

Guiding questions for the thirteenth session.

Focus area 1: Right to health and access to health services

National legal and policy framework

1. What are the legal provisions and policy frameworks in your country that guarantee the right of older persons to the enjoyment of the highest attainable standard of physical and mental health, including access to promotive, preventive, curative, rehabilitative and palliative health facilities, goods and services?

The national legislation includes a comprehensive range of services for the whole population, including older persons. The whole system of national health insurance is based on the principles of solidarity. The statutory health insurance contributions, defined in the Health Care and Health Insurance Act, depend on income. The Pension and Disability Insurance Institute pays contributions for pensioners.

2. What steps have been taken to ensure that every older person has access to affordable and good quality health care and services in older age without discrimination?

The affordability of healthcare in Slovenia is good in terms of the financial coverage of rights. Slovenia has a system of co-payments and there is a respective complementary health insurance. The health benefit package is financed from the compulsory and complementary health insurance combined. Some healthcare services are fully guaranteed in cases of emergency treatment of persons over 75 years of age and disabled and socially deprived persons. This is one of the means of financial protection of the older persons.

The Active Ageing Strategy (adopted in 2017) tackles the issues that affect ageing societies. It represents the substantive framework for the implementation of changes in the labour market, education and training, systems of social protection, the living and working environment, and civil and political participation, indicating the direction of necessary adjustments and changes. The Long-Term Care Act was adopted in 2021. The key objectives of the act include defining the scope of rights and the set of long-term care (LTC) services and establishing a standardized needs assessment for entering the LTC system.

3. What data and research are available regarding older persons' right to health and access to health care and services? Please indicate how national or sub-national data is disaggregated by sex, age and inequality dimensions, and what indicators are used to monitor the full realization of the right to health of older persons.

Affordability of healthcare: Household Budget Survey. Indicator: Catastrophic health expenditure, available by age, gender and income.

Access to healthcare: EU- SILC (EU statistics on income and living conditions): 16+; by age, gender; plus income variables, education, geographical area.

Self-reported unmet needs for healthcare (medical examination, dental examination), 65+, reasons for unmet needs, gender, income, education.

Self-reported use of home care services by sex, activity limitation, educational attainment level.

Self-reported unmet needs for long-term care, by population 65+, gender, income and educational attainment level.

European Health Interview Survey (EHIS): 15+, by age and gender, plus income variables.

Survey of health, ageing and retirement in Europe (SHARE)¹: 50+, by age and gender, plus income variables.

SI PANDA: Results of a panel online survey on the impact of the pandemic on life (SI-PANDA).

ASTAGH project research: Active and healthy ageing in remote alpine areas – stakeholders' opinion.

All national data on health and health services are collected also at the provider level; hence they can be disaggregated by provider, municipality, region, sex and age. Education is usually used as a proxy for socio-economic status.

¹ More information on the project website: <https://share-eric.eu/> and in [SHARE questionnaires](#).

Overview of SHARE health and healthcare indicators:

- Physical health: self-reported health, diagnosed health conditions (chronic disease), frailty symptoms, pain, medication, mobility limitations, ADL and IADL limitations, use of aids
- Behavioural risks: smoking, drinking, physical (in)activity, nutrition
- Cognitive functioning: numeracy, temporal orientation, verbal fluency, memory
- Mental health: depressive symptoms, well-being and life satisfaction, big five personality traits.
- Healthcare: doctor visits, hospitalizations, health insurance coverage, forgone care due to cost and unavailability, formal home care received, nursing home or residential care facility stays, health literacy.
- Social support: informal care/help received and given within families, transfers of income and assets.
- Biomarkers: grip strength, body mass index, peak flow, chair stand, dried blood samples, accelerometry-data.

4. What steps have been taken to provide appropriate training for legislators, policymakers, health and care personnel on the right to health of older persons?

Training is provided partly by the Protection Against Discrimination Act and partly by the materials developed by the Ministry of Labour, Family, Social Affairs and Equal Opportunities. A special manual was developed in 2006 for the education and training of employers against discrimination in employment.

Education on the protection of the rights of the older persons is also carried out within the framework of several professional groups (e.g. medical and social chambers and the association of nurses and midwives of Slovenia), several various projects and destigmatization programmes. Non-governmental organizations (NGOs) play an important role in the latter. Some strong programmes regarding raising public awareness and reducing stigma:

- Spominčica – Alzheimer Slovenija started developing the Dementia Friendly Spots (DFS) programme in 2017. This is a national education and awareness-raising programme aiming to train employees about dementia, communication with people with dementia, post-diagnostic support, and the rights of persons with dementia and their caregivers.
- The AHA.SI project was the background activity for adoption of the Active Ageing Strategy. The overall aim was to support the development of a new comprehensive AHA Strategy which promoted the employment of older people, health in old age and pre-retirement programmes and highlighted the need for new models of LTC.
- The Alpine Space Transnational Governance of Active and Healthy Ageing (ASTAHG project) aimed to improve the governance capacity of regional active and healthy ageing (AHA) policies and to facilitate the transfer of innovation and initiatives within the Alpine space.
- The Slovenian “Network of Age-friendly Cities and Communities”, which is included in the global network of age-friendly cities and municipalities under the auspices of the World Health Organization.
- Various publications (e.g. on health equity in Slovenia: inequalities in health future challenges for intersectoral cooperation).
- Implementation of public health actions is supported by regional units of the National Institute of Public Health (NIJZ) and actions of CS/NGOs.

Progressive realization and the use of maximum available resources

5. What steps have been taken to align macroeconomic policies and measures with international human rights law, to use maximum available resources for the realization of older persons’ right to health, such as through expanding fiscal space, adopting targeted measures and international cooperation?

The above-mentioned Active Ageing Strategy is the substantive framework for the implementation of the necessary changes to adapt for an ageing society. It 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. The strategy is in line with international documents and initiatives responding to demographic change which Slovenia has joined (e.g. the Madrid International Plan of Action on Ageing).

Equality and non-discrimination

6. What are the challenges faced by older persons in their enjoyment of the right to health, including the impact of intersectional discrimination and inequality based on age, gender, disability and other grounds?

To achieve healthy ageing, it is necessary to address depression and suicide rate, overcoming stigma and ageism, the need to raise public awareness and health literacy, especially regarding dementia, and insufficient knowledge of the assistance system.

Due to lower income of older persons, a financial challenge could be co-payments for complementary health insurance. Premiums for such insurance is flat-rate, i.e. independent of a person’s income. For socially vulnerable households that receive social benefit payments (accounting for approximately 100,000 people), the government subsidizes these premiums. However, according to the current legislation, retired people are not included in the subsidy scheme. As a consequence, persons without complementary insurance are exposed to high out-of-pocket payments when using health services and many of them could face financial hardship (see exceptions, point 2).

7. What measures have been taken to eliminate ageism and discrimination based on age, including discriminatory laws, policies, practices, social norms and stereotypes that perpetuate health inequalities among older persons and prevent older persons from enjoying their right to health?

The Ministry of Health and the Ministry of Labour, Family, Social Affairs and Equal Opportunities also co-finance many programmes and campaigns to empower the older persons, raise public awareness and reduce stigma (e.g. Dementia Friendly Spots (see point 4) and Ageing Without Violence, a programme that aims to prevent violence

against the older persons especially in the home environment. The target groups are the older persons and their families in local communities. Participants learn about quality ageing, which precludes any form of violence. They also learn about personal safety, how to be prepared to deal with situations that can lead to violence and how to strengthen protective factors against violence.

The Comprehensive Active Ageing strategy, with many health objectives, was adopted in 2017. The Ministry of Solidarity-Based Future was established by the Slovenian Government in 2023, with equal care for all population groups as one of the key priorities, sensitively addressing the specific needs of the older generation at the same time.

Slovenia adopted a Protection Against Discrimination Act in 2016, which sanctions all types of discrimination against any kind of personal circumstance. All administrative bodies of the state have a duty to educate their employees about the importance of equal treatment and fight against discrimination.

In 2020, the Advocate of the Principle of Equality conducted a public survey titled “Perceptions and Experiences of Discrimination in Slovenia in 2020”. In 2021, the Advisory Committee for the Third Age was appointed, which operates within the Statistical Office of the Republic of Slovenia. The committee’s aim is to discuss data and indicators connected with the older population.

8. What measures have been taken to ensure that older persons are able to exercise their legal capacity on an equal basis with others, including making an informed consent, decisions and choices about their treatment and care?

The Long-Term Care Act places the individual at the centre of the LTC system, with the right to choose the manner and form of LTC. In accordance with the principle of accessibility to LTC services and the principle of active participation, the insured person will have the opportunity to freely choose services and create a plan for the implementation and performance of services in the corresponding category.

Accountability

9. What judicial and non-judicial mechanisms are in place for older persons to complain and seek redress for the denial of their right to health?

The Patients’ Rights Act is the legal basis for the whole population, including the older persons, to ensure adequate, equal and appropriate access to healthcare and the provision of healthcare services and treatment. A mechanism is in place at various levels. One is with the provider of health services, one with the respective professional chamber, while the state provides for the national and regional ombudsman for patient rights, to which any type of complaint can be submitted by anyone using healthcare services.

10. What mechanisms are in place to ensure the effective and meaningful participation of older persons living in different geographic areas of the country in the planning, design, implementation and evaluation of health laws, policies, programmes and services that affect them?

Representatives of older citizens, such as the organisations of retirees and the organisations of persons with different types of disabilities, are involved in the preparation of all strategic, planning and legal acts. They are also represented in the assembly of the Health Insurance Institute of Slovenia.

Local communities also have different associations (CS/NGOs). The NIJZ has regional units to support public health activities at regional and local levels, funded annually by the Ministry of Health.