

14th session of the Open-ended Working Group on Ageing

Guiding questions on the normative content related to right to health and access to health services

Definition

1. How is the human right of older persons to the highest attainable standard of physical and mental health defined in the national and local legislation in your country? If definitions are not available, how should such rights be defined considering relevant existing national, regional, and international legal frameworks?

The national legislation includes a comprehensive range of services for the whole population, including older persons and is based on the principles of solidarity.

2. The human right to health encompasses both access to health care and attention to the material and other conditions which are necessary for its full enjoyment. What provisions have been made to ensure that older persons enjoy access, on an equal basis with others, to social protection, adequate water and sanitation, adequate housing and to health education?

In the Republic of Slovenia, equal guarantee and protection of its citizens' human rights and fundamental freedoms, irrespective of national origin, race, sex, language, religion, political or other conviction, material standing, education, birth, social status, disability, or any other circumstance, is stipulated by the Constitution of the Republic of Slovenia in Article 14. The Constitution also, under the above-mentioned terms, enshrines the Right to Social Protection in Article 50, the Right to Proper Housing in Article 78 and the Right to Health Care in Article 50 as well as the Right to Drinking Water in Article 70A. All the rights are further explained under conditions provided by law.

Scope of the right

3. What are the key normative elements of the human right of older persons to the enjoyment of the highest attainable standard of physical and mental health?

Please provide references to existing standards on elements including but not limited to:

a) Prohibition of all forms of discrimination against older persons on the basis of age, alone or combined with other grounds, in all matters related to health.

Dementia Friendly Spots and Ageing Without Violence: a programme that aims to prevent violence against the older persons especially in the home environment.

Resolution on the National Social Protection Programme for 2022-2030

Protection Against Discrimination Act sanctions all types of discrimination against any kind of personal circumstance.

Establishment of the Ministry of Solidarity-Based Future with equal care for all population groups as one of its key priorities.

b) Provision of promotive, preventive, curative, rehabilitative and palliative health facilities, goods and services, as well as health care and support, including on aspects such as quality of care, long-term and palliative care and support.

Dementia Management Strategy in Slovenia until 2030: The aim of the Strategy is to ensure

preventive measures, early detection of the disease, adequate comprehensive post-diagnostic treatment of persons with dementia, support for relatives and informal caregivers, de-stigmatisation of the disease, development of a dementia-friendly environment and promotion of research activity.

Resolution on the National Mental Health Programme 2018-2028: It established a network of local mental health centres and developed community-based mental health services so that people with problems can stay in their home environment for as long as possible. In 2022 funds were provided for older persons who have severe mental health problems for the expansion or establishment of geropsychiatric departments of hospitals.

National Palliative Care Programme: It was approved in 2010, to systemically regulate the implementation of palliative care. It takes place wherever patients with palliative illnesses are found.

c) Availability, accessibility, acceptability and quality of health facilities, goods, and services as well as health care and support, including aspects such as quality of care, long-term and palliative care and support.

Although in Slovenia, based on the National Programme for Mental Health 2018-2028 and other strategic documents in the field of health, new services are being established and the network of providers is expanding, we are still faced with waiting times for non-urgent health services.

Patient Reported Experience Measures (PREMs) have been regularly performed in Slovenia since 2021, measuring quality of care and its' dimensions from patient's perspective.

d) Exercise of older persons' legal capacity on an equal basis with others, including the ability to make an informed consent, decisions and choices about their treatment and care.

The Long-Term Care Act, adopted in 2023.

e) Access to prompt and effective remedies and redress when older persons' right to health is violated.

Patients' Rights Act, adopted in 2008 is the legal basis for the whole population, including older persons, to ensure adequate, equal, and appropriate access to health care and the provision of health care services and treatment. Other important legislative elements include, Health Care and Health Insurance Act, Long-term Care Act, and Mental Health Act as well as the Constitution of the Republic of Slovenia.

Apart from national normative elements in this area Slovenia is a state party to the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Rights of Persons with Disabilities (CRPD) and the Charter of Fundamental Rights of the European Union.

State obligations

4. What are the measures that should be undertaken by the State to respect, protect and fulfil the human right of older persons to the highest attainable standard of physical and mental health, regarding the normative elements as provided above?

All proposed or possible actions should be supported by allocating sufficient resources, creating accountability mechanisms, and continuously monitoring progress. Among possible measures we identify:

- Sensitization and training programs for health care providers, administrators, and relevant staff on ageism, unconscious bias, and the specific health needs of older persons, and campaigns to challenge ageist stereotypes and promote the rights of older persons to equitable healthcare.
- Increasing the number of dedicated geriatric care facilities, hospital units, and home-based care programs, with a focus on preventive and mental health services, and integration of geriatric care and healthy ageing principles into training programmes for health care professionals.
- Establishment of accessible channels for older persons to report concerns, offer feedback, and seek redress regarding disrespectful care practices. Promotion of co-design approaches where older persons are active participants in developing and evaluating the services they use.

Special considerations

5. What special measures and specific considerations should be considered in developing the normative content on older persons' right to health?

In 2017 the Government of Slovenia adopted Active Ageing Strategy¹ in lifelong perspective, which represents the substantive framework for the implementation of the necessary changes to adapt for an ageing society. The document² includes key highlights of the new paradigm, the vision and objectives, and proposals for guidelines, with one of four pillars dedicated to health and wellbeing in ageing.

Representatives of the older citizens, such as the organisations of the retirees and the organisations of people with different types of disabilities are and should be involved in the preparation of all strategic, planning, and legal acts.

6. How should the responsibilities of non-State parties such as private sector be defined in the context of the human right to health of older persons?

Non-State parties such as private sector should ensure equitable access to healthcare services for older persons, maintain high standards of care tailored to the needs of older patients, take proactive measures to prevent abuse and neglect, make healthcare services affordable and accessible to older individuals, coordinate efforts with public health authorities for effective healthcare provision, invest in research and innovation for better health outcomes, operate transparently and address grievances promptly, engage in health promotion activities for older individuals, provide staff training in geriatric care and advocate for policies supporting the right to health of older persons.

Implementation

7. What are good or promising practices and main challenges faced by your country in the adoption and implementation of the normative framework on the human right to health of older persons?

The adoption of the Active Ageing Strategy in 2017 is the substantive framework to comprehensively address the demographic challenges. In recent years, the Slovenian government has implemented several measures in the field of pension and disability

¹ <https://www.gov.si/assets/ministrstva/MSP/Direktorat-za-starejse-in-deinstitucionalizacijo/strategije/Active-Ageing-Strategy-2017.pdf>

² The strategy is in line with international documents and initiatives responding to demographic change which Slovenia has joined, key among them the Madrid International Plan of Action on Ageing, which serves as the fundamental United Nations document dealing with this topic.

insurance. These were primarily intended to improve the adequacy of pensions, but also to upgrade the possibility of combining pensions with work and, consequently, to prolong work activity and prevent early retirement. The pension and disability insurance system thus offers stimulating ways of prolonging employment even after fulfilling the conditions for old-age retirement. Slovenia is committed to addressing human rights at different stages of life, so its priority is also to adequately address the rights of older persons in the future. We are committed to the elimination of all forms of discrimination against older persons, as well as combating ageism.