diseases/conditions in the Slovak Republic, there have not been substantial improvement and situation remains worrisome.

Table No. 4: *Treatable and preventable mortality of residents by cause and sex in the Slovak Republic for the years 2016 – 2018*[7]

	2018	**2017**	**2016**
Preventable diseases	241,27	238,71	243,82
Treatable diseases	165,32	173,71	168,31

Measures addressing the diseases representing the main causes of premature death.

4. The diseases that representing main causes of death in Slovakia remain similar over the years, with chronic ischemic heart disease and circulatory system diseases (International Classification of Diseases: I20 – I25) being the most common diseases causing death in the Slovak Republic, followed by malignant neoplasms of the digestive organs (International Classification of Diseases: C15 – C26), vascular diseases of a brain (International Classification of Diseases: I60

[5] EUROSTAT: Life expectancy by age and sex (demo_mlexpec), 2019, (EU average = 27 member states of the European Union), available online https://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do

[6] EUROSTAT: Standardised deaths rates for avoidable mortality, persons aged less than 75 years per 100 000 inhabitants, 2017, available online: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=File:Standardised_deaths_rates_for_avoidable_mortality,_persons_aged_less_than_75_years,_2016_and_2017_(per_100_000_inhabitants)_Health20.png

[7] EUROSTAT: Treatable and preventable mortality of residents by cause and sex (hlthcd_apr), 2019, available online: https://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do

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– I69), other heart diseases (International Classification of Diseases: I30 – I52) and acute upper respiratory tract infections ((International Classification of Diseases: J09 – J18) (Table No. 4).[8]

Table No. 4: *Number of death to the most common causes of death by diagnosis group per 100 000 inhabitants for the year 2019*[9]

Diagnosis group	Males	Females	Total
I20 – I25	243,7	282	263,3
C15 – C26	97,5	63,7	80,2
I60 – I69	77	79,9	78,5
I30 – I52	56,8	60,5	58,7
J09 – J18	50,7	46,4	48,5

5. According to the United Nations Committee on Economic, Social and Cultural Rights, there are systemic weaknesses in healthcare provisions in the Slovak Republic.[10] These include infrastructure of a poor quality due to a lack of investment, limited screening facilities, gaps in geographical coverage of some health-care services and low numbers of doctors and nurses in some regions.[11]

6. The lack of investments to provision of healthcare has been also noticed by the Organization for Economic Cooperation and Development (OECD), according to which the Slovak Republic "*spends much less on health than the EU average, both in absolute terms (EUR 1 600 per person in 2017, adjusted for differences in purchasing power) and as a share of GDP (6,7 %).*"[12] The situation is especially concerning due to the fact, that the Slovak Republic has been regularly decreasing its investments to healthcare since 2016 (as a share of GDP).

7. The lack of investments to healthcare is underlined by the lack of efficiency of the system of itself. According to the Ministry of Finance of the Slovak Republic and its Value for Money Division, the Slovak Republic "*dedicates a little less money to healthcare than the V3 countries per citizen, in terms of total health expenditure, adjusted by purchasing power. However, the country's public expenditure is higher compared to them and its healthcare outcomes are worse. Overall, Slovak health expenditure is 4% lower than the average in V3 countries, but treatable mortality rate is higher by 16%. There are more deaths preventable by better healthcare in*

[8] National Centre for Medical Information: "Health Yearbook for the Year 2019" (2020) available online in Slovak: http://www.nczisk.sk/Statisticke_vystupy/Zdravotnicka_rocenka/Pages/default.aspx
[9] Ibid.
[10] United Nations Committee on Economic, Social and Cultural Rights: Concluding Observations on the third periodic report of Slovakia, (2019) E/C.12/SVK/CO/3, available online at: https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/countries.aspx?CountryCode=SVK&Lang=EN
[11] Ibid.
[12] OECD/European Observatory on Health Systems and Policies (2019), Slovakia: Country Health Profile 2019, State of Health in the EU, OECD Publishing, Paris/European Observatory on Health Systems and Policies, Brussels.

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Slovakia than in Poland, Estonia and Greece (95 – 143 preventable deaths, the average being 122, thus 27% less than in Slovakia), even though the average expenditure in these countries is 5% lower."[13]

8. The Slovak Republic has not adopted any complex and effective measures that would improve the worrisome situation concerning number of medical staff and its geographical distribution. According to the National Centre for Medical Information, there are 83 896 members of medical staff working in the Slovak Republic out of which, only 22 307 members of staff are medical doctors/physicians.[14] Despite the fact that the average number of medical doctors/physicians in the Slovak Republic (3,4 physicians per 1000 inhabitants) is approaching the EU average (3,6 physicians per 1000 inhabitants)[15], the average number of nurses in the Slovak Republic (3,4 nurses per 1000 inhabitants) has been long-term bellow the EU average (8 nurses per 1000 inhabitants.[16] The geographical distribution of the medical staff is uneven. While the density of physicians is very high in the capital region, it is much lower in most other regions.[17] In comparison with Bratislava region (6,5 physicians per 1000 inhabitants), in regions of Trnava, Banská Bystrica, Nitra or Prešov, the number of physicians per 1000 inhabitants is lower than 3.[18] Moreover, more than 45% of physicians is older than 50 years of age.[19]

9. The Centre believes that to improve the current situation in healthcare, especially concerning health life expectancy and number of preventable and treatable deaths, the Slovak Republic should adopt complex and systematic measures, not only aiming at progressively increasing the amount of financial means invested to the healthcare system, but also ensure that these financial means are invested efficiently and contributing to improvement of the overall accessibility, availability, acceptability and affordability of all levels of healthcare (primary, secondary and tertiary) as well as all kinds of healthcare (preventive, curative and rehabilitative) to all inhabitants, including the members of vulnerable groups, such as Roma, women, persons with disabilities, members of LGBTIQ+ communities or migrants.

10. The Centre further believes that the Slovak Republic should pay more attention to preventive healthcare as well as to health education. Not only that the preventive programmes and policies focusing on the most prevalent diseases/conditions are not sufficient, the overall awareness of inhabitants about their entitlements, costs and conditions for participating in the

[13] Ministry of Finance of the Slovak Republic – Value for Money Division: Healthcare Spending Review II (2019) available online at: https://www.mfsr.sk/files/archiv/77/HealthcareSpendingReview2_EN.pdf
[14] National Centre for Medical Information: „Health Yearbook of the Slovak Republic for the Year 2019" (2020), available online in Slovak: http://www.nczisk.sk/Statisticke_vystupy/Zdravotnicka_rocenka/Pages/default.aspx
[15] OECD/European Observatory on Health Systems and Policies (2019), Slovakia: Country Health Profile 2019, State of Health in the EU, OECD Publishing, Paris/European Observatory on Health Systems and Policies, Brussels.
[16] Ibid.
[17] Ibid.
[18] Ibid.
[19] National Centre for Medical Information: „Health Yearbook of the Slovak Republic for the Year 2019" (2020), available online in Slovak: http://www.nczisk.sk/Statisticke_vystupy/Zdravotnicka_rocenka/Pages/default.aspx

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preventive programmes is low. The main policy concerning healthcare is the Strategy for Health for the Years 2014 – 2030 (Health Strategy 2030). Other policies concerning health include National Action Plan for Prevention of Obesity for the Years 2015 – 2025 and National Action Plan for Issues Concerning Alcohol for the Years 2013 – 2020. Some policies have not been prolonged or renewed after the implementation period has passed, e. g. National Action Plan for Control of Tobacco. Some of the policies are outdated and rarely implemented, e. g National Programme for Mental Health and National Programme of Health Support. For instance, on 4th September 2019, the Ministry of Health of the Slovak Republic proposed to terminate implementation of several measures from the National Program for Mental Health. As a justification, the Ministry of Health of the Slovak Republic stated "*during its 16' years existence, the implementation of measures of the National Program for Mental Health by respective ministries has not led during to changes in the field of mental health and currently does not reflect the contemporary needs in the field of provision of mental healthcare*."[20] The most recent policies touching on provision of healthcare are the National Investment Plan of Slovakia for the Years 2018 – 2030 (adaption of the Agenda 2030 for Sustainable Development) and the Recovery Plan. While the National Investment Plan of Slovakia for the Years 2018 – 2030 reflects on the Health Strategy 2030, the Recovery Plan introduces two major reforms – Modern and accessible healthcare (1163 mil. EUR) and Mental Health Reform (105 mil. EUR). The Recovery Plan proposes for the healthcare to be second highest investment after green economy, followed by education and science.[21]

11. The Centre concludes that while there is various national policies and programmes being implemented in the field of healthcare, there are no complex and systematic policies that would be heavily focused on prevention and that would target the main causes of premature and treatable deaths in the Slovak Republic. There is the National Oncology Programme, however, the most important preventive measures – screening programmes are not sufficient. There are currently three screening programmes: for breast cancer, colorectal cancer and cervical cancer. Only two programmes – breast cancer screening programme and colorectal cancer screening programmes were launched in 2019. However, start of both programmes were to a large extent impacted by the COVID-19 pandemic in 2020. The cervical cancer screening programme has not been launched yet. If it comes to cardiovascular diseases and conditions, there is no national programme that would focus on such diseases and conditions, which are one of the most common diagnosis causing premature deaths in the Slovak Republic. Some preventing measures targeting also cardiovascular diseases are implemented by the Public Health Authority of the Slovak Republic, especially through the system of counselling services. However, these are not well known and are visited by less clients each year. For example, in 2010, the counselling services were utilised by 14 429

[20] Proposal to Terminate the Implementation of Measures Included in the National Programme for Mental Health for the Years 2019 – 2020 (LP/2020/401), available online in Slovak: https://www.slov-lex.sk/legislativne-procesy/-/SK/dokumenty/LP-2020-401

[21] Ministry of Finance of the Slovak Republic: Recovery Plan (2021) available online in Slovak: https://www.planobnovy.sk/kompletny-plan-obnovy/

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inhabitants (9278 women and 5151 men) and in 2019, the counselling services were utilised only by 5388 inhabitants (3720 women and 1668 men).[22]

B) SEXUAL AND REPRODUCTIVE HEALTH-CARE SERVICES.

Maternal mortality rate.

10. The Centre would like to inform the European Committee for Social Rights (the "Committee") on the state of maternal mortality in the Slovak Republic. In 2017, the Slovak Republic stated that the main reason for maternal mortality is that pregnant women are neglecting the prescribed medical check-ups and therefore, the new amendments to the Act 461/2003 Coll. On Social Security, as amended (the "Social Security Act") that condition the payment of maternity benefit fulfilling the obligation of attending the regular medical check-ups prescribed to pregnant women.

11. The Centre would like to clarify the benefits that can be drawn by pregnant women or mothers caring for one or more children. The set of benefits can be divided into social security benefits (regulated by the Social Security Act) and state benefits (regulated by individual legal acts).

12. The Social Security Act recognizes (i) benefit for a pregnant woman and (ii) maternity benefit. The benefit for pregnant women is a benefit for a woman who was insured at least 270 days during the last two years is entitled to the benefit for pregnant women from 27th week of pregnancy until the end of pregnancy. The maternity benefit is a benefit for a woman who was insured at least 270 days during the last two years is entitled to the maternity benefit from 6th week before the expected due date until the end 34th week following the day when the entitlement for the benefit arose. Different conditions apply to women who deliver two and more children or women who deliver stillborn child.

13. The Social Security Act does not include any provision that would prevent a woman who did not attend the prescribed check-ups for pregnant women from drawing up the benefit for pregnant women (introduced in 2020) or the maternity benefit as stated by the Slovak Republic in the 7th National Report on the Implementation of the European Social Charter submitted by the Government of the Slovak Republic. Both benefits are solely connected to the payment of social security insurance and to provision of care for a child. Only employed women or self-employed women who pay social security insurance are entitled to the benefit for pregnant women or maternity benefit. Therefore, these benefits are not available for some groups of women, e.g. unemployed, students etc.

[22] Public Health Authority of the Slovak Republic: „Report: Counselling Centres for Promotion and Protection of Health in 2019" (2020) available online in Slovak: https://www.uvzsr.sk/docs/info/podpora/Poradenske_centra_ochrany_a_podpory_zdravia_v_SR_2019.pdf

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14. If it comes to state benefits, there are various benefits supporting parents or other persons providing care for children (up to 3 years of age, in case of long-termly unfavourable health conditions – up to 6 years of age). These benefits include (i) childbirth allowance (one-time payment of 829,86 EUR for the first, second and third child), (ii) childbirth allowance in case the delivery of two or more children (110, 36 EUR per annum, until 15 years of age of the first child born), (iii) child allowance (25,50 EUR per month, until 25 years of age of a child), surcharge to child allowance (11, 96 EUR per month, until 25 years of age of child, in case a parent is not eligible for a tax bonus), (iii) parental allowance (275,90 EUR per month, until 3 years of age of child or 6 years of age of a child suffering from log-term unfavourable health condition) and (iv) childcare allowance (280 EUR, 80 EUR or 41,10 EUR depending on the entity providing care for a child, until 3 years of age of child or 6 years of age of a child suffering from log-term unfavourable health condition).

15. The only state benefit that includes the condition to undergo all medical check-ups for pregnant women (from 4th to 9th month of pregnancy) for the entitlement to the benefit is the childbirth allowance. At the same time, the Centre would like to point out that the legislation does not include any mechanisms that would ensure the entitlement to the childbirth benefit for women who could not attend the prescribed medical check-ups due to the force majeure, e.g. women in coma, women who were not diagnosed with pregnancy until very late stages etc.

16. The maternal mortality in Slovakia fluctuates (Table No. 1). Two major national strategies – National Investment Plan of Slovakia for the Years 2018 – 2030 (pilot version) and the Strategic Framework for the health care for the Years 2014 – 2030 do not include any concrete measure that would aim at decreasing the maternal mortality in Slovakia or increase the quality of maternal healthcare. Moreover, the quality of healthcare provided in relation to labour and delivery or maternal healthcare in general is not ensured on national level as well as in the individual regions. This is because, the Ministry of Health of the Slovak Republic has not yet adopted any relevant standard clinical guidelines for labour and delivery.

Table No. 5: *Maternal Mortality Ratio in the Slovak Republic for the years 2016 - 2018*[23]

Region	**2018**	**2017**	**2016**
Slovak Republic	3,47	5,18	6,95
Bratislava	0,00	0,00	0,00
Trnava	0,00	0,00	36,41
Nitra	0,00	0,00	0,00
Žilina	0,00	0,00	13,65

[23] Statistical Office of the Slovak Republic: 3.1.1 Maternal Mortality Ratio (Figures in the table refer to the number of female deaths related to pregnancy, childbirth and the puerperium per 100,000 live births), DATAcube (2020), available online at:http://datacube.statistics.sk/#!/view/en/VBD_SK_WIN/om3405rr/v_om3405rr_03_01_01_en.

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Trenčín	19,18	0,00	0,00
Prešov	0,00	20,16	10,14
Košice	0,00	11,16	0,00
Banská Bystrica	16,43	0,00	0,00

17. Non-governmental organizations – "*Ženské kruhy*"[24] and "*Občan Demokracia a zodpovednost*"[25] have been monitoring the enjoyment of human rights during the labour and delivery and have been regularly reporting serious human rights violations such as physical violence (e.g. pressuring a woman to deliver in a lying position, using Kristeller expression, conducting episiotomy and/or amniotomy without indication, using violence such as slapping to pressure the women giving birth to cooperate with the medical personnel, stitching without appropriate anaesthesia, bed restraint) or psychical violence (e.g. shouting at women giving birth, mocking women giving birth, intimidation).[26] Both organisations – *Ženské kruhy* as well as *Občan, Demokracia a Zodpovednosť* consider also problematic the way how medical personal obtains informed consent during the labour and delivery and how are women giving birth informed about the individual procedures and medication prescribed.[27]

Planned parenthood and access to abortion.

20. Enjoyment of reproductive rights in the Slovak Republic has been problematic for many years and resonates in the overall evaluation of the protection and promotion of human rights in the Slovak republic on the international level.[28] The state of protection and promotion of reproductive rights is unsatisfactory, especially due to: (i) availability, safety and selection of contraceptive, (ii) infertility treatment, (iii) availability and safety of abortion, (iv) prevention, treatment and control of sexually transmitted diseases, including HIV (v) maternal and new-born care, (vi) healthy adolescent sexuality and elimination of traditional harmful practices. Despite the recommendations of experts, civil society organisations, international community[29] or United

[24] Official website of the non-governmental organisation „Ženské kruhy": https://zenskekruhy.sk/
[25] Official website of the non-governmental organisation "Občan, demokracia a zodpovednosť": http://odz.sk/
[26] Janka Debrecéniová, Miroslava Hlinčíková, Ema Hrešanová, Zuzana Krišková, Zuzana Laffersová, Martina Sekulová: Women, Mothers, Bodies II: Systemic Aspects of Violations of Women's Human Rights in Birth Care Provided in Healthcare Facilities in Slovakia (Bratislava, 2016), summary of the publication available online: http://odz.sk/en/wp-content/uploads/ZMT2_SUMMARY_EN_final.pdf
[27] Ibid.
[28] E.g. Concluding observations of the UN Committee for Economic, Social and Cultural Rights to the third periodic report of the Slovak Republic dated 14 November 2019, point 41; Open letter of the Commissioner for Human Rights to the National Council of the Slovak Republic dated 22 November 2019.
[29] United Nations Human Rights Council, Report of the Universal Periodic Review Working Group: Slovakia dated 16 April 2019, recommendations 121.142 and 121.143.

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Nations committees[30] to adopt comprehensive policy regulating reproductive and sexual health, such policy has not been yet adopted. Adoption and implementation of national strategy and action plan on sexual and reproductive health as a result of participatory and transparent process with regular monitoring and evaluation with allocation of sufficient funds is the basic obligation of the Slovak republic.

21. Planning parenthood, especially access to wide scale of contraceptives and respective information as well as access to infertility treatment remains unsatisfactory. European Contraception Policy Atlas published by the European Parliamentary Forum for Sexual and Reproductive Rights on annual basis evaluated the access to contraceptive in the Slovak Republic in 2019 to only 48,1%.[31]Together with twelve more countries, the Slovak Republic and its policies in the field of sexual and reproductive rights were evaluated as unsatisfactory, especially due to the fact that the contraceptives are not covered by the public health insurance, including adolescents or members of vulnerable groups; in the process of prescription of contraceptive various restrictions are being applied (e.g. for prescription of contraception to a person younger than 18 years of age, the consent of a parent or legal guardian is required); all hormonal contraceptives are bound for medical prescription as well as there is lack of information available online, including information in the minority languages. Moreover, the low score awarded by the European Contraception Policy Atlas is also based on the lack of relevant legislation and policies regulating planned parenthood on national level.

22. Currently, there is no modern contraceptive method covered by the public health insurance. All kinds of hormonal and non-hormonal contraceptives are fully paid for by the patients. According to the applicable legislation, it is not possible to introduce a drug to the list of categorised medicines that is a drug solely intended to regulate conception (contraceptives) or a drug that is intended to treat erectile dysfunction, to treat obesity/overweight, or to treat smoking cessation, addiction to tobacco or smoking.[32] According to the Ministry of Health of the Slovak Republic is the justification for elimination of contraceptives from the list of categorised medicines given by missing health indication. Contraceptives are intended to prevent conception that is a physiological condition not a disease. The Ministry of Health of the Slovak Republic argues that it is important to respect the solidarity system of public health insurance.[33] The aim of the public health insurance system is to ensure the access to efficient, safe, quality and modern medicines for

[30] United Nations Committee for Rights of Children, Concluding Observation to Joint Third and Fifth Periodical Report of Slovakia dated 20 July 2016, recommendation No. 41(a)
[31] European Parliamentary Forum for Sexual and Reproductive Rights: "*European Contraception Policy Atlas 2019*" available online: https://www.epfweb.org/node/89.
[32] Information provided by the Ministry of Health of the Slovak Republic based on the Act on the Free Access to Information (6 March 2020).
[33] Ministry of Health of the Slovak Republic: „ Ministry of Health of the Slovak Republic is respecting the solidarity system of the public health insurance (press releases)" 30 March 2011 available in Slovak: https://www.health.gov.sk/Clanok?mz-sr-respektuje-solidarny-princip-zdravotneho-poistenia

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whole population, including patients suffering from serious conditions and diseases.[34] The public health insurance system should not be used to replace the social security system.[35]

23. According to the data collected by the National Centre for Medical Information, 190 735 women used contraceptives in 2018 what represents 147,8 women using contraceptives per 1000 women in reproductive age. Number of women using contraceptives is decreasing annually. For comparison, in 2017, it was 157,5 women using contraceptives per 1000 women in reproductive age and in 2016, it was 170 women using contraceptives per 1000 women in reproductive age.[36] The decrease might be caused by the lack of relevant information and substantial stigmatisation of using contraceptives, especially hormonal contraceptives (e.g. side effective, harms to the environment) as well as its price.

24. In 2019, the Ministry of Health of the Slovak Republic did not administer any official source of online information about planned parenthood, contraceptives and sexual health as well as it did not carry out any communication campaign promoting sexual and reproductive health in recent years. Patients usually search for relevant information on online forums, however, such information are not often correct. Other sources of information include information leaflets in the OBGYN outpatient centres that are usually produced and distributed by pharmaceutical companies producing individual contraceptives. Even the information acquired at the outpatient centre might not be fully correct or relevant. To a large extent, this information can be distorted by the prejudice, faith, religion or philosophical beliefs of medical staff. This trend can be seen especially if it comes to general practitioners who often do not have information about the newest trends in planned parenthood or newest contraceptive methods.

25. Specific category are information provided in minority languages (e.g. in Hungarian, Romani etc.) or information that are accessible to women and girls with disabilities (e.g. information accessible for girls and women with visual impairment, mental disabilities etc.).

26. Exclusion of hormonal contraceptives and intrauterine device from the coverage of the public health insurance has been a serious obstacle to planned parenthood, especially to young girls and women from marginalised Roma communities or from socially disadvantaged background (e.g. unemployed). According to official statistics, more than 90,5% of women registered in the OBGYN outpatient centres in the Slovak Republic do not fulfil their need in respect to planned parenthood, that means they do not use any modern form of contraceptive, whether hormonal or not.

27. In 2019, the average cost of hormonal contraception varied from 10 EUR to 15 EUR per month in the Slovak Republic, what represents annual cost of 120 EUR to 180 EUR. The Centre

[34] Ministry of Health of the Slovak Republic: „ Ministry of Health of the Slovak Republic is respecting the solidarity system of the public health insurance (press releases)“ 30 March 2011 available in Slovak: https://www.health.gov.sk/Clanok?mz-sr-respektuje-solidarny-princip-zdravotneho-poistenia
[35] Ibid.
[36] National Centre for Medical Information: “The Activities of OBYN Outpatient Centres in the Slovak Republic in 2018” (2019).

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believes that the current cost of hormonal contraception is a serious obstacle to planned parenthood, while the Ministry of Health of the Slovak Republic argues that there are also cheaper alternatives of hormonal contraception, such as drug Regulon or Tri-Regol. However, it should be pointed out that these drugs were introduced to the Slovak market in 1999 and 2001 and can be considered as fairly outdated. The Slovak Republic is also bound by the International Covenant on Economic, Social and Cultural Rights that expressly states that everyone shall have right to access the outcomes of the scientific progress (Art. 15), that means to have access to modern drugs, medicines and medical devices, including hormonal contraception.

28. Apart from the cost of the hormonal contraception, the restrictions to prescription also represent an obstacle to planned parenthood. Such a restriction is a mandatory informed consent of a parent or legal guardian of girls younger than 18 years of age as well as taking age of the patient into consideration when prescribing hormonal contraception. Currently applicable laws require that the person who receives healthcare or, if a person is not eligible to give a consent, a legal guardian are obliged to give a proven consent based on a clarification and edification given by a physician – an informed consent. According to the Act No. 40/1960 Coll. Civil Code, as amended, a person acquires full legal capacity by coming of age at 18 years of age. According to the Ministry of Health of the Slovak Republic, persons younger than 18 years of age have legal capacity that reflects their maturity and development, however, they are not able to give informed consent.[37]

29. Girls younger than18 years of age are required to obtain an informed consent of their parent or legal guardian to be prescribed hormonal contraception. The only exemption are girls who older than 16 years of age and got married. Lack of legal capacity to give an informed consent is a serious obstacle to the access to contraception. The attitude of parents or legal guardians to using contraception can be impacted to large extent by fear from side effects, misinformation, anti-campaigns as well as by their prejudice, faith, religion or philosophical beliefs. Lack of trust, shame and fear of sharing their needs in respect to planned parenthood with parents or legal guardians as well as the sexuality and planned parenthood being a taboo in Slovak society can also play a significant role.

30. Another obstacle can be age of a patient, especially in respect to unfounded considerations of the age of patient by physician. This obstacle can be faced by all girls younger than 18 years of age, even if they acquired informed consent of the parent or legal guardian. Currently, there is no official clinical standard that would impose age restrictions on prescription of hormonal contraception, e. g. restricted prescription of hormonal contraception to girls older than 16 years of age. When prescribing hormonal contraception, physicians should follow summary of product characteristics. However, it is not unusual that physicians refuse to prescribe hormonal contraception to girls younger than 16 years of age. Usually, physicians argue that the body of a

[37] Information provided by the Ministry of Health of the Slovak Republic based on the Act on the Free Access to Information (6 March 2020).

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girl younger than 16 years of age is still developing quote Section 201 of the Act 300/2005 Coll. Criminal Code, as amended: "*Any person who has sexual intercourse with a person under fifteen years of age, or who subjects such person to other sexual abuse, shall be liable to a term of imprisonment of three to ten years*." Many physicians are of an opinion that persons younger than 15 years of age are forbidden from having a sexual intercourse, therefore there is no reason for prescription of hormonal contraception to girls in this age group. However, according to the summary of product characteristics of the majority hormonal contraceptives, taking a contraception is indicated after menarche – the first menstruation. First menstruation indicates sexual adolescence and the average age of girls having their first period fluctuates between 9 to 18 years of age (the European age median fluctuating between 12,6 years to 15,2 years).[38]

31. In the Slovak Republic, the abortion is regulated by two main laws - the Act 73/1986 Coll. on Abortions, as amended ("Abortion Act") and the Decree of the Ministry of Health of the Slovak Republic No. 74/1986 Coll. that executes the Abortion Act ("Abortion Decree") as well as in other acts. The abortion is carried under two general regimes. First regime is defined by Section 4 of the Abortion Act – abortion can be conducted on a women based on her written request if the pregnancy did not exceed 12 weeks and there are no health contraindications. Second regime is defined by Section 5 of the Abortion Act – abortion can be conducted on a women based on her written request or with her consent in case her life or health or healthy development of a foetus is engendered or due to genetically defective foetus development, without any time restrictions.

32. Currently, there are several serious legal discrepancies in the abortion regulation that might impose challenges to the access to safe abortion. These legal discrepancies include regulation of obtaining informed consent of under aged girls and discrimination of some groups of girls and women. Moreover, discrepancies can be also found in the application of relevant laws regulating access to abortion what might have serious impact on the access to safe abortion on regional level.

33. There are two legal regimes governing the informed consent to abortion obtained from girls younger than 18 years of age. These regimes are completely different and are not mutually reinforcing. First regime is regulated by Abortion Act and the second regime is governed by the Act No. 576/2004 Coll. on Healthcare and Services Related to Healthcare and on Changes and Amendments of Certain Laws, as amended ("Healthcare Act"). It is important to note that the Abortion Act entered into force in 1987 and does not recognize the institute of informed consent as included in the Healthcare Act. However, when interpreting and applying laws, "*it is not possible to omit their purpose and meaning that are not included solely in words and sentences of the law but also in the fundamental principles of rule of law*"[39] Taking into account the purpose of the consent regulated by the Abortion Act, it can be stated that the purpose of both consents – consent pursuant to Section 6 of the Abortion Act as well as the informed consent pursuant to Section 6 of the Healthcare Act has the same purpose – to act on a pregnant women to consider

[38] GOLDMAN M., HATCH M.: Women and Health (Academic Press, 2000), p.627.
[39] Findings of the Constitutional Court of the Slovak Republic, I. US PL 155/2017 dated 31 August 2017.

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abandonment of the idea to undergo abortion, aiming at protecting health of the respective woman and the life of unborn child.

Table No. 6: *Overview of legal regimes regulating informed consent to abortion*

	Abortion Act	**Healthcare Act**
Girls younger than 16 years of age.	The abortion can be carried out on a woman who is not older than 16 years of age pursuant to Section 4 of the Abortion Act only with the consent of a parent or legal guardian.	In case, the person has no full legal capacity, it is required to obtain the informed consent of a woman as well as the informed consent of her parent or legal guardian to carry out the abortion.
Girls older than 16 years of age and younger than 18 years of age.	If the abortion was carried out on a woman from 16 years to 18 years of age, the healthcare provider will notify a parent or legal guardian of the respective woman.	

34. It can be clearly seen that due to these different legal regimes, there is a conflict of laws. Such conflict of law can cause legal uncertainty of healthcare providers, physicians and last but not least the girls who would like to undergo abortion and their parents, resp. their legal guardians. While Healthcare Act requires the parents, resp. legal guardians to give the informed consent to abortion carried out on a woman younger than 18 years of age, the Abortion Act is less strict and for girls older than 16 years of age but younger than 18 years of age requires the healthcare facility only to notify parents, resp. legal guardians. It is up to individual healthcare provider or physician which regime will apply. It is experience of the Centre that majority of healthcare providers and physicians are applying the regime regulated by the Healthcare Act in accordance with the legal principle – *lex posterior derogate legi priori*.

35. The problematic also remains discriminatory provisions of the Abortion Decree. The Abortion Decree stipulates that the abortion cannot be carried out on a woman who undergo abortion less six months ago. There are several exemptions to this rules: (i) there is reasonable doubt that woman was impregnated as a result of crime, (ii) woman is older than 35 years and (iii) woman was already in labour/delivery at least two times. The Centre believes that two exemptions – age of 35 years and the fact that a women was in labour/delivery at least two times are discriminatory. The Abortion Decree does not allow women younger than 35 years of age or women who have not delivered/were not in labour at least twice to undergo abortion, if there is not at least six months between the previous abortion and their current request for abortion. This leads to unequal treatment – direct discrimination of two abovementioned groups of women on the other ground in the area of provision of healthcare. The direct discrimination in the area of

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provision of healthcare on the other ground is forbidden by the Antidiscrimination Act as well as by the Constitution of the Slovak Republic.

36. Secondly, the Abortion Decree discriminates third country nationals who are staying in the Slovak Republic temporary – with temporary residency. According to Section 9(1) of the Abortion Decree, the abortion pursuant to Section 4 of the Abortion Act cannot be conducted on third country national who stays in the Slovak Republic temporarily. While the European legislation protects citizens of the EU member states, other third country nationals are not covered by the European legislation and cannot undergo abortion on request. The Centre would like to stipulate that the abortion on request pursuant to Section 4 of the Abortion Act is not covered by the public health insurance and is fully covered by the patient. Therefore, there is no eligible reason for third country nationals that are not citizens of the EU member states to be precluded from requesting an abortion if all other legal requirements are fulfilled.

37. Apart from equivocal regulation of informed consent of under aged girls and multiple discriminatory provisions, the regulation of the access to abortion shows further shortcomings. One of these shortcomings is the waiting period enforced in respect to abortions carried out on request of a woman pursuant to Section 4 of the Abortion Act. The Healthcare Act requires that there is at least 48 hours between the time the physician submitted report on providing information to a patient and actually conducting the abortion. This waiting period is not medically justified and in general, all abortion should be carried out without delay. More time passes from the moment of conception, the more risks are associated with the abortion that cannot be outweighed with the potential benefits of waiting period.

38. The Centre would like to point out, that the waiting period can be even more prolonged as it does not lapses based on a legal act of a woman (submission of written request for abortion) but it lapses based on a legal act of a physician (submission of a report on providing information to a patient). Currently, there is no legal mechanism that would oblige the physician to submit the report on providing information to a patient as soon as possible, without unnecessary delay. If physician submits the report later (e.g. next day, after weekend etc.), the woman requesting the abortion is pushed to wait for the abortion to be carried out even longer.

39. According to the National Centre of Medical Information, in 2019 there were 121 healthcare providers that operated bed departments or one-day medical care department in the OBGYN field and were obliged to report on abortions or treatment provided due to a miscarriage. In 2019, the Centre conducted a short survey among the respective healthcare providers to map the access to abortion services. The survey included 43 healthcare providers out of which 28 healthcare providers were owned by state or self-government body and 16 healthcare providers were private. The geographical coverage of interviewed healthcare providers was even with only minor deviations – Košice region (18,6%), Prešov region (16,3%), Trenčín region (14%), Žilina region (14%), Trnava region (11,6%), Banská Bystrica (11,6%), Bratislava region (9,3%), Nitra region (4,7%).

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40. The Centre found out that only 69,8% interviewed healthcare providers are providing abortion services. Remaining 30,2% of interviewed healthcare providers are not proving any abortion services. Those healthcare providers who are providing abortion services are usually conducting abortion as a part of the one-day medical care, in short term anaesthesia by dilatation of cervix followed by vacuum aspiration, and if needed, supplemented by curettage of uterine cavity. According to the World Health Organization, the vacuum aspiration is recommended for conducting the abortion up to 14th gestational week and routine curettage is not recommended.[40] Almost 14% of interviewed healthcare providers indicated that the curettage of uterine cavity is a preferred method of abortion.

41. Those healthcare providers who are not providing abortion services stated that all members of medical staff at the OBGYN department as well as other members of medical staff that are needed for providing abortion services (e.g. conducting pre-operative examinations, anaesthesia etc.) claim conscientious objection. Other reason indicated by the interviewed healthcare providers was that it is decision of the management of the OBGYN department. More than 11,6% of interviewed healthcare providers (5 subjects) claimed that they do not provide abortion services to women who do not have health indications for the abortion due to the genetically defective foetus development or the life or health of a woman is endangered. These healthcare providers did not state the reason behind such managerial decision. Some healthcare providers have not been providing abortions services for such a long time that current employees are not aware why such services are not provided.

42. The Centre also found out that many interviewed healthcare providers do not keep the list of medical staff claiming conscientious objection that means or if they do, they do not update it on a regular basis. According to the Healthcare Act, all members of medical staff are obliged to inform the healthcare provider as well as the patient, if they claim the conscientious objection.

43. According to the applicable legislation, it is not possible for the healthcare provider to refuse provision of treatment, examination or any other act of healthcare, including abortion based solely on the managerial decision of the hospital respectively its department. The Act No. 578/2004 Coll. on Healthcare Providers, Healthcare Workers, Professional Organizations in Healthcare and on Changes and Amendments of Certain Acts, as amended ("Healthcare Providers Act") stipulates that the healthcare provider can refuse to enter the agreement on the provision of healthcare only if (i) by concluding such agreement it would exceeded tolerable workload, (ii) the physician has a personal relationship with a person who should receive medical care or (iii) his/her legal guardian and is not able to ensure for the medical care to be provided objectively, (iii) the physician is claiming conscientious objection (only in respect to abortion or artificial insemination).

[40] World Health Organisation: „*Safe Abortion: Technical and Political Guidelines for Healthcare Systems*" (2012), p.2

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44. The scenario in which the healthcare provider decided to provide abortion services to women on request only if there is a health indication. Such arbitrary managerial decision is not only contrary to the Healthcare Providers Act but it also directly discriminates women in the area of provision of healthcare based on the ground of other status as regulated by the Antidiscrimination Act. In case that two women turn to the same hospital and both women are pregnant no more than 12 weeks, and first woman request abortion pursuant to Section 4 of the Abortion Act and second woman request abortion pursuant to Section 5 of the Abortion Act, the healthcare provider will provide medical treatment (abortion) only to a women who requested abortion pursuant to Section 5 of the Abortion, that is there is a health indication for abortion (a life or health of expecting woman is endangered or genetically defective foetus development is indicated). The women who also requested the abortion but the health indication is not present will not be provided with the abortion services. The healthcare provider will reject such a patient due to the fact that such abortion services are not provided at the respective facility. Such approach to provision of abortion services shall be deemed as discriminatory.

45. Both patients are up to 12 weeks pregnant, both submitted a written request for abortion, however, one patient was not diagnosed with health indication as stipulated by Section 5 of the Abortion Act what should be seen as objective fact that cannot be changed by the patient herself. Refusing to provide abortion services to a patient without health indication pursuant to Section 5 of the Abortion Act shall be considered as intentionally less favourable treatment of such patient in comparison with a woman who was diagnosed with the health indication.

46. If it comes to the abortion costs, there are two applicable regimes. Firstly, the cost of abortion on request pursuant to Section 4 of the Abortion Act is governed by the Act of the Ministry of Health of the Slovak Republic No. 07045/2003 – OAP dated 30 December 2003 (notification No. 588/2003 Coll.) and it is set for 248,95 EUR. According to the Ministry of Health of the Slovak Republic, the sum shall cover all costs related to the provision of abortion, including diagnostics, examinations, administration, hospital stay as well as medicines. The price is regulated for all healthcare providers. The second regime governs abortion carried out pursuant to Section 5 of the Abortion Act. If the abortion is carried out due to the health indication, it is covered by the public health insurance. All eligible health indications are listed the Annex to the Abortion Decree.

47. As a part of the survey, the Centre found out that some interviewed healthcare providers charge for the abortions not covered by the public health insurance much more than the sum stipulated in the Act of the Ministry of Health of the Slovak Republic No. 07045/2003 – OAP. Based on the information collected from the healthcare providers, the increase in price of the abortion was usually caused by separate payments for pre-operative examinations (20 EUR - 50 EUR), immunoglobulin (50 EUR), hospital fees (60 EUR – 70 EUR). Contrary to the regulation, the total cost of the abortion might exceed even 300 EUR. The overall regulated cost of the abortion can act as an obstacle for girls and women with socially disadvantaged backgrounds (e. g. unemployed, students etc.) or girls and women under special regime (e. g. girls and women in prison).

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Article 11 (2)

To provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility of matters of health.

A) HEALTH EDUCATION AND RELATED PREVENTION STRATEGIES.

48. Sexuality education represents one of the basic tools for the improvement of the enjoyment of sexual and reproductive rights. Before 1989 the Slovak Republic belonged to the number of states that opted solely for educational activities aiming to prepare pupils and students for marriage and parenthood. However, such programme cannot be considered to be a form of sexuality education. The Centre believes that the sexuality education should be a part of the formal education, should include participation of parents and legal guardians, reflect on current scientific knowledge, apply human rights based approach and respect target groups.

49. Not understanding the purpose and content of sexuality education for young people by the public authorities represents the biggest challenge to improving the sexuality education in the Slovak Republic. Public authorities as well as some civil society organizations, faith-based organizations and political parties often use inappropriate language, gender stereotypes and misinformation arguing with traditional values and protection of family.

50. Sexuality education at elementary and secondary schools in the Slovak Republic remains controversial topic and there is no society-wide agreement on its content or on the introduction to educational programmes at schools. According to the Ministry of Education, Science, Research and Sport of the Slovak Republic is sexuality education contained in the education on marriage and parenthood. The education on marriage and parenthood oscillates between abstinent and mixed model of the sexuality education. The curriculum integrates pedagogical, biologic, psychological and social knowledge and aspects of adolescence, sexuality, social relations, marriage, family life, intimate relations and about their values in human life.[41]

51. The Centre considers partial application of holistic approach in the process of creating the curriculum of the education on marriage and parenthood being positive. However, there is lack of human rights based approach being applied. Moreover, the education on marriage and parenthood should reflect current scientific knowledge and take into account recent developments in the society as well as its values. The current curriculum of the education on marriage and parenthood entered into force in 1998 and was updated only twice – in 2010 and 2015.

52. First update introduced topic of commercial violence and sexual exploitation of children and the second update reflected the participatory model of school management. In general, it can be concluded that the education on marriage and parenthood has not undergo significant changes

[41] Information provided by the Ministry of Education, Science, Research and Sport of the Slovak Republic based on the Act on the Free Access to Information (4 March 2020).

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and updates from 1998 and does not reflect on the current societal challenges such as number of single parents, divorce rate, impact of social media on children' behaviour (e.g. cyberbullying), prejudice against members of the LGBTIQ+ communities or spread of hoaxes and misinformation. The education on marriage and parenthood omits topics such as gender equality, sexual harassment, infertility and its treatment, adoption of children as a form of parenthood. Even the list of recommended literature includes monographies and edited books published between 1983 and 1996.

53. The Centre considers positive the introduction of education on marriage and parenthood to formal education and establishment of a function of school coordinator for education on marriage and parenthood. However, the format of the education on marriage and parenthood as a voluntary subject, after-school activity or its implementation to wide scale of subject is not very appropriate solution.

54. In 2019, the Centre conducted a short survey among schools aiming at mapping the sexuality education or education on marriage and parenthood. The survey was filled by 788 state owned elementary (51%), secondary (34%) and joint (5,6%) schools with even geographical coverage with only minor deviations – Košice region (18,1%), Prešov region (15,3%), Žilina region (15,2%), Banská Bystrica region (12,6%), Bratislava region (11,4%), Nitra region (9,6%), Trenčín region (9,1%), Trnava region (8,7%). More than 55% of schools were attended by less than 300 pupils, 25,4% of schools were attended by more than 301 to 500 pupils and 17,9% of schools were attended by more than 501 pupils.

55. According to the survey of the Centre no school is offering sexuality education as a stand-alone subject or voluntary subject or after-school activity. All interviewed schools are implementing the sexuality education as a horizontal topic to various mandatory, voluntary and other subjects. Only 1,7% of interviewed schools stated that they do not implement sexuality education to any subject. Many schools rely on individual lectures and workshops that take place outside of the formal education and are conducted by external entities. Schools usually cooperate with the centres of pedagogical and psychological support and prevention, regional branches of the Public Health Authority of the Slovak Republic, Police Corps of the Slovak Republic, offices of labour, family and social affairs, the Centre and local clubs of medical trainees and physicians.

56. The interviewed schools listed more than 60 individual subject that are part of the state educational programme/ innovative state educational programme, which they implement the sexuality education to. The most common subjects to which the sexuality education is implemented to are: biology (73%), ethics (70,6%), civic education (41,9%), religion (32,5%), class hour (10,6%), Slovak literature (4,4%) and sport (3,5%). Other subjects include medical subjects, art subjects, educational subjects, technical subjects, humanities and practical subjects.

57. More than 83% of interviewed schools stated that they include following topics to the curriculum at their school: prevention of early sexual intercourse, protection against unwanted pregnancies and planned parenthood, protection against sexually transmitted diseases (including HIV). If it comes to sexual orientation (especially homosexuality), only 68% of schools included

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discussion sexual orientation and related issues to the curriculum. Many schools admit that they discuss such topic only marginally. Some schools are covering this topic only through the topic of discrimination based on sexual orientation and gender equality which are usually a part of external lectures and workshops (e. g. educational activities provided by the Centre). Only 75% of schools include the topic of sexual violence and harassment to the curriculum, usually through external lectures and workshops with Police Corps of the Slovak Republic and the centres of pedagogical and psychological support and prevention.

58. Due to the overall understanding of the purpose of the sexuality education, the Centre also focused on the obstacles and issues that must be dealt with by individual schools when implementing sexuality education as a part of the curriculum. Surprisingly, only 3,5% of schools claimed that the school has direct experience with complaints of parents or legal guardians due to the providing sexuality education or its parts at school.

59. Complaints usually concerned general disapproval of parents with sexuality education being provided to their children. Many schools prevent such disapproval by obtaining the informed consent of a parent or legal guardian. While some parents claimed that their children are not old/developed enough to participate in sexuality education, some parents claimed that they would prefer to teach their children about such topics within their family.

60. Some complaints concerned the content of the sexuality education, e.g. educating pupils of elementary school about conception and pregnancy, HIV prevention through various games, demonstration of using contraceptives such as condom, insensitive lecture on abortion as a part of subject – Religion. Many parents also complain about the homogeneity in groups that are attending sexuality education (girls and boys are attending the same lectures and workshops as well as the knowledge of children about sexuality varies). Almost 89% of interviewed schools state that pupils have access to a confidant or counsellor with who they can talk about sexuality and related issues. Most often such confidant is a school counsellor, educational consultant or class teacher. Some schools also use “mailboxes of trust” trough which pupils can communicate with school and its management.

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ARTICLE 23 – THE RIGHT OF THE ELDERLY TO SOCIAL PROTECTION

A) MEASURES TAKEN TO ENSURE THAT NO OLDER PERSONS IS LEFT BEHIND

Legislative framework

61. The Committee requested the Slovak Republic with regard to the procedure of assisted decision-making put in place for elderly persons and in particular, with regard to the person responsible for assisting an elderly person who has been declared incapable, i.e. how the person is designated and what are the duties of the person. In addition, the Committee asked whether considerations have been given to establishing a mechanism which would allow an elderly person to appoint a thrusted third party of their own choice.

62. In May 2016, the National Council of the Slovak Republic (the "Parliament") adopted reforms to civil procedure, with effect from 1 July 2016. Act No. 99/1963 Col. The Code of Civil Procedure of was replaced by three new codes, including Act No. 160/2015 Coll. The Code of Civil Procedure, as amended (the "Code of Civil Procedure"); Act No. 161/2015 Coll. The Code of Civil Non-Dispute Procedure, as amended (the "Code of Civil Non-Dispute Procedure"); Act No. 162/2015 Coll. the Administrative Procedure Code, as amended (the "Administrative Procedure Code"). With the adoption of new procedural regulations, it is no longer possible to deprive a person of his/her capacity to legal acts.

63. In particular, the situation has essentially changed with the adoption of the new Code of Civil Non-Dispute Procedure, in which the enshrined changes relating to the procedure for restricting a person's capacity to legal acts were also implemented in connection with the accession of the Slovak Republic to the Convention on the Rights of Persons with Disabilities, which was approved by the Parliament in 2010, but also in connection with the case law of the European Court of Human Rights, which considers that interference with capacity to legal acts should take the form of protection of the person concerned.

64. However, it must be stated that the substantive law presented in the form of Act No. 40/1964 Coll. The Civil Code, as amended ("The Civil Code"), still in Section 10 of the Civil Code distinguishes between the restriction of legal capacity to legal acts and the deprivation of legal capacity of a person to legal acts. Therefore, considering the newly adopted procedural regulations, namely the Civil Code of Non-Dispute Procedure, which no longer allows the deprivation of legal capacity of a person to legal acts. Therefore, the legal regulation concerning deprivation of capacity to legal acts contained in the Civil Code is obsolete.

65. The proceedings on legal capacity are regulated by the Code of Civil Non-Dispute Procedure in Section 231 et seq. Decision-making in this matter falls exclusively within the jurisdiction of a court. In civil proceedings concerning a person's legal capacity the court may

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decide on the restriction of individual's capacity to legal acts; or the change in the restriction of individual's capacity to legal acts; or the return of individual's capacity to legal acts.

66. According to Section 233 of the Code of Civil Non-Dispute Procedure, a legislative proposal for the initiation of the proceedings may be submitted by the person itself, as well as by a close person, a healthcare provider, a social service provider or a person with a legal interest in the matter. Pursuant to Section 234 of the Code of Civil Non-Dispute Procedure, a legislative proposal has to contain except of the general requisites of the proceeding a description of the evidence justifying the intervention into the person's legal capacity and a reason to justify, that the less restricting action is not possible, or description of the evidence justifying the change in the restriction of the person's capacity to legal acts, or evidence justifying the return of the individual´s capacity to legal acts. The parties in the proceeding are a plaintiff and a person, whose legal capacity is the subject of the proceeding. Additionally, pursuant to Section 237, a close person or a person, who can prove a legal interest, can suggest that the court should include him as a party of the proceedings. In the proceedings, the person, whose legal capacity is the subject of the proceedings, has the capacity to act fully independently in the court.

67. In addition, with regard to the Committee's question on the role and competences of the person responsible for assisting of a person whose capacity has been restricted, within the meaning of Section 248 of the Code of Civil Non-Dispute Procedure, proceedings for the appointment of a curator are also obligatorily connected with the proceedings on the restriction of legal capacity. Pursuant to Section 248(2), when the court decides to restrict the individual´s capacity to legal acts, the extent of the restriction is specified in the judgement and a curator is appointed by the court. Proceedings on the appointment of a curator are stipulated in Section 272 et seq. of the Code of Civil Non-Dispute Procedure. The duties of a curator are stipulated in Section 275 of the Code of Civil Non-Dispute Procedure, as a court-appointed curator exercises his/her rights and duties properly and follows the court's instructions. It also follows from Section 27(1) of the Civil Code that an individual whose capacity to legal acts was restricted by a decision of the court shall be legally represented by a curator appointed by the court. As stipulated in Section 27(2) of the Civil Code, unless a relative of the individual or other person meeting the requirements therefor can be appointed as a curator of the individual, the court shall appoint as the curator an authority of local administration eventually its institute that is entitled to act in its own name.

68. According to Section 28 of the Civil Code, if the legal representatives are also obliged to manage the property of the represented persons, a disposition of this property, except for usual affairs, shall require an approval of court. The individual and specific duties of a curator are not further defined by the Civil Code or, but are rather elaborated individually in a court decision. For example, in one of the court decisions, the District Court of Prievidza instructed the curator entitled and obliged to represent the person to the extent of his/her restriction of capacity to legal acts and to administer his/her affairs in such a way that he/she does not suffer any damage to his/her rights.[42]

[42] District Court of Prievidza, case no. 18/Ps/4/2015.

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The Court further noted that acts going beyond the ordinary course of business are subjected to the approval of the court. Additionally, the appointed curator had an obligation to submit to the Court a report on the person whose rights have been restricted and a report on the disposal of his/her property, always by the end of June and December each calendar year. Similarly, in another court decision, the District Court of Bardejov stipulated that the curator is obliged to represent and manage the person's property to the extent of the restriction of capacity to legal acts, provided that, if it is not an ordinary act, the validity of such a legal act requires the approval of the Court.[43] In addition, the curator was obliged to report to the Court on his/her activities, on the circumstances of the incapable person and on the disposal of his/her property always by January and July each calendar year.

69. Hence, as follows from the courts' decisions, the Court restricts the capacity to legal acts of an individual to the extent that the person is not competent for legal acts, including disposing of his/her property, disposing of funds, acting independently and appearing before state bodies, local self-government bodies, offices and institutions, concluding contracts of a property-legal nature, in particular contracts on the transfer of ownership of movable and immovable property, purchase contracts, loan contracts, etc. As a representative of the person with restricted capacity to legal acts, the curator is entitled and obliged to represent the person in legal proceedings and to manage his/her property in all matters concerned by the restriction of capacity to legal acts.

Adequate resources

70. With regard to the adequate resources of elderly people, the Committee further requested the Slovak Republic to clarify in their next report the minimum old-age benefit. As concerns the minimum old-age benefit, the Centre was particularly concerned with the issue of conformity of eligibility criteria for entitlement to old-age pensions specifically for women. As follows from the Centre's mandate acting as the only equality body in the Slovak Republic, the Centre regularly monitors the legislation concerning the areas of discrimination within the meaning of Act No. 365/2004 Coll. on Equal Treatment in Certain Areas and Protection against Discrimination, and on amending and supplementing certain other acts as amended ("Anti-Discrimination Act"). In 2019, the Centre issued an expert opinion on the issue of conformity of eligibility criteria for entitlement to old-age pensions specifically for women born in 1958 and 1959, as set out by Act No. 461/2003 Coll. on Social Insurance, as amended ("Act on Social Insurance"), with the constitutionally guaranteed prohibition of discrimination.[44]

71. In essence, pursuant to the above-mentioned legislation, when determining the retirement age for women born in 1958 and 1959, no consideration was given to raising two children. On the

[43] District Court of Bardejov, case no. 5Ps/3/2015.
[44] For further information, please see the Expert Opinion of the Slovak National Centre for Human Rights available in Slovak language at: http://www.snslp.sk/wp-content/uploads/2019-9-Odborne-stanovisko-diskriminacia-zien-narodenych-v-rokoch-1958-a-1959.pdf.

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contrary, for women born in the years preceding 1958 and for women born after 1959, the fact that they have raised two children was taken into account when calculating the retirement age. After conducting an independent inquiry, including an official request for an opinion on this matter sent to the Ministry of Labour, Social Affairs and Family of Slovak Republic, the Centre was of the opinion that such legislation was not in accordance with the prohibition of discrimination as guaranteed by Article 12 of the Constitution of the Slovak Republic, as one of the basic preconditions for the equal exercise of human rights.

72. On 24 September 2020, the Members of the National Council of the Slovak Republic have passed an amendment to Act on Social Insurance, which has subsequently amended the provisions of the act concerning the eligibility criteria for entitlement to old-age pensions for women and eliminated the different approach to determining the retirement age for women born in 1958 and 1959, and women born in the years preceding 1958 and for women born after 1959.[45] The amended legislation entered into force in January 2021.

73. Furthermore, while the Slovak Republic indicated in its 7th National Report on the implementation of the European Social Charter submitted in October 2016,[46] that there is assistance provided for persons suffering from hardship for which the elderly persons are entitled to apply under the Slovak welfare system provided that they meet the conditions fixed by law, the Committee has further requested the Slovak Republic to provide information or updated data on the amount of these allowances.

74. The Government of the Slovak Republic in its 11th National Report on the implementation of the European Social Charter submitted in February 2021 provided information regarding the minimum old-age pension as well as the level of benefits including the material need allowance, the protection allowance and housing allowance, and subsistence minimum. The amount and the level of benefits and allowances as provided by the Government of the Slovak Republic in its 7th National Report on the Implementation of the European Charter is valid for the year 2021. As for the amount of benefits and allowances for years 2016-2020, the levels were the following:

Material need allowance in 2020

- 66,3 EUR per month for individuals,
- 126,2 EUR per month in the case of individual with a child or with a maximum of four children,
- 115,3 EUR per month in the case of a couple without children,
- 172,6 EUR per month in the case of a couple with a child or a maximum of four children,
- 184,3 EUR per month for individuals with more than four children,

[45] Act No. 275/2020 Coll. of 24 September 2020 which amends Act No. 461/2003 Coll. on social insurance as amended and on the amendment of certain laws, available in Slovak language at: https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/2020/275/.
[46] Government of the Slovak Republic, 7th National Report on the implementation of the European Social Charter, 31 October 2016, available at:https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=09000016806c2fc1

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- 232,6 EUR per month for a couple with more than four children.

Protection allowance in 2020

- 67,9 EUR per month for an elderly person

Housing allowance in 2020

- 57,2 EUR per month for a single person
- 91,4 EUR per month if more than one person lives in the given household

Material need allowance in 2019

- 64,7 EUR per month for individuals,
- 123,1 EUR per month in the case of individual with a child or with a maximum of four children,
- 112,5 EUR per month in the case of a couple without children,
- 168,4 EUR per month in the case of a couple with a child or a maximum of four children,
- 179,8 EUR per month for individuals with more than four children,
- 226,9 EUR per month for a couple with more than four children.

Protection allowance in 2019

- 66,2 EUR per month for an elderly person

Housing allowance in 2019

- 55,8 EUR per month for a single person
- 89,2 EUR per month if more than one person lives in the given household

Material need allowance in 2018[47]

- 61,6 EUR per month for individuals,
- 117,2 EUR per month in the case of individual with a child or with a maximum of four children,
- 107,1 EUR per month in the case of a couple without children,
- 160,4 EUR per month in the case of a couple with a child or a maximum of four children,
- 171,2 EUR per month for individuals with more than four children,
- 216,1 EUR per month for a couple with more than four children.

[47] Ministry of Labour, Social Affairs and Family of the Slovak Republic, 'Report on the Social Situation of the Population of the Slovak Republic for 2018, available in English language: https://www.employment.gov.sk/files/slovensky/ministerstvo/analyticke-centrum/2019/material_sprava_o_soc_situacii_obyvatelstva_2018_angl_verzia_final.pdf

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Protection allowance in 2018

- 63,07 EUR per month for an elderly person

Housing allowance in 2018

- 55,8 EUR per month for a single person
- 89,2 EUR per month if more than one person lives in the given household

Material need allowance in 2017[48]

- 61,6 EUR per month for individuals,
- 117,2 EUR per month in the case of individual with a child or with a maximum of four children,
- 107,1 EUR per month in the case of a couple without children,
- 160,4 EUR per month in the case of a couple with a child or a maximum of four children,
- 171,2 EUR per month for individuals with more than four children,
- 216,1 EUR per month for a couple with more than four children.

Protection allowance in 2017

- 63,07 EUR per month for an elderly person

Housing allowance in 2017

- 55,8 EUR per month for a single person
- 89,2 EUR per month if more than one person lives in the given household

Material need allowance in 2016[49]

- 61,6 EUR per month for individuals,
- 117,2 EUR per month in the case of individual with a child or with a maximum of four children,
- 107,1 EUR per month in the case of a couple without children,
- 160,4 EUR per month in the case of a couple with a child or a maximum of four children,
- 171,2 EUR per month for individuals with more than four children,

[48] Ministry of Labour, Social Affairs and Family of the Slovak Republic, 'Report on the Social Situation of the Population of the Slovak Republic for 2017, available in Slovak language: https://www.employment.gov.sk/files/slovensky/ministerstvo/analyticke-centrum/sprava-socialnej-situacii-obyvatelstva-slovenskej-republiky-za-rok-2017.pdf.

[49] Ministry of Labour, Social Affairs and Family of the Slovak Republic, 'Report on the Social Situation of the Population of the Slovak Republic for 2016, available in English language: https://www.employment.gov.sk/files/slovensky/ministerstvo/analyticke-centrum/report-on-social-situation-2016.pdf.

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- 216,1 EUR per month for a couple with more than four children.

Protection allowance in 2016

- 63,07 EUR per month for an elderly person

Housing allowance in 2016

- 55,8 EUR per month for a single person
- 89,2 EUR per month if more than one person lives in the given household

75. In addition, the Government of the Slovak Republic in its 11th National Report on the Implementation of the European Social Charter informed that each municipality and self-governing regions has separate means of supporting the elderly persons having permanent residence within this territorial unit's region. To provide illustrative examples of how regions can support the elderly persons, for instance, the municipality of Bratislava through the Department of Social Affairs of the City of Bratislava, deals mainly with the issue of senior citizens who are dependent on the help of another person.[50] In addition, the municipality supports the policy of focusing on making the city accessible to the elderly so that they can participate in cultural, social, sports or civic activities and support citizen's initiatives and efforts for an active life even in old age.[51] For example, it supports civil society organizations such as "Seniors in movement", which supports the active life of elderly and offers elderly the opportunity to meet other peers and belong to the community of seniors, which thanks to the activities of the organization, will meet and further socialize.[52] In addition, the municipality of Bratislava offers price reductions for participation in sporting activities such as the visit of selected swimming pools, or movie theatres.[53]

76. In addition, the Committee asked repeatedly the Slovak Republic to clarify the low rate of elderly persons living in poverty. Already in its 2013 Conclusions concerning the Slovak Republic,[54] the Committee noted from Eurostat that in 2011, 0,3% of persons aged 65 and over received income falling below 40% of median equivalised income (compared to 0.8% in 2010 and 1.5% in 2007) and further noted that the share of elderly persons living in poverty is low and asked for further clarification of the situation.

77. The at-risk-of poverty threshold is set at 60% of the national median equivalised disposable income. Age and gender are factors that can have significant influence on at-risk-of-poverty rate.

[50] Bratislava, 'Social services and help', available in Slovak language at: https://bratislava.sk/sk/socialne-sluzby-a-pomoc.
[51] Bratislava, 'Active ageing and benefits for seniors,' available in Slovak language at: https://bratislava.sk/sk/aktivne-starnutie-a-benefity-pre-seniorov.
[52] Civic Association – "Seniors in movement" ("Seniory v pohybe"), available in Slovak language at: https://seniorivpohybe.sk/.
[53] Bratislava, 'Active ageing and benefits for seniors,' available in Slovak language at: https://bratislava.sk/sk/aktivne-starnutie-a-benefity-pre-seniorov.
[54] European Committee on Social Rights, Conclusions 2013 concerning the Slovak Republic, Article 23, available at: http://hudoc.esc.coe.int/eng?i=2013/def/SVK/23/EN.

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According to Eurostat, 5.7% persons aged 65 and over were at-risk-of-poverty in 2016, 6.9% in 2017, 6.4% in 2018 and 8.7% in 2019 in the Slovak Republic.[55]

78. With regard to the rate of elderly persons living in poverty, in 2016, the Centre in cooperation with Forum for helping older people – national network (*Fórum pre pomoc starším – národná siet*') published the results of a survey[56] conducted on poverty of elderly citizens in the Slovak Republic. The survey was conducted to obtain and compare data with the previous results of a similar survey conducted in 2008. The aim was to find out the real state of social exclusion of the elderly and their income and expenditure on the most basic necessities of life. The target group of the research was a group of elderly, usually aged 53 and over and a total of 786 respondents took part in the research. Data collection took place from the end of 2015 to May 2016. The evaluation was completed in October 2016, the data were subsequently interpreted by the Centre and processed into the final report.

79. The results of the survey confirmed the previous findings and statements of elderly who felt that they were at risk of poverty. For example, with regard to the financial resources and monthly costs of living of the elderly, the respondents were asked if their monthly income was enough to cover their current costs. 46.18% claimed that their income was not sufficient to cover the monthly costs. Even based on the analysis of the concluding remarks, this fact was not surprising. Many respondents claimed that their monthly income (mostly exclusively pension) was not sufficient for them after paying the costs of housing, often not enough even for the necessary medicines or better quality food. Several respondents also claimed that without the financial support of children, or without a partner's pension, their income would not be sufficient to cover the cost of housing, often not even basic food. In addition, however, 15.14% of respondents provided that they need to borrow funds so they can feel that the monthly costs are covered. This means that about one in seven seniors must borrow in order to make a living.[57]

80. A total of 38.68% of respondents provided affirmative answers to the question on if their monthly income was sufficient to cover their current costs. Of this 34.99% were those respondents who confirmed that they could make a living from their income and accurately cover the costs. Only 3.69% of respondents indicated that they are able to save. As clear from the results, the financial situation of seniors is difficult. Although 34.99% of respondents confirmed that their income was sufficient to cover their costs, some left a note to the question in which they often claimed that they could make a living from the income, but in the case of unexpected expenditure,

[55]Eurostat, 'At-risk-of-poverty rate by poverty threshold, age and sex - EU-SILC and ECHP surveys', available at: https://ec.europa.eu/eurostat/databrowser/view/ILC_LI02__custom_1106497/default/table?lang=en.
[56] Forum for helping older people and the Slovak National Centre for Human Rights, 'Poverty and social exclusion of elderly in Slovakia', 2016, available in Slovak language at: http://www.snslp.sk/wp-content/uploads/Chudoba_socialne_vylucenie_starsich_osob_2016.pdf.
[57] Forum for helping older people and the Slovak National Centre for Human Rights, 'Poverty and social exclusion of elderly in Slovakia', 2016, available in Slovak language at: http://www.snslp.sk/wp-content/uploads/Chudoba_socialne_vylucenie_starsich_osob_2016.pdf, p. 26

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their situation would be very critical. Some of the respondents as well pointed out that without a partner, and thus without two incomes, they would not be able to cover even the most basic needs.[58]

81. Therefore, as the number of senior citizens increases, these issues need to be seriously addressed. However, as the findings of the survey show, there is a large proportion of the elderly persons whose income is not sufficient to cover the costs for basic necessities. In addition, taken into consideration the statistics provided by the Eurostat, the at-risk-of poverty rate has been increasing since 2016 by almost 2%.

Prevention of elder abuse

82. Regarding the Committee's request for information on the initiatives, including the measures taken under the National Programme of Active Aging.

83. National Programme for Active Ageing for the years 2014 – 202059 ("National Programme) is based on several international documents, including the Madrid International Action Plan on Aging 2002. In 2013, the Strategy for Active Ageing was created as the first national document which would recognize the issue of active aging as a national policy. Along the Strategy for Active Ageing, the National Programme was developed by the Ministry of Labour, Social Affairs and Family of the Slovak Republic.

84. While the Strategy for Active Ageing focused on the impacts of the intensive population ageing in relation to the labour market and the pension system, the National Programme focused primarily at the position of the older people in the labour market within the concept of active ageing. It reflected the problems related to significant population ageing, which is the result of the demographic in the Slovak Republic. It was the first national document which recognized the support of active ageing as one of the most important political priorities.[60] Among others, it focused on enforcing rights, legitimate interests and the needs of older people through the support of senior organizations; legal protection of the elderly; the participation of elderly in decision-making on matters that affect them directly at all levels of their right to free choice and participation in society; the elimination of all forms of violence and discrimination against elderly; promotion of volunteering as a source of personal fulfilment and social contacts of elderly; developments in the status of elderly in the labour market; the education structure of the population in secondary; access to healthcare; quality and sustainability of the environment.

[58] Forum for helping older people and the Slovak National Centre for Human Rights, 'Poverty and social exclusion of elderly in Slovakia', 2016, available in Slovak language at: http://www.snslp.sk/wp-content/uploads/Chudoba_socialne_vylucenie_starsich_osob_2016.pdf, p. 27.
[59] Ministry of Labour, Social Affairs and Family, National Programme for Active Aging for the years 2014-2020, available in Slovak language at: https://www.employment.gov.sk/files/slovensky/ministerstvo/rada-vlady-sr-prava-seniorov/npas-2014-2020.pdf.
[60] Stocktaking on Mainstreaming Ageing in the UNECE Region, Slovak Republic, available at: https://unece.org/sites/default/files/2021-03/Slovakia_CN_EN.pdf.

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Services and facilities

85. The Committee also requested the Slovak Republic to provide information on the new National Priorities of Social Services Development for the period of 2015-2020.

86. The main aim of the National Priorities of Social Services Development for the period of 2015-2020[61] is to implement the main trends in the development of social services and to positively influence the development of the social services in the Slovak Republic, by means of formulation of the main priorities of this development, the prerequisites for achieving these priorities and measurable indicators to assess their fulfilment.[62] The National Priorities of Social Services Development for the period of 2015-2020 focus on the development of social services especially for those in unfavourable social situation, dependent on the assistance and support of another person, or for individuals and families suddenly found in a bad or crisis life situation and in need for adequate social assistance. Their aim is therefore to ensure the availability of social services in accordance with the needs of the community and of the individual target group and to increase the quality of provided social services.

87. According to the findings of the Institute for Labour and Family Research on Meeting the National Priorities of Social Services Development for the period of 2015-2020, since 2018, the financing of selected types of social services has been introduced upon condition of dependency or social services of crisis intervention from the budget chapter Ministry of Labour, Social Affairs and Family of the Slovak Republic. In addition, a new method of calculating the operating allowance for installations has been introduced providing nursing care in connection with covering the costs of such care from public health insurance. During the period under review, the rules for the organization and operation of selected types of social services were also specified so that they are more in line with community-based care.[63]

88. With regard to the development of individual types and forms of social services structured according to established National Priorities of Social Services Development for the years 2015-2020, the findings of the Institute for Labour and Family Research noted the positive development in the availability of those types of social services that were supported by national projects and co-financed in the monitored period from European sources. In particular, there were selected types of social services of crisis intervention, specifically the field social service of crisis intervention,

[61] Ministry of Labour, Social Affairs and Family of the Slovak Republic, National Priorities of Social Services Development for the period of 2015-2020, available in the Slovak language at: https://www.employment.gov.sk/files/slovensky/rodina-socialna-pomoc/socialne-sluzby/nprss-2015-2020.pdf.
[62] Ministry of Labour, Social Affairs and Family of the Slovak Republic, National Priorities of Social Services Development for the period of 2015-2020, available in the Slovak language at: https://www.employment.gov.sk/files/slovensky/rodina-socialna-pomoc/socialne-sluzby/nprss-2015-2020.pdf.
[63] Institute for Labour and Family Research, 'Meeting the National Priorities of Social Services Development for the period of 2015-2020', Bratislava, 2020, available in Slovak language at: https://ivpr.gov.sk/wp-content/uploads/2020/07/plnenie_nar_priorit_rozvoja_soc_sluzieb_analyza_repkova_2020.pdf, p. 47.

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the service of community centers, low-threshold day centers or low-threshold social services for children and families.

Housing

89. Regarding the State Housing Policy Concept to 2020,[64] the Committee asked the Slovak Republic to provide further information on the outcome of the newly implemented strategy. The Centre notes that direct and indirect instruments to support housing development are mostly unavailable to the target group of seniors: these are various forms of soft loans, loans, building savings. Seniors are "beneficiaries" only of housing renewal programs, only through housing cooperatives, or if they get to a social housing, but there is shortage and waiting times for the allocation of social housing in some cities are longer than one calendar year. There is lack of administrative data that would allow us to evaluate which target groups have acquired social housing.

90. In addition, the task of the legislative change in the adjustment of the criteria for entitlement to the housing allowance and the calculation of the amount of this allowance has not been fulfilled. It is necessary to separate this contribution from the material need allowance and to take into account the number of persons in the household and the amount of housing costs in the calculation. However, a change has been made that extends the group of eligible applicants to those who live in social services facilities (including the homeless), which the Centre consider to be a positive change.

91. Although the concept supports programs aimed at addressing the situation of homeless people, the Centre critically assesses that they were based on an outdated approach to transferable housing, which emphasizes the aspect of merit and does not consider it a sufficiently human-rights-based approach. The Centre recommends that the following concept also supports programs applying human-rights based approaches, for example, housing first, rapid rehousing, etc. In addition, according to the Centre, the State Housing Policy Concept to 2020 lacked an analysis of the specific needs of various vulnerable groups at risk of housing loss and related diversified housing development tools. The concept is based on an analysis of housing stock (capacity and quality), market housing prices and is generally more focused on increasing dynamics of the commercial housing market (rent and ownership).

[64] Ministry of Transport and Construction of the Slovak Republic, State Housing Policy Concept to 2020, available at: https://www.mindop.sk/ministerstvo-1/vystavba-5/bytova-politika/dokumenty/koncepcie.

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B) SPECIFIC MEASURES TAKEN TO PROTECT THE HEALTH AND WELL-BEING OF THE ELDERLY

Adoption of COVID-19 measures during the first wave of the pandemic

92. The situation regarding the spread of COVID-19 presents a number of specific health risks for the elderly persons. It is without question that one of the most endangered group at the time of the declaration of the state of emergency, due to the spread of COVID-19, are the elderly.[65] When adopting measures, especially in relation to the elderly persons, the State considered these persons to be over the age of 65, therefore, if the Centre refers in the following text to the elderly, it means persons over the age of 65.

93. Although it is understandable that the State had to take steps during the state of emergency to prevent the further spread of the COVID-19 disease with the intention of protecting not only the elderly but public health in general, the intervention in the ordinary way of life was more sensitively endured by elderly, who were identified as the most endangered group and at the same time there was an increased social isolation.

94. The Government of the Slovak Republic has adopted specific measures or recommendation focusing on the group of elderly persons. From 28 March 2020, special opening hours in shops from 09:00 to 12:00 were recommended for elderly persons. This adjustment of opening hours has caused a lot of misunderstanding in the society. Although it was only a recommendation, it was not properly understood by business owners, elderly persons or the general public, as it was interpreted as elderly persons could not shop at other times than the allotted time. Subsequently, the Public Health Office of the Slovak Republic adopted a measure which set aside reserved purchasing time for seniors from 9:00 to 11:00 during the working week.[66]

95. Thus, in accordance with this measure, elderly persons could only shop at that time and, conversely, sellers were not allowed to admit persons under the age of 65 to the store. Failure to comply with this ban by citizens over the age of 65 outside permitted hours was considered an administrative offense,[67] punishable by up to € 20,000. Since the validity of the measure, the Public Health Office of the Slovak Republic has received a number of suggestions on this issue, especially from working elderly persons and the professional public.[68] According to the Centre, the above-mentioned measure was a broad and unjustified interference with the fundamental rights and freedoms of the affected group. The measure exceeded the permissible limits of interference with the fundamental rights and freedoms of citizens. After the disagreement of a part of the society,

[65] Institute for Research on Work and Family: "UN: COVID - 19 and older people" available at: https://bit.ly/3hIudPV. Public Health Office of the Slovak Republic: Ensuring the protection of clients and staff of social services facilities during the COVID-19 pandemic from 15 May 2020, No. OE / 3449/89449/2020 available at: https://bit.ly/3hJyBOA.
[66] Measure of the Public Health Office of the Slovak Republic from 22 April 2020, No.. OLP/3461/2020.
[67] Act No. 355/2007 Coll. on the Protection, Support and Development of Public Health and on the amendment of certain acts, Section 57(33)(a).
[68] Opinion of the Public Defender of Rights of the Slovak Republic on certain actions of the Government (Public Health Office) in connection with the pandemic, 23 April 2020, available at: https://bit.ly/3hIxRcz.

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the Chief Public Health Officer of the Slovak Republic proceeded to a reassessment of the measure and from 24 April 2020, the elderly persons could shop even outside the allotted time. Special opening hours for seniors have been abolished since 3 June 2020.

96. In the area of providing healthcare or social security, individual healthcare facilities limited the provision of healthcare to essential healthcare only. Elderly persons could ask a physician to issue an electronic prescription only by e-mail or by phone. However, this understandable measure resulted in the passivity of patients who tended to alleviate their health with the intention of avoiding a visit to the doctor during an emergency. In addition, the Social Insurance Agency, in order to reduce the mobility of recipients of pensioners during a pandemic, enabled the pension to be sent to another person's account at the request of the entitled subject.[69] If pensioners made this decision, however, they had to take into account that, due to the technological procedures of securing the payment of pensions to the bank account, the continuous monthly payment of the pension could be interrupted.

97. Furthermore, by a decree of the Public Health Office of the Slovak Republic of 6 March 2020, public and non-public social service providers were obliged to ensure a ban on visits until further notice. Group activities in the facilities were suspended, the movement of clients of the facilities was limited to the area of social services facilities. Visits to institutional healthcare facilities and residential social services facilities under specified conditions were not allowed until 3 June 2020. It was necessary to prevent the spread of the disease among patients hospitalized in inpatient wards of the relevant healthcare facilities, staff of the healthcare facility, as well as persons who are located in social services facilities, including employees of social services facilities. The measure of the Public Health Office of the Slovak Republic of 24 March 2020 worsened the social isolation of the elderly persons even more.[70] The provision of social services in outpatient social services facilities has been temporarily suspended for all social service providers in these facilities,[71] which are: day hospitals, outpatient facilities for outpatient social services, outpatient care facilities with outpatient social services, rehabilitation centers with an outpatient form of social services, specialized facilities with an outpatient form of social services, homes of social services with an outpatient form of social services and day centers (former "pensioners' clubs"), i.e. facilities whose priority users are the elderly.

COVID-related complaints during the second wave of the pandemic – the issue of access to pensions

[69] Social insurance: During a crisis, a pensioner can apply for a pension to another person's account dated 14 May 2020, available online at: https://bit.ly/35Mt2g4
[70] Measure of the Public Health Office of the Slovak Republic from 24 March 2020, No. OLP/2775/2020, available at: https://bit.ly/3mu0det.
[71] Act No. 448/2008 Coll. on Social Services and on the amendment of Act No. 455/1991 Coll. on Trade Licensing (Trade Licensing Act) as amended.

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98. During the second wave of the COVID-19 pandemic and the declared state of emergency, several pensioners approached the Slovak National Centre for Human Rights, claiming that they cannot access and receive their pensions at the branches of the Slovak Post due to the limitation of freedom of movement by strict curfew implemented via decree of the Government of the Slovak Republic.[72]

99. According to Decree of the Public Health Office of the Slovak Republic No. 16,[73] one of the exceptions to the strict curfew included a trip to the necessary extent aiming to purchase necessary basic life needs, i.e. purchase of foodstuff, medications, medical tools, hygienic ware, cosmetics and other drugstore goods, feed and other needs for animals, arrangement of care for children, pets or fuel refill. Trip to post offices and branches of the Slovak Post was not listed among the exceptions to the strict curfew. Therefore, pursuant to the Decree, persons willing to visit post offices had to have valid medical certificates showing their negative coronavirus test results either from the participation in the nationwide testing which took place in November 2020, or from a RT-PCR test. However, as for persons above 65 years, the Ministry of Health recommended not to participate in the nationwide testing, if they spend their time mostly at home and avoid social contact anyway.

100. The Centre conducted an inquiry and in November 2021 contacted the Slovak Post in this matter, which confirmed that the visit of the post office was not an exception. The branches of the Slovak Post thus required all visitors to prove themselves with a valid medical certificate proving a negative result of the COVID-19 test in accordance with the relevant decree. As a result, persons over the age of 65, who followed the recommendation of the Ministry of Health of the Slovak Republic and did not participate in the nation-wide testing, could not access and receive their pensions due to the limitation of freedom of movement by a strict curfew. The Centre subsequently issued a press release in November 2020,[74] informing of this issue. The Slovak Post has reacted and ensured that the persons who cannot access and receive their pensions can contact the relevant branch of the post office via phone, and the persons responsible for post deliveries will deliver the pensions directly to the indicated home address.

[72] Resolution of the Government of the Slovak Republic No. 693 of 28 October 2020, available in Slovak language at: https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/2020/298/20201029.
[73] Decree of the Public Health Office of the Slovak Republic No. 16, available in Slovak language at: https://www.uvzsr.sk/docs/info/ut/ciastka_12_2020.pdf
[74] Slovak National Centre for Human Rights, 'Thousands of pensioners are not able to access their pensions due to a mistake in the measures adopted to fight against the COVDI-19 disease', Press release, 5 November 2020, available in Slovak language at: http://www.snslp.sk/wp-content/uploads/TS-zamedzenie-pristupu-dochodcov-k-dochodkom.pdf.