Slovenia

This document is a compilation of all questions, justifications, and sources used to determine the 2021 Global Health Security Index scores for Slovenia. For a category and indicator-level summary, please see the Country Profile for Slovenia.

Category 1: Preventing the emergence or release of pathogens with potential for international concern

1.1 ANTIMICROBIAL RESISTANCE (AMR)

1.1.1 AMR surveillance, detection, and reporting

1.1.1a

Is there a national AMR plan for the surveillance, detection, and reporting of priority AMR pathogens?

Yes, there is evidence of an AMR plan, and it covers surveillance, detection, and reporting = 2, Yes, there is evidence of an AMR plan, but there is insufficient evidence that it covers surveillance, detection, and reporting = 1, No evidence of an AMR plan = 0

Current Year Score: 2

There is a national AMR plan for the surveillance, detection and reporting of priority AMR pathogens in place in Slovenia. In September 2019 the government adopted the 2019–2024 strategy titled "Eno zdravje" (One Health) along with an action plan for 2019–2021. The document includes an overview of the current situation regarding AMR in Slovenia, and recommends constant surveillance, optimization of medicine consumption and education with the main goal of reducing AMR among humans and animals. Detection of AMR pathogens is carried out by a sentinel laboratory system, which is able to detect antimicrobial resistance, accumulation of cases and other changes in resistant bacteria. The laboratory system reports regularly to the National Institute of Public Health, which adopts measures for infection control. The plan states that the surveillance system is well established and monitors all hospitals in Slovenia, and recommends further integration of the information system with other health information systems. Moreover, for better monitoring it recommends designation of a national reference laboratory, along with the establishment of a national coordination center. However, a carbapanemases outbreak revealed the need for a better legal basis to perform additional investigations to clarify the appearance of resistant bacteria [1]. Although not listed in the World Health Organization's Library of National Action Plans, the plan employs the "one health" approach that the World Health Organization recommends [1, 2].

[1] Republic of Slovenia - Government portal. 2019. "National Health Strategy for AMR management 2019-2024. " ("Državna strategija Eno zdravje za obvladovanje odpornosti mikrobov 2019-2024.") [https://www.gov.si/novice/nov-vlada-sprejela-drzavno-strategijo-eno-zdravje-za-obvladovanje-odpornosti-mikrobov-2019-2024-z-akcijskim-nacrtom-za-obdobje-2019-2021/]. Accessed 10 August 2020.
[2] World Health Organisation (WHO). 2020. “Library of National Action Plans”. [http://www.who.int/antimicrobial-resistance/national-action-plans/library/en/]. Accessed 10 August 2020.

1.1.1b

Is there a national laboratory/laboratory system which tests for priority AMR pathogens?

All 7 + 1 priority pathogens = 2 , Yes, but not all 7+1 pathogens = 1 , No = 0

Current Year Score: 2

There is a laboratory system in place in Slovenia which tests for priority AMR pathogens. Even though no laboratory has been designated as a national reference laboratory in medicine by the 2019 - 2024 One Health strategy, it describes a sentinel system, which is managed by the National Institute of Public Health (NIJZ), the National Laboratory for Health, Environment and Food (NLZOH) and the Institute of Microbiology and Immunology (IMI) [1]. AMR surveillance includes 7+1 priority AMR

pathogens, where E. coli, K. pneumonia, S. aureus, S. pneumoniae, Salmonella spp and N. gonorrheae are tested within NLZOH's nine medical microbiology departments in different regions, while IMI tests for Shigella spp and the laboratory of the University Clinic of Respiratory and Allergic Disease Golnik serves as a reference facility for Mycobacterium tuberculosis. Other hospital and university laboratories, that are accredited by the Ministry of Health, fulfil AMR surveillance as well [2, 3, 4, 5].
In the veterinary sector, the National Veterinary Institute is the designated national reference laboratory for AMR. In addition, seven regional veterinary laboratories participate in AMR testing [1, 6].

[1] Republic of Slovenia - Government portal. 2019. "National Health Strategy for AMR management 2019-2024." ("Državna strategija Eno zdravje za obvladovanje odpornosti mikrobov 2019-2024.") [https://www.gov.si/novice/nov-vlada-sprejela-drzavno-strategijo-eno-zdravje-za-obvladovanje-odpornosti-mikrobov-2019-2024-z-akcijskim-nacrtom-za-obdobje-2019-2021/]. Accessed 10 August 2020.
[2] Ministry of Health (MZ). 2020. "List of accredited laboratiories in the field of medicine laboratory investigations". ("Seznam laboratorijev za izvajanje preiskav na področju laboratorijske medicine.") [https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/Organizacija-zdravstvenega-varstva/Laboratoriji/Seznam-laboratorijev-maj-2020.pdf]. Accessed 10 August 2020.
[3] National Laboratory for Health, Environment and Food (NLZOH). 2020. "Centre for Medical Microbiology". Ljubljana. [https://www.nlzoh.si/en/organisation/centre-for-medical-microbiology]. Accessed 10 August 2020.
[4] Institute of Microbiology and Immunology (IMI). 2020. "Diagnostic activity". ("Diagnostična dejavnost.") [http://www.imi.si/diagnosticna-dejavnost/o-diagnostiki]. Accessed 10 August 2020.
[5] University Clinic Golnik. 2020. "Laboratory diagnostics." ("Laboratorijska diagnostika.") [https://www.klinika-golnik.si/strokovna-javnost/laboratoriji]. Accessed 10 August 2020.
[6] Veterinary Faculty (VF). 2020. "National Veterinary Institute". Ljubljana. [https://www.vf.uni-lj.si/si/nacionalni-veterinarski-institut/]. Accessed 10 August 2020.

1.1.1c

Does the government conduct environmental detection or surveillance activities (e.g., in soil, waterways) for antimicrobial residues or AMR organisms?

Yes = 1 , No = 0

Current Year Score: 0

In Slovenia, there is insufficient evidence that the government conducts environmental detection and surveillance for antimicrobial residues or AMR organisms. According to the Environmental Protection Act, Slovenian Environment Agency within the Ministry of the Environment and Spatial Planning is responsible for the monitoring of soil and waterways [1]. The Agency monitors the state of the environment and forecasts natural events, as well as reducing natural threats to people and their property. It also monitors soil, the quality of waters and outdoor air quality with the help of its own Chemical Analysis Laboratory and the National Laboratory for Health, Environment and Food (NLZOH) [2, 3]. However, the 2019 - 2024 One Health strategy foresees the establishment of the National coordination for AMR monitoring in human medicine and the environment. The existing laboratory system will conduct surveillance activities starting in 2021 and yearly reports will be published [4].

[1] Republic of Slovenia – Legal information system (PisRS). 2004. “Environmental Protection Act (Zakon o varstvu okolja)”. [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO1545]. Accessed 10 August 2020.
[2] Slovenian Environment Agency (ARSO). 2020. "Slovenian Environment Agency". Ljubljana. [http://www.arso.gov.si/en/]. Accessed 10 August 2020.
[3] NLZOH. 2020. "Centre for microbiologic analysis of food, water and other environmental samples ".

[https://www.nlzoh.si/en/organisation/centre-for-microbiologic-analyses-of-food-water-and-other-environmental-samples]. Accessed 10 August 2020.
[4] Republic of Slovenia - Government portal. 2019. "National Health Strategy for AMR management 2019-2024. " ("Državna strategija Eno zdravje za obvladovanje odpornosti mikrobov 2019-2024.") [https://www.gov.si/novice/nov-vlada-sprejela-drzavno-strategijo-eno-zdravje-za-obvladovanje-odpornosti-mikrobov-2019-2024-z-akcijskim-nacrtom-za-obdobje-2019-2021/]. Accessed 10 August 2020.

1.1.2 Antimicrobial control

1.1.2a

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for humans?

Yes = 2 , Yes, but there is evidence of gaps in enforcement = 1 , No = 0

Current Year Score: 2

National legislation in Slovenia requires prescriptions for antibiotic use for humans. As per the 2008 'Rules on the classification, prescribing and dispensing of medicinal products for human use' (a document which amends the Medicines Act), prescriptions from licensed doctors are required for antibiotics for humans. Prescriptions should clearly state dosage and usage instructions, and doctors are required to inform the user about the prescribed medicine [1, 2]. According to the Article 3 of the Rules, The Health Insurance Institute of Slovenia (ZZZS) and the National Institute of Public Health (NIJZ) are authorized to issue officially valid prescription forms. They also keep records and exercise inspection controls, where ZZZS controls prescriptions that are covered by compulsory health insurance and NIJZ all the others [2, 3, 4]. Media reports indicate inspection controls take place on a regular basis and violations are fined accordingly [5, 6]. Moreover, NIJZ publishes yearly reports on the consumption of prescription drugs [7].

[1] Republic of Slovenia – Legal information system (PisRS). 2014. "Medicines Act." ("Zakon o zdravilih.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO6295]. Accessed 10 August 2020.
[2] PisRS. 2008. "Rules on the classification, prescribing and dispensing of medicinal products for human use." ("Pravilnik o razvrščanju, predpisovanju in izdajanju zdravil za uporabo v humani medicine.") [http://pisrs.si/Pis.web/pregledPredpisa?id=PRAV8737]. Accessed 10 August 2020.
[3] Health Insurance Institute of Slovenia (ZZZS). 2020. "Supervision." ("Nadzori.") Ljubljana. [https://partner.zzzs.si/wps/portal/portali/aizv/zdravila_in_zivila_za_posebne_zdravstvene_namene/predpisovanje_in_izdajanje/nadzori/!ut/p/z1/04_Sj9CPykssy0xPLMnMz0vMAfIjo8ziTQxdPd2N_Q08_S1CzA0cA90CggzNXIwNAs30C7IdFQFSH65L/]. Accessed 10 August 2020.
[4] National Institute of Public Health (NIJZ). 2015. "Records of consumption of prescription drugs." ("Evidenca porabe zdravil izdanih na recept.") [https://www.nijz.si/sl/podatki/evidenca-porabe-zdravil-izdanih-na-recept]. Accessed 10 August 2020.
[5] Delo.si 2016. "Hidden scams among the millions of recipes." ("Med milijoni receptov na leto skrite tudi goljufije.") [https://www.delo.si/novice/slovenija/med-milijoni-receptov-na-leto-skrite-tudi-goljufije.html]. Accessed 14 September 2020.
[6] Primorske novice. 2019. "MD reported due to cannabinoid presciptions." ("Zaradi predpisovanja kanabinoidov prijava zdravnika.") [https://www.primorske.si/slovenija/zaradi-predpisovanja-kanabinoidov-prijava-zdravnik]. Accessed 14 September 2020.
[7] National Institute of Public Health (NIJZ). 2018. "Prescription drugs." ("Ambulantno predpisana zdravila.") [https://www.nijz.si/sites/www.nijz.si/files/uploaded/publikacije/letopisi/2018/7_ambulantno_predpisana_zdravila_2018.pdf]. Accessed 10 August 2020.

1.1.2b

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for animals?

Yes = 2 , Yes, but there is evidence of gaps in enforcement = 1 , No = 0

Current Year Score: 2

National regulations in Slovenia require prescriptions for animal antibiotics and there is no evidence of gaps in enforcement. According to the 2008 Rules on the Classification, Prescription and Administering of Veterinary Medicinal Products, which accompany the Medicines Act, prescriptions from licensed veterinarians are required for animal antibiotics. According to Article 6 of the Rules, a veterinary prescription may be prescribed only by a veterinarian who carries out veterinary activity in the Republic of Slovenia. Medicinal products may also be prescribed by a doctor of veterinary medicine on their own responsibility for their own animals or for the animals of their family members, unless they are intended for food production [1, 2]. A list of authorized medicines is published by the Agency for Medicinal Products and Medical Devices of the Republic of Slovenia [3]. According to the Rules on the Traceability of Trade in and Use of and Storage of Medicinal Procedures Used in Veterinary Medicine, the Veterinary Chamber of Slovenia issues and keeps the evidence of officially valid prescription forms. This evidence must be regularly submitted to the Administration of the Republic of Slovenia for Food Safety, Veterinary Sector and Plant Protection (UVHVVR). The UVHVVR compares the supplied data with those from the information system for monitoring, control and reporting of certain animal diseases ("EPI" application), and orders inspections, if discrepancies occur [4, 5, 6].

[1] Republic of Slovenia – Legal information system (PisRS). 2014. "Medicines Act." ("Zakon o zdravilih.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO6295]. Accessed 10 August 2020.
[2] PisRS. 2008. "Rules on the classification, prescription and administering of veterinary medicinal products." ("Pravilnik o razvrščanju, predpisovanju in izdajanju zdravil za uporabo v veterinarski medicini.") [http://pisrs.si/Pis.web/pregledPredpisa?id=PRAV8747]. Accessed 10 August 2020.
[3] Agency for Medicinal Products and Medical Devices of the Republic of Slovenia (JAZMP). 2020. "Medicinal products for veterinary use." [http://www.jazmp.si/en/veterinary-medicines/]. Accessed 10 August 2020.
[4] PisRS. 2009. "Rules on the traceability of trade in and use of and on the storage of medicinal procedurs used in veterinary medicine." ("Pravilnik o sledljivosti prometa in uporabe ter shranjevanju veterinarskih zdravil.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV9393]. Accessed 10 August 2020.
[5] Republic of Slovenia - Government portal. 2020. "Animal disease monitoring, reporting and notification system - EPI application." ("Sistem za spremljanje, poročanje in obveščanje o boleznih živali - Aplikacija EPI.") [https://www.gov.si/zbirke/storitve/sistem-za-spremljanje-porocanje-in-obvescanje-o-boleznih-zivali-aplikacija-epi/]. Accessed 10 August 2020.
[6] the Veterinary Chamber of Slovenia. 2020. "Activities." ("Dejavnosti.") [https://www.vzb.si/dejavnosti]. Accessed 10 August 2020.

1.2 ZOONOTIC DISEASE

1.2.1 National planning for zoonotic diseases/pathogens

1.2.1a

Is there national legislation, plans, or equivalent strategy documents on zoonotic disease?

Yes = 1 , No = 0

Current Year Score: 1

Slovenia has national legislation in place addressing zoonotic diseases. The legal framework consists of the 1995 Communicable Diseases Act, the 2006 Law on Veterinary Compliance Criteria and the 2014 Rules on monitoring of zoonoses and zoonotic agents. The Communicable Diseases Act vests responsibility for the prevention and control of zoonoses in authorized health institutions, which are required to work in cooperation with veterinary organizations [1]. The Law on Veterinary Compliance Criteria sets forth procedures to supervise and address zoonotic diseases. Procedures are described in detail within the Rules on the Monitoring of Zoonoses and Zoonotic Agents that accompanies the Veterinary Compliance Criteria Act [2, 3]. In 2019 Slovenia adopted a national health strategy for the management of antimicrobial resistance, which implements the World Health Organization's "one health" approach, which covers zoonotic diseases. This strategy recommends the creation of a permanent database for the purpose of a trend assessment, better monitoring of multidrug-resistant bacteria and the detection of bacteria with specific resistance patterns [4].

[1] Republic of Slovenia – Legal information system (PisRS). 1995. "Communicable Diseases Act." ("Zakon o nalezljivih boleznih.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV11340]. Accessed 10 August 2020.
[2] Republic of Slovenia – Legal information system (PisRS). 2006. " Veterinary Compliance Criteria Act." ("Zakon o veterinarskih merilih skladnosti.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO4370]. Accessed 10 August 2020.
[3] Republic of Slovenia – Legal information system (PisRS). 2014. "Rules on monitoring of zoonoses and zoonotic agents." ("Pravilnik o monitoringu zoonoz in povzročiteljev zoonoz.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV11340]. Accessed 10 August 2020.
[4] Republic of Slovenia - Government portal. 2019. "National Health Strategy for AMR management 2019-2024. " ("Državna strategija Eno zdravje za obvladovanje odpornosti mikrobov 2019-2024.") [https://www.gov.si/novice/nov-vlada-sprejela-drzavno-strategijo-eno-zdravje-za-obvladovanje-odpornosti-mikrobov-2019-2024-z-akcijskim-nacrtom-za-obdobje-2019-2021/]. Accessed 10 August 2020.

1.2.1b

Is there national legislation, plans or equivalent strategy document(s) which includes measures for risk identification and reduction for zoonotic disease spillover events from animals to humans?

Yes = 1 , No = 0

Current Year Score: 1

Slovenia has plans in place that include measures for risk identification and reduction for zoonotic disease spillover events from animals to humans.

The 2016 National Risk Assessment for Especially Dangerous Animal Diseases analyses cattle, pigs, small ruminants and poultry populations in the country and related risk scenarios, establishing whether foot-and-mouth disease, avian influenza and swine influenza have occurred. The document states that probability of spillovers is greatest where animal densities are high, hence safe drinking water and food, appropriate hygienic conditions in facilities and constant animal disease monitoring are required by livestock owners. In the case of a disease's occurrence, the veterinary service should be notified immediately. In the case of dangerous animal diseases, all activities are coordinated by the National Center for Disease Control (DSNB) led by the Administration of the Republic of Slovenia for Food Safety, Veterinary Sector and Plant Protection (UVHVVR). The potential impact of the disease on humans is assessed on a risk scale from 1 (low) to 5 (high). To prevent spillovers, it is forbidden to move animal carcasses. Moreover, any additional recommendations made by veterinary officials, such as slaughter of infected animals, are to be taken into account [1].

Furthermore, disease-specific plans exist for African swine fever, avian influenza, swine fever, and others [2, 3, 4]. For instance, to prevent spillovers, the plan on swine fever demands, in case of suspected disease, that all pigs should be confined to stables or fenced areas, and it is strictly forbidden to move the pigs, meat and meat products, and the movement

of people on the farm should be limited as much as possible, and all the recommended measures are to be strictly followed. Moreover, any direct contact with wild animals, such as hunting of wild boar, is forbidden as well [4].

[1] Republic of Slovenia - Government portal. 2016. "Risk Assessment for Specifically Dangerous Animal Diseases." ("Ocena tveganja za posebno nevarne bolezni živali.") [https://www.gov.si/assets/organi-v-sestavi/UVHVVR/Bolezni-zivali/Ocena-tveganja/Ocena_tveganja_GLAVNI_DOKUMENT_koncni_19_Marko_dodatek_podnebne.pdf]. Accessed 10 August 2020.
[2] Republic of Slovenia - Government portal. 2019. "African Swine Fever." ("Afriška prašičja kuga.") [http://www.afriskaprasicjakuga.si/wp-content/uploads/2019/11/1_APK_SLO_20.11.2019.pdf]. Accessed 10 August 2020.
[3] Republic of Slovenia - Government portal. 2019. "Avian Influenza." ("Aviarna influenca.") [https://www.gov.si/assets/organi-v-sestavi/UVHVVR/Bolezni-zivali/Nacrti-ukrepov/Aviarna-influenca-7.-1.-2019.pdf]. Accessed 10 August 2020.
[4] Republic of Slovenia - Government portal. 2015. "Swine fever." ("Klasična prašičja kuga.") [https://www.gov.si/assets/organi-v-sestavi/UVHVVR/Bolezni-zivali/Nacrti-ukrepov/Klasicna-prasicja-kuga-5.-3.-2015.pdf]. Accessed 10 August 2020.

1.2.1c

Is there national legislation, plans, or guidelines that account for the surveillance and control of multiple zoonotic pathogens of public health concern?

Yes = 1 , No = 0

Current Year Score: 1

According to the Joint External Evaluation report for Slovenia, conducted in June 2017, nationwide surveillance and control systems for zoonoses, covering all nine designated health regions, are in place in Slovenia [1]. Rules on the monitoring of zoonoses and zoonotic agents demands a zoonoses monitoring programme is prepared annually by the National Institute of Public Health, the Administration of the Republic of Slovenia for Food Safety, Veterinary Sector and Plant Protection and the Health Inspectorate of the Republic of Slovenia. Reports of zoonotic events are regularly shared between the animal and human health sectors. The program is implemented with a purpose to systematically monitor, collect and analyse comparable data on the occurrence of zoonoses [2, 3]. Control policies for specific zoonotic diseases are described within the Zoonoses monitoring programme. For brucellosis, the programme stipulates control for humans, animals and food – describing in detail notification systems, clinical criteria, methodology of sample collection, epidemiological monitoring systems, and measures if the disease is diagnosed. For instance, all cases of abortion in cattle should be tested for brucellosis; if a disease is confirmed, agencies should be notified instantly, animals should be isolated, disinfection barriers should be installed, etc. The Zoonoses monitoring programme stipulates similar measures for other diseases such as campylobacteriosis; rabies; mrsa; listeriosis; and others [4].

[1] World Health Organization (WHO). 2017. “Joint External Evaluation of IHR core capacities of the Republic of Slovenia”. [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.
[2] Republic of Slovenia – Legal information system (PisRS). 2014. "Rules on monitoring of zoonoses and zoonotic agents." ("Pravilnik o monitoringu zoonoz in povzročiteljev zoonoz.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV11340]. Accessed 10 August 2020.
[3] Republic of Slovenia - Government portal. 2020. "Zoonoses Monitoring." ("Monitoring zoonoz.") [https://www.gov.si/teme/monitoring-zoonoz/]. Accessed 10 August 2020.
[4] Republic of Slovenia - Government portal. 2020. " Zoonoses monitoring programme 2020." ("Program monitoringa zoonoz in povzročiteljev zoonoz 2020.") [https://www.gov.si/assets/organi-v-sestavi/UVHVVR/Varna-hrana/Porocila-bioloska-varnost/Program-monitoringa-zoonoz-za-leto-2020.PDF]. Accessed 10 August 2020.

1.2.1d

Is there a department, agency, or similar unit dedicated to zoonotic disease that functions across ministries?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of a permanent department dedicated to zoonotic disease that functions across ministries in Slovenia. However, Article 53 of the Communicable Diseases Act foresees a joint commission on zoonoses between the Ministry of Health and Ministry of Agriculture, Forestry and Food [1]. According to the Joint External Evaluation conducted in 2017, this is not a permanent body as it meets only on an ad hoc basis [2]. It serves as a consultative body discussing and recommending measures to respond to the emergence of major zoonoses within the region. In the past, the commission has discussed the outbreaks of avian influenza in Turkey, bovine spongiform encephalopathy, and the chikungunya virus in Italy [3, 4].

[1] Republic of Slovenia – Legal information system (PisRS). 1995. "Communicable Diseases Act." ("Zakon o nalezljivih boleznih.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV11340]. Accessed 10 August 2020.
[2] World Health Organization (WHO). 2017. "Joint External Evaluation of IHR core capacities of the Republic of Slovenia". [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.
[3] National Institute of Public Health. 2011. "News on Zoonoses Monitoring." ("Letni program monitoring zoonos.") [https://www.nijz.si/sites/www.nijz.si/files/uploaded/enboz_feb_2011.pdf]. Accessed 10 August 2020.
[4] Dnevnik. 2007. “Most newly discovered diseases are transmitted to humans by animals.” (“Največ na novo odkritih bolezni se na ljudi prenaša z živali. ”) [https://www.dnevnik.si/281716]. Accessed 10 August 2020.

1.2.2 Surveillance systems for zoonotic diseases/pathogens

1.2.2a

Does the country have a national mechanism (either voluntary or mandatory) for owners of livestock to conduct and report on disease surveillance to a central government agency?

Yes = 1 , No = 0

Current Year Score: 1

Slovenia has a national mechanism in place for owners of livestock to conduct and report on disease surveillance to the Administration of the Republic of Slovenia for Food Safety, Veterinary Sector and Plant Protection (UVHVVR). Regular official veterinary checks are mandatory for livestock owners [1]. Procedures are described by the 2006 Veterinary Compliance Criteria Act and amending 2016 Rules on Regular Official Veterinary Checks of Holdings and include guidelines on information sharing in relation to zoonotic events [2, 3]. Moreover, on a yearly basis, Ministry orders which preventive vaccinations and examinations must be carried out to ensure favorable epizootiological conditions [4].
Owners of livestock can report on disease surveillance by using an information system for monitoring, control and reporting of certain animal diseases (through the "EPI" application), which enables real-time data transfer to the UVHVVR [5]. Results on disease monitoring are published on a monthly basis [1].

[1] Republic of Slovenia - Government portal. 2020. "Occurrence of Animal Diseases." ("Spremljanje pojavov bolezni živali.") [https://www.gov.si/teme/spremljanje-pojavov-bolezni-zivali/]. Accessed 10 August 2020.
[2] Republic of Slovenia – Legal information system (PisRS). 2006. "Veterinary Compliance Criteria Act." ("Zakon o veterinarskih merilih skladnosti.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO4370]. Accessed 10 August 2020.
[3] Republic of Slovenia – Legal information system (PisRS). 2006. "Rules on regular official veterinary checks of holdings." ("Pravilnik o izvajanju rednih uradnih veterinarskih pregledov na gospodarstvih.")

[http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV7392]. Accessed 10 August 2020.
[4] Republic of Slovenia – Legal information system (PisRS). 2019. " Order on the systematic monitoring of animal health status, disease eradication programmes and vaccination in 2020." ("Odredba o izvajanju sistematičnega spremljanja zdravstvenega stanja živali, programov izkoreninjenja bolezni živali ter cepljenj živali v letu 2020.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ODRE2474]. Accessed 10 August 2020.
[5] Republic of Slovenia - Government portal. 2020. "Animal disease monitoring, reporting and notification system - EPI application." ("Sistem za spremljanje, poročanje in obveščanje o boleznih živali - Aplikacija EPI.") [https://www.gov.si/zbirke/storitve/sistem-za-spremljanje-porocanje-in-obvescanje-o-boleznih-zivali-aplikacija-epi/]. Accessed 10 August 2020.

1.2.2b

Is there legislation and/or regulations that safeguard the confidentiality of information generated through surveillance activities for animals (for owners)?

Yes = 1 , No = 0

Current Year Score: 1

Slovenia has a law that safeguards the confidentiality of information generated through surveillance activities for animals. Article 6 of the 'Rules on regular official veterinary checks of holdings' states that the official record of veterinary checks that are mandatory for livestock owners should be submitted only to the Ministry of Agriculture, Forestry and Food [1]. The Ministry is obliged to process this data confidentially, in accordance with the 2005 Personal Data Protection Act. The purpose of the processing of personal data must be specified in the law, and in the case of processing on the basis of the personal consent, the individual must be informed in advance in writing or in another appropriate manner [2]. For instance, when processing data through the information system for monitoring, control and reporting of certain animal diseases (through the "EPI" application), the EPI logs every user login to the system, every entry or change of data, and every insight. For each user, the level of access to data is determined. When users request access to the EPI, they are informed that their personal data will be processed in accordance with the Personal Data Protection Act [3]. Moreover, each veterinary treatment must be recorded in a veterinary logbook, which is kept by the animal's owner [1, 4].

[1] Republic of Slovenia – Legal information system (PisRS). 2006. "Rules on regular official veterinary checks of holdings." ("Pravilnik o izvajanju rednih uradnih veterinarskih pregledov na gospodarstvih.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV7392]. Accessed 10 August 2020.
[2] Republic of Slovenia – Legal information system (PisRS). 2005. "Personal Data Protection Act." ("Zakon o varstvu osebnih podatkov.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO3906]. Accessed 10 August 2020.
[3] Republic of Slovenia – Legal information system (PisRS). 2010. "Rules on information system for monitoring, control and reporting of certain animal diseases." ("Pravilnik o informacijskem sistemu za spremljanje, nadzor in poročanje o določenih boleznih živali]. Accessed 10 August 2020.
[4] Republic of Slovenia – Legal information system (PisRS). 2019. "Order on the systematic monitoring of animal health status, disease eradication programmes and vaccination in 2020." ("Odredba o izvajanju sistematičnega spremljanja zdravstvenega stanja živali, programov izkoreninjenja bolezni živali ter cepljenj živali v letu 2020.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ODRE2474]. Accessed 10 August 2020.

1.2.2c

Does the country conduct surveillance of zoonotic disease in wildlife (e.g., wild animals, insects, other disease vectors)?

Yes = 1 , No = 0

Current Year Score: 1

Slovenia regularly conducts surveillance of zoonotic disease in wildlife. The Administration of the Republic of Slovenia for Food Safety, Veterinary Sector and Plant Protection (UVHVVR) conducts disease control programs in wildlife populations multiple times a year. Monitoring and vaccinations are defined by the Ministry's Provision (articles 29 - 32). The provision includes information on procedures, such as screening procedures for rabies, lyssavirus, swine fever, African swine fever, avian influenza, and other diseases. It also defines which samples must be taken and processed. Systematically monitored animals are fox, wild boar, wild bird, deer and hare populations [1, 2]. In 2018, rabies and swine fever, African swine fever and tuberculosis were closely monitored and quarterly reports were published on the webpage of the Government portal as well [2].

[1] Republic of Slovenia - Government portal. 2020. "Wildlife disease monitoring." ("Spremljanje in izkoreninjenje bolezni pri divjih živalih.") [https://www.gov.si/teme/programi-spremljanja-in-izkoreninjenja-bolezni-pri-divjih-zivalih/]. Accessed 10 August 2020.
[2] Republic of Slovenia – Legal information system (PisRS). 2019. " Order on the systematic monitoring of animal health status, disease eradication programmes and vaccination in 2020." ("Odredba o izvajanju sistematičnega spremljanja zdravstvenega stanja živali, programov izkoreninjenja bolezni živali ter cepljenj živali v letu 2020.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ODRE2474]. Accessed 10 August 2020.

1.2.3 International reporting of animal disease outbreaks

1.2.3a

Has the country submitted a report to OIE on the incidence of human cases of zoonotic disease for the last calendar year?
Yes = 1 , No = 0

Current Year Score: 0

2019

OIE WAHIS database

1.2.4 Animal health workforce

1.2.4a

Number of veterinarians per 100,000 people
Input number

Current Year Score: 57.57

2018

OIE WAHIS database

1.2.4b

Number of veterinary para-professionals per 100,000 people
Input number

Current Year Score: -

No data available

OIE WAHIS database

1.2.5 Private sector and zoonotic

1.2.5a

Does the national plan on zoonotic disease or other legislation, regulations, or plans include mechanisms for working with the private sector in controlling or responding to zoonoses?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence of mechanisms for working with the private sector in controlling or responding to zoonoses. There is no such evidence on the websites of the Administration for Food Safety, Veterinary Sector and Plant Protection (UVHVVR) or with the Ministry of Agriculture, Forestry and Food [1, 2]. Moreover, the UVHVVR's Zoonosis Monitoring Programme 2020 does not include such mechanisms. Although the monitoring programme suggests, within its organization chart, that private healthcare providers and private veterinary organizations participate in zoonosis notification procedures, no protocol is listed [3]. Furthermore, the Rules on Monitoring of Zoonoses and Zoonotic Agents mention no such mechanisms [4]. The Joint External Evaluation mentions no such mechanism either [5].

[1] Republic of Slovenia - Government portal. 2020. "Zoonoses Monitoring." ("Monitoring zoonoz.") [https://www.gov.si/teme/monitoring-zoonoz/]. Accessed 10 August 2020.
[2] Republic of Slovenia - Government portal. 2020. "Occurrence of Animal Diseases." ("Spremljanje pojavov bolezni živali.") [https://www.gov.si/teme/spremljanje-pojavov-bolezni-zivali/]. Accessed 10 August 2020.
[3] Republic of Slovenia - Government portal. 2020. " Zoonoses monitoring programme 2020." ("Program monitoringa zoonoz in povzročiteljev zoonoz 2020.") [https://www.gov.si/assets/organi-v-sestavi/UVHVVR/Varna-hrana/Porocila-bioloska-varnost/Program-monitoringa-zoonoz-za-leto-2020.PDF]. Accessed 10 August 2020.
[4] Republic of Slovenia – Legal information system (PisRS). 2014. "Rules on monitoring of zoonoses and zoonotic agents." ("Pravilnik o monitoringu zoonoz in povzročiteljev zoonoz.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV11340]. Accessed 10 August 2020.
[5] World Health Organisation (WHO). 2017. “Joint External Evaluation of IHR core capacities of the Republic of Slovenia”. [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.

1.3 BIOSECURITY

1.3.1 Whole-of- government biosecurity systems

1.3.1a

Does the country have in place a record, updated within the past five years, of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that a record, updated within the past 5 years, of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities, exists in Slovenia. There is no such evidence on the websites of the Ministry of Health, Ministry of Defense or the Ministry of Agriculture, Forestry and Food [2, 3, 4]. However, there is evidence of facility-level lists. The Joint External Evaluation (JEE) for Slovenia, conducted in June 2017, states that all medical microbiological laboratories performing diagnostics are licensed by the Ministry of Health before starting operations, and must undergo regular inspections thereafter. These inspections include inspections of the laboratory information system and biosafety plan, records of laboratory staff, lists of laboratory accidents, and lists of biological agents. However, the JEE report also notes that a formal national register of pathogens and toxins is required. [1] National-level documents also indicate that facility-level inventories are required by law. The 2006 Strategic Materials Act requires the registration of all stakeholders dealing with “strategic materials”, as determined by the 2011 Decree Determining the Strategic Goods List and including pandemic human and animal pathogens such as Ebola virus, lassa virus, yellow fever, Bacillus anthracis and coxiella burnetii, as well as avian influenza and foot-and-mouth disease [2]. Article 20 of the act demands that records of strategic activities be kept by the facilities performing them, detailing the type and quantity of materials produced and in stock [5, 6]. Furthermore, all medical microbiological laboratories performing diagnostics must be granted a license by the Ministry of Health before starting operations and must undergo regular inspections thereafter. These inspections include assessments of the laboratory information systems and demand details on inventories [7]. Although Slovenia reports to the United Nations Office at Geneva (UNOG) every year for the "Confidence Building Measure Return" under the Biological Weapons Convention, these reports do not contain information on inventory management. The reporting includes data on Biosafety Level (BSL) facilities, their level, location, floor area of the laboratory, types of pathogens stored and processed, the organizational structure of the facilities, etc. As per 2018 report, Slovenia has one BSL-3 laboratory, although there is no evidence regarding the location of pathogens in the laboratory [8].

[1] World Health Organization (WHO). 2017. "Joint External Evaluation of IHR core capacities of the Republic of Slovenia". [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.
[2] Republic of Slovenia - Government portal. 2020. "About the Ministry of Health." [https://www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-zdravje/o-ministrstvu/]. Accessed 10 August 2020.
[3] Republic of Slovenia - Government portal. 2020. "About the Ministry of Defense." [https://www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-obrambo/o-ministrstvu/]. Accessed 10 August 2020.
[4] Republic of Slovenia - Government portal. 2020. "About the Ministry of Agriculture, Forestry and Food." [https://www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-kmetijstvo-gozdarstvo-in-prehrano/o-ministrstvu/]. Accessed 10 August 2020.
[5] Republic of Slovenia – Legal information system (PisRS). 2006. "Strategic Materials Act." ("Zakon o nadzoru strateškega blaga posebnega pomena za varnost in zdravje.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO4227]. Accessed 10 August 2020.
[6] PisRS. 2011. "Decree determining the strategic goods list and related supervisory arrangements." ("Uredba o določitvi seznama strateškega blaga in pripadajočih nadzornih režimih.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=URED5327]. Accessed 10 August 2020.
[7] United Nations Office at Geneva (UNOG). 2020. "Confidence Building Measures Reports." [https://bwc-ecbm.unog.ch/slovenia/bwccbm2020slovenia]. Accessed 10 August 2020.
[8] PisRS. 2004. "Rules on requirements to be met by laboratories performing laboratory medicine tests." ("Pravilnik o pogojih, ki ji morajo izpolnjevati laboratoriji za izvajanje preiskav na področju laboratorijske medicine.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV5602]. Accessed 10 August 2020.

1.3.1b

Does the country have in place legislation and/or regulations related to biosecurity which address requirements such as physical containment, operation practices, failure reporting systems, and/or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed?

Yes = 1 , No = 0

Current Year Score: 1

Slovenia has in place regulations related to biosecurity which address the operation practices of facilities in which especially dangerous pathogens and toxins are stored or processed. The 2011 Decree Determining the Strategic Goods List and Related Supervisory Arrangements determines supervisory arrangements for strategic goods, including high consequence biological agents and toxins. Articles 8-9 of the Strategic Materials Act mandates the implementation of organizational and security measures to ensure that no dispossession or loss of strategic goods occurs. These measures are prescribed by the minister of health in agreement with the ministries of internal affairs and defense and include, as per the Rules on general and special organizational and safety measures for performing strategic activities (which amends the Strategic Materials Act), daily inventory checks and the adequate protection of facilities, which may include the use of a security service and alarm devices [1, 2, 3]. Moreover, yearly reports on the type and quantity of goods, as well as on activities performed, must be submitted to the Chemical Office of the Republic of Slovenia [1]. Moreover, Confidence Building Measures Reports for Slovenia indicate that legislation and regulations related to biosecurity are in place, but the 2019 and 2020 CBM reports offer no details [4].

[1] Republic of Slovenia – Legal information system (PisRS). 2011. "Decree determining the strategic goods list and related supervisory arrangements." ("Uredba o določitvi seznama strateškega blaga in pripadajočih nadzornih režimih.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=URED5327]. Accessed 10 August 2020.
[2] PisRS. 2006. "Strategic Materials Act." ("Zakon o nadzoru strateškega blaga posebnega pomena za varnost in zdravje.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO4227]. Accessed 10 August 2020.
[3] PisRS. 2007. "Rules on general and special organizational and safety measures for performing strategic activities." ("Pravilnik o splošnih in posebnih organizacijskih in varnostnih ukrepih za opravljanje strateških dejavnosti."). Ljubljana. [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV8354]. Accessed 10 August 2020.
[4] United Nations Office at Geneva (UNOG). 2020. "Confidence Building Measures Reports." [https://bwc-ecbm.unog.ch/slovenia/bwccbm2020slovenia]. Accessed 10 August 2020.

1.3.1c

Is there an established agency (or agencies) responsible for the enforcement of biosecurity legislation and regulations?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of an agency responsible for the enforcement of biosecurity regulations. Neither the Ministry of Health, nor the Ministry of Agriculture, Forestry and Food indicate that such an agency exists [1, 2]. In 2017, the Joint External Evaluation recommended that Slovenia establish a body on the national level for biosafety and biosecurity, and develop a formal mechanism for the oversight and monitoring of dangerous pathogens across multiple sectors [3]. Currently, however, biosecurity-related legislation and regulations are enforced by several agencies. Strategic materials, for instance, are supervised by the Chemical Office of the Republic of Slovenia, while the oversight of laboratories performing laboratory medicine tests is within the jurisdiction of the Ministry of Health [4, 5]. The 2019 and 2020 Confidence Building Measures Report for Slovenia defines the Chemical Office of the Republic of Slovenia as a national point of contact [6].

[1] Ministry of Health. 2020. "About the Ministry." [https://www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-zdravje/o-ministrstvu/]. Accessed 10 August 2020.
[2] Ministry of Agriculture, Forestry and Food. 2020. "About the Ministry." [https://www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-kmetijstvo-gozdarstvo-in-prehrano/o-ministrstvu/]. Accessed 10 August 2020.
[3] World Health Organization (WHO). 2017. "Joint External Evaluation of IHR core capacities of the Republic of Slovenia." [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.
[4] Republic of Slovenia - Government portal. 2020. "Strategic goods with special significance for safety and health." ("Strateško blago posebnega pomena za varnost in zdravje.") [https://www.gov.si/teme/stratesko-blago-posebnega-pomena-za-varnost-in-zdravje/]. Accessed 10 August 2020.
[5] PisRS. 2004. "Rules on requirements to be met by laboratories performing laboratory medicine tests." ("Pravilnik o pogojih, ki ji morajo izpolnjevati laboratoriji za izvajanje preiskav na področju laboratorijske medicine.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV5602]. Accessed 10 August 2020.
[6] United Nations Office at Geneva (UNOG). 2020. "Confidence Building Measures Reports." [https://bwc-ecbm.unog.ch/slovenia/bwccbm2020slovenia]. Accessed 10 August 2020.

1.3.1d

Is there public evidence that shows that the country has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Slovenia has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities. Neither the Ministry of Health, nor the Chamber of Laboratory Medicine of Slovenia have recommended such actions to be undertaken [1, 2]. Restrictions do exist, however: the Ministry of Health certifies all laboratories and has, to date, only permitted three institutions to work with dangerous pathogens. Out of 15 laboratories in the field of clinical microbiology, only 2 – the Institute of Microbiology and Immunology and the Centre for Microbiology at the National Laboratory of Health, Environment and Food – have the permission to handle pathogens of human origin [3, 4]. For animal pathogens, only the Institute of Microbiology and Parasitology at the Veterinary Faculty has the equivalent license and it must follow regulations laid out by the Law on Veterinary Compliance Criteria and Rules [5, 6]. Furthermore, the 2019 and 2020 Confidence Building Measures Report for Slovenia states that Slovenia has only one BSL-3 laboratory, but offers no additional detail [7].

[1] Republic of Slovenia - Government portal. 2020. "Issuance of accreditations for the work of medical laboratories." ("Izdaja dovoljenj za delo medicinskih laboratorijev.") [https://www.gov.si/zbirke/storitve/izdaja-dovoljenj-za-delo-medicinskih-laboratorijev/]. Accessed 10 August 2020.
[2] Chamber of Laboratory Medicine of Slovenia. 2020. "Expert positions of the Camber." ("Strokovna stališča ZLMS.") Ljubljana. [http://www.zlms.si/si/page/dejavnosti/strokovna-stalisca-zlms]. Accessed 10 August 2020.
[3] World Health Organization (WHO). 2017. "Joint External Evaluation of IHR core capacities of the Republic of Slovenia." [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.
[4] Ministry of Health (MZ). 2020. "List of accredited laboratiories in the field of medicine laboratory investigations". ("Seznam laboratorijev za izvajanje preiskav na področju laboratorijske medicine.") [https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/Organizacija-zdravstvenega-varstva/Laboratoriji/Seznam-laboratorijev-maj-2020.pdf]. Accessed 10 August 2020.
[5] Republic of Slovenia – Legal information system (PisRS). 2006. "Veterinary Compliance Criteria Act." ("Zakon o veterinarskih merilih skladnosti.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO4370&d-49682-p=10&d-49683-p=2]. Accessed 10 August 2020.

[6] Republic of Slovenia – Official Gazette (UL). 2004. "Rules on the conditions to be met by the National Veterinary Institute." ("Pravilnik o pogojih, ki jih morajo izpolnjevati Nacionalni veterinarski inštitut in pooblaščeni laboratoriji ter o postopku ugotavljanja izpolnjevanja pogojev.") [https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2004-01-2012?sop=2004-01-2012]. Accessed 10 August 2020.
[7] United Nations Office at Geneva (UNOG). 2020. "Confidence Building Measures Reports." [https://bwc-ecbm.unog.ch/slovenia/bwccbm2020slovenia]. Accessed 10 August 2020.

1.3.1e

Is there public evidence of in-country capacity to conduct Polymerase Chain Reaction (PCR)–based diagnostic testing for anthrax and/or Ebola, which would preclude culturing a live pathogen?

Yes = 1 , No = 0

Current Year Score: 1

Slovenia has the capacity to conduct Polymerase Chain Reaction (PCR) based diagnostic testing for both anthrax and Ebola. Evidence indicates that an accredited laboratory, the Institute of Microbiology and Immunology (IMI) can carry out PCR tests for both diseases [1, 2, 3]. Ebola preparedness and action plans confirm that the IMI carries out laboratory diagnostics for ebola. According to the National Institute for Public Health, anthrax tests should be confirmed by the Institute of Microbiology and Immunology and the Institute of Microbiology and Parasitology [4, 5].

[1] Ministry of Health (MZ). 2020. "List of accredited laboratiories in the field of medicine laboratory investigations". ("Seznam laboratorijev za izvajanje preiskav na področju laboratorijske medicine.") [https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/Organizacija-zdravstvenega-varstva/Laboratoriji/Seznam-laboratorijev-maj-2020.pdf]. Accessed 10 August 2020.
[2] Institute of Microbiology and Immunology (IMI). 2020 "Ebola virus – genome." ("Ebola virus – genom.") [http://www.imi.si/diagnosticna-dejavnost/preiskave/preiskava_11290?podrocje=VSE%20PREISKAVE]. Accessed 10 August 2020.
[3] IMI. 2020. "Bacillus anthracis – genome." [http://www.imi.si/diagnosticna-dejavnost/preiskave/preiskava_11294?podrocje=VSE%20PREISKAVE]. Accessed 10 August 2020.
[4] National Institute of Public Health (NIJZ). 2019. "Ebola – Slovenia's Preparedness and Response." ("Hemoragična mrzlica Ebola – Pripravljenost in odzivanje v Sloveniji.") [https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/hemoragicna_mrzlica_ebola-_pripravljenost_in_odzivanje_v_sloveniji_-julij_2019_0.pdf]. Accessed 10 August 2020.
[6] NIJZ. 2015. "Measures in case of Exposure to Anthrax." ("Ukrepi v primeru izpostavljenosti domnevno nevarni snovi (antraks).") [https://www.nijz.si/sites/www.nijz.si/files/datoteke/antrax_in_ukrepi_v_primeru_izpostavljenostkoncna_verzija_junij_2013.pdf]. Accessed 10 August 2020.

1.3.2 Biosecurity training and practices

1.3.2a

Does the country require biosecurity training, using a standardized, required approach, such as through a common curriculum or a trainthe-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of dedicated biosecurity training in Slovenia, but there is standardized biosafety training that includes biosecurity-related elements. The mandatory biosafety training, as set out in the Rules on the Protection of Workers from Risks Related to Exposure to Biological Agents, which is based on the Health and Safety at Work Act, includes job-specific components and follows international recommendations. Training must be carried out prior to contact with biological agents, and repeated periodically. The training's standardized elements include biosecurity-related components such planning for potential risks and dangerous occurrences. For instance, where there is a greater risk of an attack on the facility by third parties, workplace and equipment must be arranged in a way that reduces that risk, as well as limiting access. Procedures for cases of third-party violence are planned in advance and workers must be trained to respond accordingly. Moreover, all workers must immediately be informed when exposed to serious and imminent threats. Mandatory authorization to perform activities with dangerous pathogens is required [1, 2, 3]. There is no indication of any further biosecurity training on the websites of the Ministries of Health, the Government, or that of the National Institute of Public Health [4, 5, 6, 7]. The 2019 and 2020 Confidence Building Measures Reports for Slovenia state that regulations and legislation for biosecurity exist, but offer no additional detail [8].

[1] Republic of Slovenia – Legal information system (PisRS). 2011. "Health and Safety at Work Act." ("Zakon o varnosti in zdravju pri delu.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO5537]. Accessed 10 August 2020.
[2] PisRS. 2005. "Rules on the protection of workers from risks related to exposure to biological agents at work." ("Pravilnik o varovanju delavcev pred tveganji zaradi izpostavljenosti biološkim dejavnikom pri delu.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV4082]. Accessed 10 August 2020.
[3] World Health Organization (WHO). 2017. "Joint External Evaluation of IHR core capacities of the Republic of Slovenia." [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.
[4] Republic of Slovenia - Government portal. 2020. "Directorate of Public Health of the Ministry of Health." [https://www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-zdravje/o-ministrstvu/direktorat-za-javno-zdravje/]. Accessed 10 August 2020.
[5] Republic of Slovenia - Government portal. 2020. "Protecting health and the environment from chemicals." ("Varovanje zdravja in okolja pred kemikalijami.") [https://www.gov.si/podrocja/zdravje/upravljanje-in-ravnanje-s-kemikalijami/osnovno-obvladovanje-nevarnih-kemikalij/]. Accessed 10 August 2020.
[6] Republic of Slovenia - Government portal. 2020. "Strategic goods of special importance for safety and health." ("Strateško blago posebnega pomena za varnost in zdravje.") [https://www.gov.si/teme/stratesko-blago-posebnega-pomena-za-varnost-in-zdravje/]. Accessed 10 August 2020.
[7] National Institute of Public Health (NIJZ). 2020. “Programs and projects”. Ljubljana. [http://www.nijz.si/sl/programi-in-projekti]. Accessed 10 August 2020.
[8] United Nations Office at Geneva (UNOG). 2020. "Confidence Building Measures Reports." [https://bwc-ecbm.unog.ch/slovenia/bwccbm2020slovenia]. Accessed 10 August 2020.

1.3.3 Personnel vetting: regulating access to sensitive locations

1.3.3a

Do regulations or licensing conditions specify that security and other personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to the following checks: drug testing, background checks, and psychological or mental fitness checks?

Personnel are subject to all three of these checks = 3, Personnel are subject to two of these checks = 2, Personnel are subject to one of these checks = 1, Personnel are not subject to any of these checks = 0

Current Year Score: 0

There is no evidence of drug testing, background checks, or mental and psychological fitness checks for staff working with especially dangerous pathogens. No such tests or checks are required by the Health and Safety at Work Act, the Rules on the Protection of Workers from Risks Related to Exposure to Biological Agents at Work, or the Strategic Materials Act [1, 2, 3]. There is no evidence of such requirements on the website of the Chemical Office of the Republic of Slovenia under the Ministry of Health, the central government website, or the 2019 and 2020 Confidence Building Measures Reports for Slovenia [4, 5, 6]. However, article 51 of the Health and Safety at Work Act forbids all employees in Slovenia from working under the influence of alcohol or psychoactive substances [1].

[1] Republic of Slovenia – Legal information system (PisRS). 2011. "Health and Safety at Work Act." ("Zakon o varnosti in zdravju pri delu.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO5537]. Accessed 10 August 2020.
[2] PisRS. 2005. "Rules on the protection of workers from risks related to exposure to biological agents at work." ("Pravilnik o varovanju delavcev pred tveganji zaradi izpostavljenosti biološkim dejavnikom pri delu.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV4082]. Accessed 10 August 2020.
[3] PisRS. 2006. "Strategic Materials Act." ("Zakon o nadzoru strateškega blaga posebnega pomena za varnost in zdravje.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO4227]. Accessed 10 August 2020.
[4] Republic of Slovenia - Government portal. 2020. "Strategic goods of special importance for safety and health." ("Strateško blago posebnega pomena za varnost in zdravje.") [https://www.gov.si/teme/stratesko-blago-posebnega-pomena-za-varnost-in-zdravje/]. Accessed 10 August 2020.
[5] Republic of Slovenia - Government portal. 2020. "Protecting health and the environment from chemicals." ("Varovanje zdravja in okolja pred kemikalijami.") [https://www.gov.si/podrocja/zdravje/upravljanje-in-ravnanje-s-kemikalijami/osnovno-obvladovanje-nevarnih-kemikalij/]. Accessed 10 August 2020.
[6] United Nations Office at Geneva (UNOG). 2020. "Confidence Building Measures Reports." [https://bwc-ecbm.unog.ch/slovenia/bwccbm2020slovenia]. Accessed 10 August 2020.

1.3.4 Transportation security

1.3.4a

Does the country have publicly available information on national regulations on the safe and secure transport of infectious substances (specifically including Categories A and B)?

Yes = 1 , No = 0

Current Year Score: 1

Publicly available information on national regulations on the safe and secure transport of infectious substances (categories A and B) are available for Slovenia.

According to the Joint External Evaluation, all transport of dangerous pathogens is handled by certified staff who are required to follow international agreements, such as the European Agreement concerning the International Carriage of Dangerous Goods by Road (ADR) and the regulations of the International Air Transport Association (IATA) [1]. Even though Slovenia's 2000 Transport of Dangerous Goods Act does not explicitly mention Categories A and B, it implements international regulations, including those of IATA (which cover categories A and B). [2, 5]. The act provides detailed guidelines on the transportation of strategic goods, including infectious substances, and defines stringent criteria for packaging and labeling dangerous goods. The act further states that vehicles used for the transport of dangerous goods must be examined and certified, and necessary measures to prevent accidents must be undertaken. The act also requires all companies participating in transportation to appoint at least one security advisor [2].

Moreover, all member states of the European Union (EU) are contracting parties to ADR. ADR contains rules for the transport of infectious substances (Categories A and B), including the classification of infectious substances and how such material is to be handled. The rules specify that it is the responsibility of the consignor to ensure that infectious substances are properly classified, packed and marked, and that the correct documents are included in the shipment. Since 1 January 1997, the EU has applied the provisions of ADR to road transport of dangerous goods on the EU territory [7]. In addition, Slovenia's 2006 Strategic Materials Act, also applicable to transport of infectious substances, includes a list of pathogens that corresponds to those listed by IATA under categories A and B [3, 4, 5]. The 2019 and 2020 Confidence Building Measures Reports for Slovenia state that regulations and legislation for the safe and secure transport of microorganisms and toxins exist, but offer no additional details [6].

[1] World Health Organization (WHO). 2017. "Joint External Evaluation of IHR core capacities of the Republic of Slovenia." [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.
[2] Republic of Slovenia – Legal information system (PisRS). 2000. "Transport of Dangerous Goods Act." ("Zakon o prevozu nevarnega blaga.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO1445]. Accessed 10 August 2020.
[3] PisRS. 2011. "List of strategic goods." (Seznam strateškega blaga.") [http://pisrs.si/Pis.web/npb/2013-01-3446-2011-01-0102-npb1-p1.pdf]. Accessed 10 August 2020.
[4] PisRS. 2006. "Strategic Materials Act." ("Zakon o nadzoru strateškega blaga posebnega pomena za varnost in zdravje.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO4227]. Accessed 10 August 2020.
[5] International Air Transport Association (IATA). 2020. "Dangerous Goods Regulations". [https://www.iata.org/contentassets/b08040a138dc4442a4f066e6fb99fe2a/dgr-61-en-3.6.2.pdf/]. Accessed 10 August 2020.
[6] United Nations Office at Geneva (UNOG). 2020. "Confidence Building Measures Reports." [https://bwc-ecbm.unog.ch/slovenia/bwccbm2020slovenia]. Accessed 10 August 2020.
[7] EUR-Lex. 2018. "Proposal for a COUNCIL DECISION establishing the position to be adopted on behalf of the European Union as regards the amendments to the Annexes of the European Agreement concerning the International Carriage of Dangerous Goods by Road (ADR) and to the Annexed Regulations to the European Agreement concerning the International Carriage of Dangerous Goods by Inland Waterways (ADN), adopted by the Working Party on Transport of Dangerous Goods." [https://eur-lex.europa.eu/legal-content/GA/TXT/?uri=CELEX:52018PC0598]. Accessed 1 April 2021.

1.3.5 Cross-border transfer and end-user screening

1.3.5a

Is there legislation and/or regulations in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins, and pathogens with pandemic potential?

Yes = 1 , No = 0

Current Year Score: 1

There is legislation and regulations in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins, and pathogens with pandemic potential. For Slovenia end-user screening is mandated by the European Union's Regulation No 428/2009 Setting up a Community Regime for the Control of Exports, Transfer, Brokering and Transit of Dual-Use Items. The list includes biological agents, selected or modified to produce casualties in humans or animals, degrade equipment or damage crops or the environment and is updated annually. Among others, this includes the pathogens and toxins associated with plague, cholera, encephalitis, Ebola, dengue fever, anthrax, salmonellosis, brucellosis, shigellosis, yellow fever and botulism [1]. The regulation states that export authorization is subject to identification of the end-user and intended use [1]. It further states that dual-use items may not be exported when the exporter is informed by member state authorities that they are intended for the production of weapons of mass destruction, or for military use more

broadly where the destination country is subject to an arms embargo imposed by the Organization for Security and Co-operation in Europe (OSCE) or United Nations Security Council [1]. It is implemented in Slovenian legislation by the Act Regulating the Control of Exports of Dual-Use Items and the Decree on Procedures for Issuing Authorizations and Certificates and on Competence of the Commission for the Control of Exports of Dual-Use Items. In Slovenia the cross-border transfer and end-user screening is overseen by the Ministry of Economic Development and Technology [2, 3].

[1] European Council. 2009. "Council Regulation (EC) No 428/2009 of 5 May 2009 setting up a Community regime for the control of exports, transfer, brokering and transit of dual-use items." [https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex:32009R0428]. Accessed 10 August 2020.
[2] Republic of Slovenia – Legal information system (PisRS). 2004. "Act Regulating the Control of Exports of Dual-Use Items." ("Zakon o nadzoru izvoza blaga z dvojno rabo.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO3937]. Accessed 10 August 2020.
[3] PisRS. 2010. " Decree on procedures for issuing authorisations and certificates and on competence of the Commission for the Control of Exports of Dual-Use Items." ("Uredba o načinu izdaje dovoljenj in potrdil ter vlogi Komisije za nadzor izvoza blaga z dvojno rabo.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=URED5275]. Accessed 10 August 2020.

1.4 BIOSAFETY

1.4.1 Whole-of-government biosafety systems

1.4.1a

Does the country have in place national biosafety legislation and/or regulations?

Yes = 1 , No = 0

Current Year Score: 1

Slovenia has detailed biosafety regulations in place. The rules for people who work with biological substances are codified in the 2005 Rules on the Protection of Workers from Risks Related to Exposure to Biological Agents at Work the 2011 Health and Safety at Work Act, and the 2005 Rules on Requirements to be Met by Laboratories Performing Laboratory Medicine Tests [1, 2, 3]. The Health and Safety at Work Act defines basic rights and duties of employers and workers in relation to safe and healthy work [2]. It is supplemented by the 2005 Rules on the Protection of Workers from Risks Related to Exposure to Biological Agents at Work, which lays down minimum requirements for ensuring safety and the protection of health of workers from the risks due to the influence of biological agents at work as well as measures to prevent such risks. For instance, the exposure of workers to biological agents must be prevented, collective security and hygiene measures must be used, as well as biological hazard signs, and a plan for the handling of accidents must be prepared [1]. In addition, the 2004 Rules on Requirements to be Met by Laboratories Performing Laboratory Medicine Tests require all laboratory employees, including support staff, to have mandatory medical evaluations before starting in their positions. [3] They also require the evaluation and recommendation of vaccinations at regular medical checks and the provision of personal protective equipment (PPE) in all laboratories [3]. The 2020 Confidence Building Measures Report for Slovenia state that regulations for biosafety exist, but offer no additional details [4].

[1] Republic of Slovenia – Legal information system (PisRS). 2004. "Rules on requirements to be met by laboratories performing laboratory medicine tests." ("Pravilnik o pogojih, ki jih morajo izpolnjevati laboratoriji za izvajanje preiskav na področju laboratorijske medicine.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV5602]. Accessed 10 August 2020.
[2] PisRS. 2011. "Health and Safety at Work Act." ("Zakon o varnosti in zdravju pri delu.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO5537]. Accessed 10 August 2020.
[3] PisRS. 2005. "Rules on the protection of workers from risks related to exposure to biological agents at work." ("Pravilnik o

varovanju delavcev pred tveganji zaradi izpostavljenosti biološkim dejavnikom pri delu.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV4082]. Accessed 10 August 2020.
[4] United Nations Office at Geneva (UNOG). 2020. "Confidence Building Measures Reports." [https://bwc-ecbm.unog.ch/slovenia/bwccbm2020slovenia]. Accessed 10 August 2020.

1.4.1b

Is there an established agency responsible for the enforcement of biosafety legislation and regulations?

Yes = 1 , No = 0

Current Year Score: 1

Slovenia has an established agency responsible for the enforcement of biosafety legislation and regulations. The Labour Inspectorate of the Republic of Slovenia, an administrative body within the Ministry of Labour, Family, Social Affairs and Equal Opportunities is responsible for the enforcement of labour legislation, including the 2011 Health and Safety at Work Act and the 2005 Rules on the Protection of Workers from Risks Related to Exposure to Biological Agents at Work [1, 2, 3]. Moreover, if requirements are not met within laboratories, the Ministry of Health can take away their licenses [4, 5].

[1] Republic of Slovenia – Legal information system (PisRS). 2011. "Health and Safety at Work Act." ("Zakon o varnosti in zdravju pri delu.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO5537]. Accessed 10 August 2020.
[2] PisRS. 2005. "Rules on the protection of workers from risks related to exposure to biological agents at work." ("Pravilnik o varovanju delavcev pred tveganji zaradi izpostavljenosti biološkim dejavnikom pri delu.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV4082]. Accessed 10 August 2020.
[3] Republic of Slovenia - Government portal. 2020. "About the Inspectorate". [https://www.gov.si/en/state-authorities/bodies-within-ministries/labour-inspectorate/about-the-inspectorate/]. Accessed 10 August 2020.
[4] PisRS. 2004. "Rules on requirements to be met by laboratories performing laboratory medicine tests." ("Pravilnik o pogojih, ki jih morajo izpolnjevati laboratoriji za izvajanje preiskav na področju laboratorijske medicine.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV5602]. Accessed 10 August 2020.
[5] Republic of Slovenia - Government portal. 2020. "Issuance of accreditations for the work of medical laboratories." ("Izdaja dovoljenj za delo medicinskih laboratorijev.") [https://www.gov.si/zbirke/storitve/izdaja-dovoljenj-za-delo-medicinskih-laboratorijev/]. Accessed 10 August 2020.

1.4.2 Biosafety training and practices

1.4.2a

Does the country require biosafety training, using a standardized, required approach, such as through a common curriculum or a trainthe-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1 , No = 0

Current Year Score: 1

Standardized biosafety training is in place, as defined by the Rules on the Protection of Workers from Risks Related to Exposure to Biological Agents. The mandatory training for employees handling dangerous biological materials includes job-specific components and follows international recommendations. It must be carried out prior to contact with biological agents, and repeated periodically. [1, 2] Its standardized elements, as defined by article 9 of the rules, include: potential risks and safety measures, hygiene measures, and the usage of protective clothing and personal protective equipment. [1, 2] Employees are also trained in incident procedures and safe waste management. [1, 2] A written statement confirming the

understanding of the risks is signed by all personnel –including temporary staff – before admittance to the laboratories [1, 2]. The Labour Inspectorate of the Republic of Slovenia with the Ministry of Labour, Family, Social Affairs and Equal Opportunities offers guidelines on how to deal with dangerous substances at the workplace [3].

[1] Republic of Slovenia – Legal information system (PisRS). 2005. "Rules on the protection of workers from risks related to exposure to biological agents at work." ("Pravilnik o varovanju delavcev pred tveganji zaradi izpostavljenosti biološkim dejavnikom pri delu.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV4082]. Accessed 10 August 2020.
[2] World Health Organization (WHO). 2017. "Joint External Evaluation of IHR core capacities of the Republic of Slovenia." [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.
[3] Ministry of Labour, Family, Social Affairs and Equal Opportunities. 2020. "Dangerous substances." ("Nevarne snovi.") [http://www.osha.mddsz.gov.si/varnost-in-zdravje-pri-delu/informacije-po-temah/nevarne-snovi]. Accessed 10 August 2020.

1.5 DUAL-USE RESEARCH AND CULTURE OF RESPONSIBLE SCIENCE

1.5.1 Oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research

1.5.1a

Is there publicly available evidence that the country has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?
Yes = 1 , No = 0

Current Year Score: 1

Slovenia has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential, and other dual use research. Article 2 of the Strategic Materials Act, which covers especially dangerous biological materials, explicitly mentions dual use-research when defining its terms: strategic goods are defined as chemicals, micro-organisms (including viruses and fungi) and toxins that, due to their properties, could also be used as a means of mass destruction or have a special significance in the production of strategic equipment. Furthermore, articles 18–20 of the act demand annual reporting on the strategic activities carried out by licensed stakeholders to the Chemical Office of the Republic of Slovenia, including dual-use research [1]. Article 8 of the Decree on Principles and Procedures of Strategic Risk Assessment, which sets the guidelines for strategic assessments, explicitly requires that the assessment of dual-use research with dangerous biological materials be conducted by the Chemical Office of the Republic of Slovenia on the basis of these reports, as well as information provided by the Ministries of Foreign Affairs, Defense, Interior and Finance, and the secret services [2, 3]. The 2019 and 2020 Confidence Building Measures Reports for Slovenia offer no information on the supervision of dual-use research, however [4].

[1] Republic of Slovenia – Legal information system (PisRS). 2007. "Decree on principles and procedures of strategic risk assessment." ("Uredba o načelih in postopku izdelave ocene strateškega tveganja.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=URED4410]. Accessed 10 August 2020.
[2] PisRS. 2006. "Strategic Materials Act." ("Zakon o nadzoru strateškega blaga posebnega pomena za varnost in zdravje.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO4227]. Accessed 10 August 2020.
[3] Republic of Slovenia - Government portal. 2020. "Strategic goods of special importance for safety and health." ("Strateško blago posebnega pomena za varnost in zdravje.") [https://www.gov.si/teme/stratesko-blago-posebnega-pomena-za-varnost-in-zdravje/]. Accessed 10 August 2020.
[4] United Nations Office at Geneva (UNOG). 2020. "Confidence Building Measures Reports." [https://bwc-

ecbm.unog.ch/slovenia/bwccbm2020slovenia]. Accessed 10 August 2020.

1.5.1b

Is there legislation and/or regulation requiring oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 1

A national policy requiring oversight of dual use research, such as research with especially dangerous pathogens, toxins, and pathogens with pandemic potential is in place. The Strategic Materials Act regulates activities related to strategic goods of particular importance for safety and health, explicitly including pathogens/toxins, and specifically mentioning dual-use research. It defines prohibited and permitted activities, as well as setting conditions for the registration and supervision of activities, and mandating annual reports on strategic activities [1]. The main purpose of the act is to prevent and disrupt the implementation of strategic activities that are in direct contradiction with the global regulation of international trade in chemicals, biological agents and technology for their production and use [2]. Strategic goods are determined by the accompanying Decree Determining the List of Strategic Goods and Related Supervisory Arrangements and include pandemic human and animal pathogens such as Ebola virus, lassa virus, yellow fever, Bacillus anthracis and coxiella burnetii, as well as avian influenza and foot-and-mouth disease [3].

[1] Republic of Slovenia – Legal information system (PisRS). 2006. "Strategic Materials Act." ("Zakon o nadzoru strateškega blaga posebnega pomena za varnost in zdravje.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO4227]. Accessed 10 August 2020.
[2] Republic of Slovenia - Government portal. 2020. "Strategic goods of special importance for safety and health." ("Strateško blago posebnega pomena za varnost in zdravje.") [https://www.gov.si/teme/stratesko-blago-posebnega-pomena-za-varnost-in-zdravje/]. Accessed 10 August 2020.
[3] PisRS. 2011. "Decree determining the strategic goods list and related supervisory arrangements." ("Uredba o določitvi seznama strateškega blaga in pripadajočih nadzornih režimih.")
[http://www.pisrs.si/Pis.web/pregledPredpisa?id=URED5327]. Accessed 10 August 2020.

1.5.1c

Is there an agency responsible for oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 1

Slovenia has an agency responsible for oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and other dual-use research. According to article 3 of the Strategic Materials Act, the oversight of research (including dual-use research) with especially dangerous pathogens, toxins, and pathogens with pandemic potential, as well as their storage, is within the responsibilities of the Chemical Office of the Republic of Slovenia at the Ministry of Health (URSK) [1]. The URSK creates a list of strategic goods. In case of suspicion of dual-use research, the URSK has the jurisdiction to prohibit the research and the export of materials. The URSK's other responsibilities include the registration of strategic activities and licensing and surveillance [2, 3]. Strategic goods are determined by the accompanying Decree Determining the List of Strategic Goods and Related Supervisory Arrangements and include pandemic human and animal pathogens such as Ebola virus, lassa virus, yellow fever, Bacillus anthracis and coxiella burnetii, as well as avian influenza and

foot-and-mouth disease [4].

[1] Republic of Slovenia – Legal information system (PisRS). 2006. "Strategic Materials Act." ("Zakon o nadzoru strateškega blaga posebnega pomena za varnost in zdravje.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO4227]. Accessed 10 August 2020.
[2] Republic of Slovenia - Government portal. 2020. "About the Chemical Office of the Republic of Slovenia." ("O Uradu za kemikalije.") [https://www.gov.si/drzavni-organi/organi-v-sestavi/urad-za-kemikalije/o-uradu-za-kemikalije/]. Accessed 10 August 2020.
[3] Republic of Slovenia - Government portal. 2020. "Strategic goods of special importance for safety and health." ("Strateško blago posebnega pomena za varnost in zdravje.") [https://www.gov.si/teme/stratesko-blago-posebnega-pomena-za-varnost-in-zdravje/]. Accessed 10 August 2020.
[4] PisRS. 2011. "Decree determining the strategic goods list and related supervisory arrangements." ("Uredba o določitvi seznama strateškega blaga in pripadajočih nadzornih režimih.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=URED5327]. Accessed 10 August 2020.

1.5.2 Screening guidance for providers of genetic material

1.5.2a

Is there legislation and/or regulation requiring the screening of synthesized DNA (deoxyribonucleic acid) against lists of known pathogens and toxins before it is sold?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that synthesized DNA is required to be screened against lists of known pathogens and toxins before it is sold. Slovenia's Management of Genetically Modified Organisms Act requires the screening of synthesized DNA before market entry; however, it does not specify the screening process in detail. Article 4 or the law defines genetically modified organisms (GMOs) as micro-organisms whose genetic material is altered by processes that change genetic material other than in natural conditions, including viruses, viroid and artificially grown animal and plant cells. The law sets out guidelines for GMO production that include the analysis and testing of random samples, including recombinant DNA. Legal or natural persons working with GMOs are required to ensure the regular monitoring of GMOs and report periodically to the Ministry of the Environment and Spatial Planning. Moreover, the Ministry can conduct random inspections [1, 2]. Articles 37–51 of the law set out the screening procedure for GMOs before market entry. Applicants must file a sample, as well as detailed technical information, a risk assessment, a monitoring plan, and labelling and packaging proposals, to the Ministry for the Environment [1]. The 2019 and 2020 Confidence Building Measures Reports for Slovenia do not mention screening synthesized DNA for dangerous sequences [3]. There is no evidence of such a requirement on the websites of the Ministry of Health, Ministry of Agriculture, Ministry of Defense, or the National Institute of Public Health [2, 4, 5, 6].

[1] Republic of Slovenia – Legal information system (PisRS). 2002. "Management of Genetically Modified Organisms Act." ("Zakon o ravnanju z gensko spremenjenimi organizmi.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO3052]. Accessed 10 August 2020.
[2] Republic of Slovenia - Government portal. 2020. "Genetically modified food." ("Gensko spremenjena hrana in krma.") [https://www.gov.si/teme/gensko-spremenjeni-organizmi/]. Accessed 10 August 2020.
[3] United Nations Office at Geneva (UNOG). 2020. "Confidence Building Measures Reports." [https://bwc-ecbm.unog.ch/slovenia/bwccbm2020slovenia]. Accessed 10 August 2020.
[4] Republic of Slovenia - Government portal. 2020. "Themes and projects of the Ministry of Health." ("Teme in projekti Ministrstva za zdravje.") [https://www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-zdravje/teme-in-projekti-ministrstva-

za-zdravje/]. Accessed 10 August 2020.
[6] Ministry of Defence. 2018. Ljubljana [http://www.mo.gov.si/si/]. Accessed 9 September 2018.
[5] Republic of Slovenia - Government portal. 2020. "Strategic goods with special significance for safety and health." ("Strateško blago posebnega pomena za varnost in zdravje.") [https://www.gov.si/teme/stratesko-blago-posebnega-pomena-za-varnost-in-zdravje/]. Accessed 10 August 2020.
[6] National Institute of Public Health (NIJZ). 2020. "Projects." ("Programi in projekti.") [https://www.nijz.si/sl/programi-in-projekti]. Accessed 10 August 2020.

1.6 IMMUNIZATION

1.6.1 Vaccination rates

1.6.1a

Immunization rate (measles/MCV2)

Immunization rate (measles/MCV2), 95% or greater = 2, 80-94.9% = 1, Less than 80%, or no data = 0

Current Year Score: 1

2019

World Health Organization

1.6.1b

Are official foot-and-mouth disease (FMD) vaccination figures for livestock publicly available through the OIE database?

Yes = 1 , No = 0

Current Year Score: 1

2020

OIE WAHIS database

Category 2: Early detection and reporting for epidemics of potential international concern

2.1 LABORATORY SYSTEMS STRENGTH AND QUALITY

2.1.1 Laboratory testing for detection of priority diseases

2.1.1a

Does the national laboratory system have the capacity to conduct diagnostic tests for at least 5 of the 10 WHO-defined core tests?

Evidence they can conduct 5 of the 10 core tests and these tests are named = 2, Evidence they can conduct 5 of the 10 core tests and the tests are not named = 1, No evidence they can conduct 5 of the 10 core tests = 0

Current Year Score: 2

Slovenia has developed a national network of laboratories for public health surveillance and clinical purposes that test for all of the 10 WHO-defined core tests. As per the Joint External Evaluation, Slovenia can conduct all six WHO-defined core tests for polymerase chain reaction (PCR) testing for influenza virus, virus culture for poliovirus, serology for HIV, microscopy for mycobacterium tuberculosis, rapid diagnostic testing for Plasmodium spp. and bacterial culture for Salmonella typhi. The country can also conduct the four country-defined core tests, which are serology for borreliosis, culture for campylobacter, PCR testing for noroviruses and rotaviruses in stool samples and detection of extended-spectrum beta-lactamasis (ESBL)-producing bacteria. [1] All laboratories use highly sophisticated tools and rapid diagnostic techniques such as polymerase chain reaction (PCR) [1]. The national network of laboratories consists of six medical microbiology laboratories, which are certified by the Ministry of Health: the National Laboratory for Health, Environment and Food (NLZOH) with 9 departments; the Institute of Microbiology and Immunology at the Medical Faculty; the University Clinic of Respiratory and Allergic Diseases Golnik; the laboratory for microbiology in the General Hospital Dr. Franca Derganca Nova Gorica; the laboratory for microbiology in the General Hospital Slovenj Gradec; and the Blood Transfusion Centre of Slovenia. [2] On government websites, only the Institute of Microbiology and Immunology publicly lists which investigations are carried out within its diagnostic activity; 9 out of the 10 core human laboratory tests are listed, with the exception of mycobacterium tuberculosis [3]. Tests for mycobacterium tuberculosis are performed at the University Clinic of Respiratory and Allergic Diseases Golnik, the national reference laboratory for this pathogen [4].

[1] World Health Organization (WHO). 2017. “Joint External Evaluation of IHR core capacities of the Republic of Slovenia”. [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.
[2] Ministry of Health (MZ). 2020. "List of accredited laboratiories in the field of medicine laboratory investigations". ("Seznam laboratorijev za izvajanje preiskav na področju laboratorijske medicine.") [https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/Organizacija-zdravstvenega-varstva/Laboratoriji/Seznam-laboratorijev-maj-2020.pdf]. Accessed 10 August 2020.
[3] Institute of Microbiology and Immunology (IMI). 2020. "Examinations catalog." ("Katalog preiskav.") [http://www.imi.si/diagnosticna-dejavnost/preiskave]. Accessed 10 August 2020.
[4] University Clinic of Respiratory and Allergic Diseases Golnik. 2020. "List of tests in the Laboratory for Mycobacteria." ("Seznam preiskav v Laboratoriju za mikobakterije.") [https://www.klinika-golnik.si/storage/_sites/golnik/app/media/Laboratorij-za-mikobakterije/001B_Seznam_preiskav.pdf]. Accessed 10 August 2020.

2.1.1b

Is there a national plan, strategy or similar document for conducting testing during a public health emergency, which includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing?

Yes, there is evidence of a plan, and it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 2, Yes, there is evidence of a plan, but there is insufficient evidence that it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 1, No evidence of a plan = 0

Current Year Score: 1

There is evidence of a protocol for conducting testing during a public health emergency. However, since the testing plan is not publicly available, there is insufficient evidence that it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing exists in Slovenia.

Annex 6 of the Healthcare Preparedness Plan for an Infectious Disease Epidemic in Slovenia lays out a protocol for tasks that the laboratory system has to perform during an epidemic. In the event of a crisis, a laboratory coordination group is established with the National Laboratory of Health, Environment and Food (NLZOH) that oversees all activities. The protocol demands the NLZOH establishes rules for laboratory diagnostics of infectious disease agents (or introduces new methods) and the National Institute of Public Health (NIJZ) prepares a work plan for designated laboratories. NLZOH maintains a collection of isolates for the purposes of epidemiological research. Furthermore, the NLZOH laboratory network consist of 9 regional departments; depending on the scope of the epidemics, the director can activate additional laboratories and employees, if needed. All results are communicated to the doctor who treated the person of interest and the laboratory coordination group. Daily results are submitted to the Ministry of Health, which formulates specific strategies [1]. Although no details on scaling up or defined goals of testing were made public during COVID-19 epidemics, evidence exist a dedicated Coordination group for laboratory diagnostics SARS-CoV-2 was set up with the Ministry of Health and produced detailed guidelines for both NLZOH and the Institute of Microbiology and Immunology laboratories [2].

[1] Ministry of Health. 2020. "Healthcare preparedness plan for an infectious disease epidemic in Slovenia." ("Načrt pripravljenosti zdravstva na epidemijo nalezljive bolezni v Sloveniji.") [https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/Organizacija-zdravstvenega-varstva/Katastrofna/N.pdf]. Accessed 10 August 2020.
[2] Republic of Slovenia - Government portal. 2020. "In laboratories, work processes are ready for all the necessary tests for the SARS-CoV-2 virus." ("V laboratorijih delovni procesi pripravljeni na vsa potrebna testiranja na prisotnost virusa SARS-CoV-2.") [https://www.gov.si/novice/2020-03-02-v-laboratorijih-delovni-procesi-pripravljeni-na-vsa-potrebna-testiranja-na-prisotnost-virusa-sars-cov-2/]. Accessed 5 October 2020.

2.1.2 Laboratory quality systems

2.1.2a

Is there a national laboratory that serves as a reference facility which is accredited (e.g., International Organization for Standardization [ISO] 15189:2003, U.S. Clinical Laboratory Improvement Amendments [CLIA])?

Yes = 1 , No = 0

Current Year Score: 1

Slovenia has a national laboratory that serves as an accredited reference facility. The plan of activities of the Ministry of Health in the event of an epidemic that amends the national public health emergency response plan, states the Center for Medical Microbiology of the National Laboratory of Health, Environment and Food (NLZOH) serves as the reference facility [1]. According to the Joint External Evaluation, all laboratories are certified in accordance with ISO 9001, whereas all human laboratories must be licensed by the Ministry of Health using national guidelines similar to ISO 15189, which are defined by the 2004 Rules on Requirements to be Met by Laboratories Performing Laboratory Medicine Tests [3, 4]. All eight of the Center's regional laboratories that perform medicine laboratory investigations are accredited by the Ministry of Health, and the Center conducts more than 650,000 analyses for hospitals, private medicine practitioners and others per year utilizing more than 300 different methods. [5, 6].
The full list of licensed laboratories includes 15 medical microbiology laboratories [5]. For instance, one other licensed laboratory from the list, the Institute of Microbiology and Immunology, has also performed research during COVID-19 epidemics [7].

[1] Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR). 2020. "Plan of activities of the Ministry of the Interior in the event of an epidemic." ("Načrt dejavnosti Ministrstva za zdravje zadeve ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh.") [http://www.sos112.si/slo/tdocs/epidemija_mz.pdf]. Accessed 5 October

2020.
[2] World Health Organization (WHO). 2017. “Joint External Evaluation of IHR core capacities of the Republic of Slovenia”. [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.
[3] Republic of Slovenia – Legal information system (PisRS). 2004. "Rules on requirements to be met by laboratories performing laboratory medicine tests." ("Pravilnik o pogojih, ki jih morajo izpolnjevati laboratoriji za izvajanje preiskav na področju laboratorijske medicine.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV5602]. Accessed 10 August 2020.
[4] Republic of Slovenia - Government portal. 2020. "Issuance of permits for the work of medical laboratories." ("Izdaja dovoljenj za delo medicinskih laboratorijev.") [https://www.gov.si/zbirke/storitve/izdaja-dovoljenj-za-delo-medicinskih-laboratorijev/]. Accessed 10 August 2020.
[5] Ministry of Health (MZ). 2020. "List of accredited laboratiories in the field of medicine laboratory investigations". ("Seznam laboratorijev za izvajanje preiskav na področju laboratorijske medicine.") [https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/Organizacija-zdravstvenega-varstva/Laboratoriji/Seznam-laboratorijev-maj-2020.pdf]. Accessed 10 August 2020.
[6] National Laboratory of Health, Environment and Food (NLZOH). 2020. " Centre for Medical Microbiology." [https://www.nlzoh.si/en/organisation/centre-for-medical-microbiology]. Accessed 5 October 2020.
[7] Republic of Slovenia - Government portal. 2020. " In laboratories, work processes are ready for all the necessary tests for the SARS-CoV-2 virus." ("V laboratorijih delovni procesi pripravljeni na vsa potrebna testiranja na prisotnost virusa SARS-CoV-2.") [https://www.gov.si/novice/2020-03-02-v-laboratorijih-delovni-procesi-pripravljeni-na-vsa-potrebna-testiranja-na-prisotnost-virusa-sars-cov-2/]. Accessed 5 October 2020.

2.1.2b

Is there a national laboratory that serves as a reference facility which is subject to external quality assurance review?
Yes = 1 , No = 0

Current Year Score: 1

Slovenia has a national laboratory that serves as an accredited reference facility and is subjected to external quality control. The plan of activities of the Ministry of Health in the event of an epidemic that amends the national public health emergency response plan states the Centre for Medical Microbiology of the National Laboratory of Health, Environment and Food (NLZOH) serves as the reference facility [1]. All accredited laboratories in the field of medicine laboratory investigations are subject to external quality assurance reviews. According to the Joint External Evaluation, all laboratories within the human and animal sectors have quality assurance systems, including internal quality controls and external quality assurance (EQA) [2]. Article 8 of the Rules on Requirements to be Met by Laboratories Performing Laboratory Medicine Tests demands that medical laboratories cooperate in external quality assessments to the greatest possible extent, therefore all accredited laboratories are subjected to EQA [3, 4]. In the human sector, the United Kingdom National External Quality Assessment Scheme (UK NEQAS) aspartate aminotransferase (AST) is the basis for the EQA for antimicrobial susceptibility testing in designated laboratories, according to the Joint External Evaluation [2]. For instance, NLZOH is subjected to national EQA in accordance with the ISO 9001: 2015 certified quality management system [7]. Additional EQAs are part of European networks such as the European Antimicrobial Resistance Surveillance Network (EARS-Net) and Official Medicine Control Laboratories Network (OMCL Network) [5, 6].

[1] Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR). 2020. "Plan of activities of the Ministry of the Interior in the event of an epidemic." ("Načrt dejavnosti Ministrstva za zdravje zadeve ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh.") [http://www.sos112.si/slo/tdocs/epidemija_mz.pdf]. Accessed 5 October 2020.
[2] World Health Organization (WHO). 2017. “Joint External Evaluation of IHR core capacities of the Republic of Slovenia”. [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.

[3] Republic of Slovenia – Legal information system (PisRS). 2004. "Rules on requirements to be met by laboratories performing laboratory medicine tests." ("Pravilnik o pogojih, ki jih morajo izpolnjevati laboratoriji za izvajanje preiskav na področju laboratorijske medicine.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV5602]. Accessed 10 August 2020.
[4] Ministry of Health (MZ). 2020. "List of accredited laboratiories in the field of medicine laboratory investigations". ("Seznam laboratorijev za izvajanje preiskav na področju laboratorijske medicine.") [https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/Organizacija-zdravstvenega-varstva/Laboratoriji/Seznam-laboratorijev-maj-2020.pdf]. Accessed 10 August 2020.
[5] European Centre for Disease Prevention and Control. 2020. "About the network." [https://ecdc.europa.eu/en/about-us/networks/disease-networks-and-laboratory-networks/ears-net-about]. Accessed 10 August 2020.
[6] National Laboratory of Health, Environment and Food (NLZOH). 2016. "NLZOH a member of the Official Medicine Control Laboratories Network." [https://www.nlzoh.si/o-nas/novice/48-novice2/263-novica-20]. Accessed 5 October 2020.
[7] NLZOH. 2020. "Quality." [https://www.nlzoh.si/en/about-us/quality]. Accessed 5 October 2020.

2.2 LABORATORY SUPPLY CHAINS

2.2.1 Specimen referral and transport system

2.2.1a

Is there a nationwide specimen transport system?

Yes = 1 , No = 0

Current Year Score: 1

In Slovenia a nationwide specimen transport system is in place. The transportation of samples from all regions of the country to national laboratories is well established, as is funded by individual institutional budgets. According to the Joint External Evaluation conducted (JEE) in 2017, specimen transportation is conducted under national guidelines with special systems in place for potentially dangerous specimens. Institutional courier services are in place and personnel are highly trained regarding rules for referring and transporting specimens. Moreover, Slovenia scores 5 for specimen referral and transport system within the JEE, meaning that at least 80 % of the population is covered by the system. [1] 2004 Rules on requirements to be met by laboratories performing laboratory medicine tests state that laboratories must keep lists of referred samples and materials. Moreover, laboratories are required to develop their own procedures according to guidelines defined within the rules; these procedures are then reviewed by the Ministry of Health [2]. For instance, the transportation rules of the Institute of Microbiology and Immunology, the National Institute of Public Health and the National Laboratory of Health, Environment and Food demonstrate that both the procedures and the processes for the shipment of dangerous pathogens are well established [3, 4, 5].

[1] World Health Organization (WHO). 2017. "Joint External Evaluation of IHR core capacities of the Republic of Slovenia." [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.
[2] Republic of Slovenia – Legal information system (PisRS). 2004. "Rules on requirements to be met by laboratories performing laboratory medicine tests." ("Pravilnik o pogojih, ki jih morajo izpolnjevati laboratoriji za izvajanje preiskav na področju laboratorijske medicine.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV5602]. Accessed 10 August 2020.
[3] Institute of Microbiology and Immunology (IMI). 2016. "General instructions for sample removal and transportation." ("Splošna navodila za odvzen in transport vzorcev za mikrobiološke preiskave.") [http://www.imi.si/dokumenti/Bakteriologija_in_mikologija.pdf]. Accessed 10 August 2020.
[4] National Institute of Public Health (NIJZ). 2020. "Instructions for collection and transport of samples in case of suspected new coronavirus infection." ("Navodila za odvzem in transport vzorcev ob sumu na okužbo z novim koronavirusom.") [https://www.nijz.si/sites/www.nijz.si/files/uploaded/publikacije/navodila_za_odvzem_in_transport_vzrocev_ncov_10.pdf].

Accessed 10 August 2020.
[5] National Laboratory of Health, Environment and Food (NLZOH). 2020. "Collection, Storage andTransport of Samples." ("Odvzem, hranjenje in transport vzorcev.") [https://www.nlzoh.si/navodila-za-uporabnike/center-za-medicinsko-mikrobiologijo/odvzem-hranjenje-in-transport-vzorcev]. Accessed 10 August 2020.

2.2.2 Laboratory cooperation and coordination

2.2.2a

Is there a plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak?

Yes = 2 , Yes, but there is evidence of gaps in implementation = 1 , No = 0

Current Year Score: 2

Slovenia has a plan is in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale up testing during an outbreak. The 2020 Healthcare Preparedness Plan for an Infectious Disease Epidemic in Slovenia states that laboratory monitoring falls within the competence of the National Laboratory for Health, Environment and Food (NLZOH) and the Institute of Microbiology and Immunology (IMI) and perceives such capacity as sufficient during an outbreak. Annex 6 of the plan lays out a protocol for tasks that the laboratory system has to perform during an epidemic and also states the NLZOH director can activate additional laboratories and employees within the system in the event of a crisis. [1]. No additional details on scaling up testing are mentioned within the 2004 Rules on Requirements to be Met by Laboratories Performing Laboratory Medicine Tests, on the websites of the Ministry of Health, the Ministry of Agriculture, Forestry and Food, or the National Laboratory of Health, Environment and Food [2, 3, 4, 5].

[1] Ministry of Health. 2020. " Healthcare preparedness plan for an infectious disease epidemic in Slovenia." ("Načrt pripravljenosti zdravstva na epidemijo nalezljive bolezni v Sloveniji.") [https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/Organizacija-zdravstvenega-varstva/Katastrofna/N.pdf]. Accessed 10 August 2020.
[2] Republic of Slovenia – Legal information system (PisRS). 2004. "Rules on requirements to be met by laboratories performing laboratory medicine tests." ("Pravilnik o pogojih, ki jih morajo izpolnjevati laboratoriji za izvajanje preiskav na področju laboratorijske medicine.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV5602]. Accessed 10 August 2020.
[3] Republic of Slovenia - Government portal. 2020. "Issuance of permits for the work of medical laboratories." ("Izdaja dovoljenj za delo medicinskih laboratorijev.") [https://www.gov.si/zbirke/storitve/izdaja-dovoljenj-za-delo-medicinskih-laboratorijev/]. Accessed 10 August 2020.
[4] Republic of Slovenia - Government portal. 2020. "Occurrence of Animal Diseases." ("Spremljanje pojavov bolezni živali.") [https://www.gov.si/teme/spremljanje-pojavov-bolezni-zivali/]. Accessed 10 August 2020.
[5] National Laboratory of Health, Environment and Food (NLZOH). 2020. "Organisation." [https://www.nlzoh.si/en/organisation]. Accessed 10 August 2020.

2.3 REAL-TIME SURVEILLANCE AND REPORTING

2.3.1 Indicator and event-based surveillance and reporting systems

2.3.1a

Is there evidence that the country is conducting ongoing event-based surveillance and analysis for infectious disease?

Yes, there is evidence of ongoing event-based surveillance and evidence that the data is being analyzed on a daily basis = 2, Yes, there is evidence of ongoing event-based surveillance, but no evidence that the data are being analyzed on a daily basis = 1, No = 0

Current Year Score: 1

Slovenia conducts ongoing event-based surveillance and analysis for infectious disease; however, there is insufficient evidence that this is being analyzed on a daily basis. The Center for the Study and Development of Health within the National Institute of Public Health (NIJZ) serves as a dedicated event-based surveillance unit. The Center's work program lists its priorities as national and municipal-level health monitoring through a number of surveillance and education projects, and the provision of event analyses and interpretations [1, 2]. Indicator-based surveillance and event-based surveillance have been developed over many years to detect public health threats. Event-based surveillance is established through national and regional contact points, with some informal media monitoring at the NIJZ [7]. In addition, the NIJZ's Center for Infectious Diseases collects data on infectious diseases through administrative databases and surveys, in accordance with the 1995 Communicable Diseases Act. It monitors and studies the epidemiological situation of infectious diseases, as well as keeping records of all infectious diseases, specified within the act [1, 3, 4]. At the moment, the only evidence of event-based surveillance being conducted was at the beginning of the COVID-19 epidemic [5]. There is no additional evidence on the websites of the Ministry of Health and Agriculture [6]. Moreover, according to the Joint External Evaluation conducted in 2017, Slovenia has in place a Public Health Emergency Operations Centre (PHEOC), which is set up by the NIJZ in case of an emergency, but is not a permanent body [7].

[1] National Institute of Public Health (NIJZ). 2020. "Monitoring of infectious diseases." ("Spremljanje nalezljivih bolezni.") [https://www.nijz.si/sl/podrocja-dela/nalezljive-bolezni/spremljanje-nalezljivih-bolezni]. Accessed 10 August 2020.
[2] NIJZ. 2020. "Current work plan." ("Aktualni načrt dela.") [https://www.nijz.si/sl/nijz/informacije-javnega-znacaja/aktualni-nacrt-dela]. Accessed 10 August 2020.
[3] Republic of Slovenia - Legal information system (PisRS). 1995. "Communicable Diseases Act." ("Zakon o nalezljivih boleznih.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV11340]. Accessed 10 August 2020.
[4] Republic of Slovenia - Government portal. 2020. "Control of infectious diseases." ("Obvladovanje nalezljivih bolezni.") [https://www.gov.si/podrocja/zdravje/preventiva-in-skrb-za-zdravje/obvladovanje-nalezljivih-bolezni/]. Accessed 10 August 2020.
[5] NIJZ. 2020. "Daily monitoring of SARS-CoV-2 infections." ("Dnevno spremljanje okužb s SARS-CoV-2.") [https://www.nijz.si/sl/dnevno-spremljanje-okuzb-s-sars-cov-2-covid-19]. Accessed 10 August 2020.
[6] Republic of Slovenia - Government portal. 2020. "Zoonosis monitoring." ("Monitoring zoonos.") [https://www.gov.si/teme/monitoring-zoonoz/]. Accessed 10 August 2020.
[7] World Health Organization (WHO). 2017. "Joint External Evaluation of IHR core capacities of the Republic of Slovenia." [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.

2.3.1b

Is there publicly available evidence that the country reported a potential public health emergency of international concern (PHEIC) to the WHO within the last two years?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Slovenia has reported a potential public health emergency of international concern (PHEIC) to the World Health Organization in the past two years. According to the World Health Organization (WHO), Slovenia reported a COVID-19 health emergency in March 2020, after the WHO had already declared a PHEIC [1]. Previously, Slovenia reported a

hepatitis A outbreak in May 2017 [2].

[1] World Health Organization (WHO). 2020. "COVID-19 Health Response Monitor Slovenia." [https://www.covid19healthsystem.org/countries/slovenia/countrypage.aspx]. Accessed 10 August 2020.
[2] WHO. 2020. "Emergencies preparedness, response Slovenia." [https://www.who.int/csr/don/archive/country/svn/en/]. Accessed 10 August 2020.

2.3.2 Interoperable, interconnected, electronic real-time reporting systems

2.3.2a

Does the government operate an electronic reporting surveillance system at both the national and the sub-national level?
Yes = 1 , No = 0

Current Year Score: 0

Slovenia operates a mixed electronic and paper surveillance system at both national and the sub-national level. The Joint External Evaluation (JEE) for Slovenia, conducted in June 2017, states that medical doctors and microbiological laboratories are still using paper case reporting forms to report communicable diseases and send them by post to the National Institute of Public Health (NIJZ) regional units. [1]. Paper-based forms are then entered manually into the national electronic database for communicable diseases, which is managed by the NIJZ Communicable Diseases Center. Moreover, human communicable diseases are arranged into four groups according to urgency: for conditions or diagnoses deemed urgent, local clinics or laboratories report to regional epidemiologists by telephone where all other conditions are reported through paper-based reporting forms. [1, 2, 3]. However, according to the JEE, there is no electronic reporting system for human diseases that connect clinical diagnostic centers and regional epidemiologists, although electronic reporting for animal diseases has been in use since 2007 [1]. A new Communicable Diseases Act, which will redefine epidemiological surveillance of communicable diseases by implementing a full electronic reporting surveillance system, is expected to enter into force in early 2021 [4].

[1] World Health Organization (WHO). 2017. "Joint External Evaluation of IHR core capacities of the Republic of Slovenia." [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.
[2] Republic of Slovenia - Legal information system (PisRS). 1995. "Communicable Diseases Act." ("Zakon o nalezljivih boleznih.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO433]. Accessed 10 August 2020.
[3] National Institute of Public Health (NIJZ). 2020. "Monitoring of infectious diseases." ("Spremljanje nalezljivih bolezni.") [https://www.nijz.si/sl/podrocja-dela/nalezljive-bolezni/spremljanje-nalezljivih-bolezni]. Accessed 10 August 2020.
[4] Republic of Slovenia - eUprava. 2020. "Proposal: Communicable Diseases Act." ("Predlog predpisa - Zakon o nalezljivih boleznih.") [https://e-uprava.gov.si/drzava-in-druzba/e-demokracija/predlogi-predpisov/predlog-predpisa.html?id=11571]. Accessed 24 August 2020.

2.3.2b

Does the electronic reporting surveillance system collect ongoing or real-time laboratory data?
Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence of an electronic reporting system that would allow for the live monitoring of data. There is no evidence of such a system on the websites of the Ministry of Health or the National Institute for Public Health (NPIH). [1, 2] According to the Joint External Evaluation for Slovenia, conducted in June 2017, only urgent cases are reported immediately on the phone, and these are only reported to the regional epidemiologist, who then enters the data into the national

electronic database for communicable diseases. [3] The report also states that, at the time of the assessment, "medical doctors and microbiological laboratories [were] still using paper case reporting forms to report communicable diseases and send them by post to NIPH regional units". [3] However, a new Communicable Diseases Act, which will redefine epidemiological surveillance of communicable diseases by implementing an electronic reporting surveillance system, is expected to enter into force in early 2021 [4].

[1] Republic of Slovenia - Government portal. 2020. "Themes and projects of the Ministry of Health." ("Teme in projekti Ministrstva za zdravje.") [https://www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-zdravje/teme-in-projekti-ministrstva-za-zdravje/]. Accessed 10 August 2020.
[2] National Institute of Public Health (NIJZ). 2020. "Projects." ("Programi in projekti.") [https://www.nijz.si/sl/programi-in-projekti]. Accessed 10 August 2020.
[3] World Health Organization (WHO). 2017. "Joint External Evaluation of IHR core capacities of the Republic of Slovenia". [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.
[4] Republic of Slovenia –eUprava. 2020. "Proposal: Communicable Diseases Act." ("Predlog predpisa - Zakon o nalezljivih boleznih.") [https://e-uprava.gov.si/drzava-in-druzba/e-demokracija/predlogi-predpisov/predlog-predpisa.html?id=11571]. Accessed 24 August 2020.

2.4 SURVEILLANCE DATA ACCESSIBILITY AND TRANSPARENCY

2.4.1 Coverage and use of electronic health records

2.4.1a

Are electronic health records commonly in use?

Electronic health records are commonly in use = 2, Electronic health records are not commonly in use, but there is evidence they are used = 1, No evidence electronic health records are in use = 0

Current Year Score: 2

Electronic health records are commonly in use. Slovenia's eHealth (eZdravje) system is a national health information system maintained by National Institute of Public Health. According to the 2000 Healthcare Databases Act, all public health stakeholders are required to use the system [1, 2]. Patients and healthcare professionals are allowed to view information across healthcare providers. Moreover, the system can also be accessed by pharmacies and private service providers on the basis of concessions. Anyone who receives national health treatment can allow healthcare professionals electronic access to their data by presenting their health insurance card [2, 3]. Data from 2018 suggests that very few people (approximately 680 people) are not covered by the public health scheme [4].

[1] eZdravje. 2020. "About eZdravje." ("Vse o projektu eZdravje.") [http://www.ezdrav.si/]. Accessed 10 August 2020.
[2] Republic of Slovenia – Legal information system (PisRS). 2000. "Healthcare Databases Act." (Zakon o zbirkah podatkov s področja zdravstvenega varstva)" [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO1419]. Accessed 10 August 2020.
[3] Health Insurance Institute of Slovenia (ZZZS). 2020. "Health insurance card." ("Kartica zdravstvenega zavarovanja.") [https://zavarovanec.zzzs.si/wps/portal/portali/azos/vkljucitev_ozz_kzz/kzz/]. Accessed 10 August 2020.
[4] Siol.net. 2018. " Slovenians without insurance." ("Slovenci brez zavarovanja: izgovarjajo se, da so zdravi.") [https://siol.net/novice/slovenija/slovenci-brez-zavarovanja-izgovarjajo-se-da-so-zdravi-484916]. Accessed 9 September 2018.

2.4.1b

Does the national public health system have access to electronic health records of individuals in their country?

Yes = 1 , No = 0

Current Year Score: 1

National public health system has access to electronic health record of individuals in Slovenia. The eZdravje (eHealth) electronic health information system allows patients and healthcare professionals to view information across healthcare providers. Slovenia has compulsory health insurance, operated by a single purchaser, the Health Insurance Institute of Slovenia (ZZZS). The eHealth system is harmonized with the ZZZS and the patients' national insurance card is used to call up the relevant data within the database [1, 2, 3]. However, its operator, the National Institute of Public Health (NIJZ), can access electronic health records of individuals in accordance with the articles 4 and 5 of the Healthcare Databases Act for the purpose of data processing, using only their Social Security Number or insurance number. Moreover, personal data can also be obtained by physicians in order to protect the directly endangered life of an individual. If personal data relate to racial, national and other origins, political, religious and other beliefs or sexual behavior, NIJZ or MDs may obtain this data only with the written consent of the individual [4].

[1] Organisation for Economic Co-operation and Development (OECD). 2019. "Slovenia: Country Health Profile 2019." [https://www.oecd-ilibrary.org/social-issues-migration-health/slovenia-country-health-profile-2019_79ba70a2-en]. Accessed 10 August 2020.
[2] Health Insurance Institute of Slovenia (ZZZS). 2020. "Health insurance card." ("Kartica zdravstvenega zavarovanja.") [https://zavarovanec.zzzs.si/wps/portal/portali/azos/vkljucitev_ozz_kzz/kzz/]. Accessed 10 August 2020.
[3] eZdravje. 2020. "About eZdravje." ("Vse o projektu eZdravje.") [http://www.ezdrav.si/]. Accessed 10 August 2020.
[4] Republic of Slovenia – Legal information system (PisRS). 2000. "Healthcare Databases Act." (Zakon o zbirkah podatkov s področja zdravstvenega varstva)" [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO1419]. Accessed 10 August 2020.

2.4.1c

Are there data standards to ensure data is comparable (e.g., ISO standards)?

Yes = 1 , No = 0

Current Year Score: 1

The electronic health record system has data standards to ensure that data is comparable. In the eZdravje (eHealth) system, comparability is ensured through the ISO 270001 standard, which provides requirements for an information security management system (ISMS) that keeps information assets secure, namely that health record data are uniform, and all organizations accessing records have to adopt the standard [1, 2, 3].

[1] eZdravje. 2020. "About eZdravje." ("Vse o projektu eZdravje.") [http://www.ezdrav.si/]. Accessed 10 August 2020.
[2] eZdravje. 2020. "SUVI Documentation." ("Dokumentacija SUVI.") [http://www.ezdrav.si/dokumentacija-suvi-2/]. Accessed 10 August 2020.
[3] International Organization for Standardization (ISO). 2020. "ISO/IEC 27000 family - Information security management systems." [https://www.iso.org/isoiec-27001-information-security.html]. Accessed 10 August 2020.

2.4.2 Data integration between human, animal, and environmental health sectors

2.4.2a

Is there evidence of established mechanisms at the relevant ministries responsible for animal, human, and wildlife surveillance to share data (e.g., through mosquito surveillance, brucellosis surveillance)?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence of established mechanisms for ministries responsible for animal, human and wildlife surveillance to share data. Although the 2007 Rules on Animal Diseases and the 2015 State Plan on Protection and Management in the Field of Especially Hazardous Animal Diseases offer no relevant information, the 2020 Zoonosis Monitoring Program indicates that such mechanism exist [1, 2, 3]. For instance, epidemiological brucellosis surveillance under the program requires monthly data sharing between the National Institute of Public Health (NIJZ) , the Administration for Food Safety, Veterinary Sector and Plant Protection, and the National Laboratory of Health, Environment and Food. The program further stipulates similar measures for other diseases, such as campylobacteriosis, rabies, Methicillin-resistant Staphylococcus aureus (MRSA), listeriosis and others [3]. However, there is no evidence of regular mosquito surveillance in Slovenia. [4] According to the Rules on Animal Diseases, the Veterinary Sector and Plant Protection Administration (UVHVVR) handles and processes data produced through animal and wildlife disease surveillance [1]. If an outbreak of a particularly dangerous disease occurs, the UVHVVR notifies the NIJZ and the Notification Center of the Republic of Slovenia, triggering further procedures [2].

[1] Republic of Slovenia – Legal information system (PisRS). 2007. "Rules on animal diseases." ("Pravilnik o boleznih živali.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV8019]. Accessed 10 August 2020.
[2] Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR). 2015. "State plan of protection and resolution in the field of special hazardous animal diseases." ("Državni načrt zaščite in reševanja ov pojavu posebno nevarnih bolezni živali.") [http://www.sos112.si/slo/tdocs/bolezni_zivali.pdf]. Accessed 10 August 2020.
[3] Republic of Slovenia - Government portal. 2020. " Zoonoses monitoring programme 2020." ("Program monitoringa zoonoz in povzročiteljev zoonoz 2020.") [https://www.gov.si/assets/organi-v-sestavi/UVHVVR/Varna-hrana/Porocila-bioloska-varnost/Program-monitoringa-zoonoz-za-leto-2020.PDF]. Accessed 10 August 2020.
[4] Večer. 2018. "New mosquitoes, new diseases: How prepared is Slovenia?" ("Novi komarji, nove bolezni: Kako smo pripravljeni v Sloveniji?.") [https://www.vecer.com/novi-komarji-nove-bolezni-kako-smo-pripravljeni-v-sloveniji-6551548]. Accessed 10 August 2020.

2.4.3 Transparency of surveillance data

2.4.3a

Does the country make de-identified health surveillance data on infectious diseases publicly available via reports (or other format) on government websites (such as the Ministry of Health, Ministry of Agriculture, or similar)?

Yes = 1 , No = 0

Current Year Score: 1

De-identified health surveillance data on disease outbreaks in Slovenia are publicly available. The National Institute of Public Health publishes daily, weekly, monthly, quarterly, and annual reports on events related to communicable diseases that may pose a risk to public health. [1, 2, 3] Daily reports are published on COVID-19 and weekly reports are published on sentinel surveillance of influenza and respiratory diseases, as well as campylobacteriosis, salmonella, viral bowel diseases, West Nile virus, and other infections. As of September 15th 2020, the most recent data for COVID-19 is from September 14th 2020,

and for other diseases from August 2020 [1, 2, 3] Routine analysis of surveillance data on communicable diseases is performed at the regional and the national level. [1, 2, 3]

[1] World Health Organization (WHO). 2017. "Joint External Evaluation of IHR core capacities of the Republic of Slovenia." [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.
[2] National Institute of Public Health (NIJZ). 2020. "Monitoring of infectious diseases." ("Spremljanje nalezljivih bolezni.") [https://www.nijz.si/sl/podrocja-dela/nalezljive-bolezni/spremljanje-nalezljivih-bolezni]. Accessed 15 September 2020.
[3] NIJZ. 2020. "Daily monitoring of SARS-CoV-2 infections." ("Dnevno spremljanje okužb s SARS-CoV-2.") [https://www.nijz.si/sl/dnevno-spremljanje-okuzb-s-sars-cov-2-covid-19]. Accessed 10 August 2020.

2.4.3b

Does the country make de-identified COVID-19 surveillance data (including details such as daily case count, mortality rate, etc) available via daily reports (or other formats) on government websites (such as the Ministry of Health, or similar)?

Yes = 1 , No = 0

Current Year Score: 1

De-identified surveillance data on COVID-19 is publicly available in Slovenia. The National Institute of Public Health (NIJZ) publishes daily and weekly reports, which include details such as the number of performed tests, daily case counts and mortality rate [1, 2]. Furthermore, the NIJZ publishes dedicated weekly reports on imported COVID-19 cases and hospitalizations [3, 4].
In addition, there are dedicated COVID-19 webpages on the government's central web portal, where data and graphical representations thereof are available [5].

[1] National Institute of Public Health (NIJZ). 2020. "Daily monitoring of SARS-CoV-2 infections." ("Dnevno spremljanje okužb s SARS-CoV-2.") [https://www.nijz.si/sl/dnevno-spremljanje-okuzb-s-sars-cov-2-covid-19]. Accessed 10 August 2020.
[2] NIJZ. 2020. "Monitoring of infectious diseases." ("Spremljanje nalezljivih bolezni.") [https://www.nijz.si/sl/podrocja-dela/nalezljive-bolezni/spremljanje-nalezljivih-bolezni]. Accessed 10 August 2020.
[3] NIJZ. 2020. "Weekly monitoring of imported cases of SARS-CoV-2 infections." ("Tedensko spremljanje importiranih primerov okužb s SARS-CoV-2.") [https://www.nijz.si/sl/tedensko-spremljanje-importiranih-primerov-okuzb-s-sars-cov-2-covid-19]. Accessed 10 August 2020.
[4] NIJZ. 2020. "Weekly monitoring of SARS-CoV-2 infections in hospitals." ("Tedensko spremljanje okužb s SARS-CoV-2 v bolnišnicah.") [https://www.nijz.si/sl/tedensko-spremljanje-okuzb-s-sars-cov-2-covid-19-v-bolnisnicah]. Accessed 10 August 2020.
[5] Republic of Slovenia - Government portal. 2020. "Coronavirus (SARS-CoV-2)." ("Koronavirus (SARS-CoV-2).") [https://www.gov.si/teme/koronavirus-sars-cov-2/]. Accessed 10 August 2020.

2.4.4 Ethical considerations during surveillance

2.4.4a

Is there legislation and/or regulations that safeguard the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities?

Yes = 1 , No = 0

Current Year Score: 1

There are laws in place that safeguard the confidentiality of identifiable health information for individuals. The 2005 Personal Data Protection Act defines rights, obligations, principles and measures to prevent unconstitutional, unlawful and unjustified interference with the privacy and dignity of individuals in the processing of personal data on a national level [1]. In addition, the 2000 Healthcare Databases Act specifically regulates data processing and data collection in the field of healthcare, explicitly covering the confidentiality of personal health data in chapter VI. [2].
In addition, the confidentiality of identifiable health information for individuals is safeguarded by the European Union's General Data Protection Regulation, which came into force in 2018 [3].

[1] Republic of Slovenia – Legal information system (PisRS). 2005. "Personal Data Protection Act." ("Zakon o varstvu osebnih podatkov.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO3906]. Accessed 10 August 2020.
[2] PisRS. 2000. "Healthcare Databases Act." ("Zakon o zbirkah podatkov s področja zdravstvenega varstva.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO1419]. Accessed 10 August 2020.
[3] Official Journal of the European Union. 27 April 2016. "REGULATION (EU) 2016/679 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation)." [https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32016R0679&from=EN]. Accessed 10 August 2020.

2.4.4b

Is there legislation and/or regulations safeguarding the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities, include mention of protections from cyber attacks (e.g., ransomware)?

Yes = 1 , No = 0

Current Year Score: 1

The laws and regulations safeguarding the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities, include mention of protection from cyber attacks. In Slovenia the confidentiality of identifiable health information for individuals is safeguarded by the European Union's General Data Protection Regulation (GDPR), which came into force in May 2018. GDPR contains stipulations around network and information security, including a requirement that data held by state authorities must be overseen by a dedicated data protection officer who is proficient in dealing with cyber attacks and a requirement to inform all affected individuals within 72 hours of discovering a data breach [1].

[1] Official Journal of the European Union. 27 April 2016. "REGULATION (EU) 2016/679 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation)." [https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32016R0679&from=EN]. Accessed 10 August 2020.

2.4.5 International data sharing

2.4.5a

Has the government made a commitment via public statements, legislation and/or a cooperative agreement to share surveillance data during a public health emergency with other countries in the region?

Yes, commitments have been made to share data for more than one disease, Yes, commitments have been made to share data only for one disease = 1, No = 0

Current Year Score: 2

There is evidence that the government has made a commitment to share surveillance data for more than one disease during a public health emergency with other countries in the region.

As a member of the European Union (EU), Slovenia reports to the European Center for Disease Prevention and Control (ECDC), including during active public health emergencies. Data on infectious diseases are shared with the ECDC on a daily basis. As detailed in its 2017 Joint External Evaluation, Slovenia participates in ECDC-defined surveillance protocols, ensuring that data are provided to ECDC and regional partners for integrated epidemic intelligence. The National Institute of Public Health maintains Slovenia's ECDC contact point for the Early Warning and Response System (EWRS). The combined international contact point provides a central location and groups of experts for communicating public health event information to EU Member States and World Health Organization. The contact point's activity includes: 24/7 information collection, detection and verification of events at international and state levels; assessing reported events immediately and, if needed, managing the implementation of preliminary control measures; conducting international notifications pursuant to relevant legislation; and communication with the general public and the media [1, 2]. Moreover, article 9 of chapter IV of the EU Decision on Serious Cross-Border Threats to Health notes that the European Commission "shall make available to the national competent authorities through the EWRS any information that may be useful for coordinating the response […] including information related to serious cross-border threats to health and public health measures related to serious cross-border threats to health transmitted through rapid alert and information systems established under other provisions of Union law or the Euratom Treaty." [4]

[1] Republic of Slovenia - Government portal. 2020. " Control of infectious diseases." ("Obvladovanje nalezljivih bolezni.") [https://www.gov.si/teme/obvladovanje-nalezljivih-bolezni/]. Accessed 10 August 2020.
[2] World Health Organization (WHO). 2017. "Joint External Evaluation of IHR core capacities of the Republic of Slovenia." [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.
[3] European Centre for Disease Prevention and Control. 2020. "Early Warning and Response System (EWRS)." [https://ecdc.europa.eu/en/early-warning-and-response-system-ewrs]. Accessed 10 August 2020.
[4] Decision No 1082/2013/EU of the European Parliament and of the Council of 22 October 2013 on Serious Cross-Border Threats to Health and Repealing Decision No 2119/98/EC. Official Journal of the European Union. [https://ec.europa.eu/health/sites/health/files/preparedness_response/docs/decision_serious_crossborder_threats_22102013_en.pdf]. Accessed 10 August 2020.

2.5 CASE-BASED INVESTIGATION

2.5.1 Case investigation and contact tracing

2.5.1a

Is there a national system in place to provide support at the sub-national level (e.g. training, metrics standardization and/or financial resources) to conduct contact tracing in the event of a public health emergency?

Yes, there is evidence that the national government supports sub-national systems to prepare for future public health emergencies = 2, Yes, there is evidence that the national government supports sub-national systems, but only in response to active public health emergencies = 1, No = 0

Current Year Score: 0

There is no public evidence that a national system is in place to provide support at the sub-national level to conduct contact tracing in the event of an active or future public health emergency in Slovenia

Although health officials made contact tracing efforts for COVID-19 during an epidemic, no additional details on training and financial support were mentioned. There is, however, a mobile application for tracking contacts called #OstaniZdrav (#StayHealthy) which was commissioned by the government and became available in August 2020 [1]. No such evidence exists on the websites of the Ministry of Health or the National Institute of Public Health [2,3]. According to chapter IV of the Communicable Diseases Act, the National Institute of Public Health performs epidemiological surveillance on communicable diseases. Moreover, the measures of the Ministry of Health are controlled by the Health inspectorate, which can impose work and movement limitations or order medical examinations. However, it doesn't mention anything about contact tracing support or efforts [4].

[1] Republic of Slovenia - Government portal. 2020. "Mobile application #OstaniZdrav." ("Mobilna aplikacija #OstaniZdrav.") [https://www.gov.si/teme/koronavirus-sars-cov-2/mobilna-aplikacija-ostanizdrav/]. Accessed 10 August 2020.
[2] Republic of Slovenia - Government portal. 2020. "Control of infectious diseases." ("Obvladovanje nalezljivih bolezni.") [https://www.gov.si/teme/obvladovanje-nalezljivih-bolezni/]. Accessed 10 August 2020.
[3] National Institute of Public Health (NIJZ). 2020. "Monitoring of infectious diseases." ("Spremljanje nalezljivih bolezni.") [https://www.nijz.si/sl/podrocja-dela/nalezljive-bolezni/spremljanje-nalezljivih-bolezni]. Accessed 10 August 2020.
[4] Republic of Slovenia - Legal information system (PisRS). 1995. "Communicable Diseases Act." ("Zakon o nalezljivih boleznih.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO433]. Accessed 10 August 2020.

2.5.1b

Does the country provide wraparound services to enable infected people and their contacts to self-isolate or quarantine as recommended, particularly economic support (paycheck, job security) and medical attention?

Yes, both economic support and medical attention are provided = 2, Yes, but only economic support or medical attention is provided = 1, No = 0

Current Year Score: 2

Slovenia provides wraparound services to enable infected people to self-isolate or quarantine as recommended, including both economic support and medical attention.

According to the national public health emergency response plan, the Ministry of Health determines the conditions of isolation/quarantine and specifies methods for monitoring patients' conditions during a public health emergency. Those required to self-isolate are obliged to communicate with personal physicians and follow their recommendations [1]. Medical attention is guaranteed by the state due to the system of compulsory health insurance [6]. For instance, in the case of the COVID-19 epidemic, patients with symptoms are obliged to self-isolate for 14 days after notifying their personal physician. In case of deterioration, patients are hospitalized [2].

Moreover, the plan states the Ministry of Health also defines financial reimbursements for health-related absence from work during a public health emergency, if those are not specified by the article 13 of the Health Care and Health Insurance Act. The Act states that the Health Insurance Institute of Slovenia (ZZZS) provides paid medical leave for up to 30 days of temporary health-related absence from work for all types of employees who are insured by the ZZZS (insurance is mandatory for all employees in Slovenia). Any additional interventions are covered by dedicated government decrees [3, 4]. For instance, during the COVID-19 epidemic, the government adopted the Act Determining the Intervention Measures to Contain the COVID-19 Epidemic and Mitigate its Consequences for Citizens and the Economy, according to which the government finances salaries up to 100% if individuals are ordered to stay at home and also compensated for the missing hours of work, supported social services and healthcare providers for the loss of income because of the inability to provide services [5].

[1] Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR). 2020. "Response to epidemics/pandemics in humans." ("Državni načrt zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh.") [http://www.sos112.si/slo/tdocs/epidemija_pandemija.pdf]. Accessed 10 August 2020.
[2] National Institute of Public Health (NIJZ). 2020. "Instructions for people in home isolation." ("Navodila za osebe v domači izolaciji.") [https://www.nijz.si/sl/navodila-za-bolnika-s-covid-19-ki-ne-potrebuje-bolnisnicne-obravnave]. Accessed 10 August 2020.
[3] Republic of Slovenia – Legal information system (PisRS). 1992. "Health Care and Health Insurance Act." ("Zakon o zdravstvenem varstvu in zdravstvenem zavarovanju.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO213]. Accessed 10 August 2020.
[4] Health Insurance Institute of Slovenia (ZZZS). 2020. " Salary compensation during temporary absence from work." ("Nadomestilo plače med začasno zadržanostjo od dela.") [https://zavarovanec.zzzs.si/wps/portal/portali/azos/nadomestila/nadom_place/]. Accessed 10 August 2020.
[5] Republic of Slovenia – Legal information system (PisRS). 2020. "Act Determining the Intervention Measures to Contain the COVID-19 Epidemic and Mitigate its Consequences for Citizens and the Economy." ("Zakon o interventnih ukrepih za zajezitev epidemije COVID-19 in omilitev njenih posledic za državljane in gospodarstvo.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO8190]. Accessed 10 August 2020.
[6] Organisation for Economic Co-operation and Development (OECD). 2019. "Slovenia: Country Health Profile 2019." [https://www.oecd-ilibrary.org/social-issues-migration-health/slovenia-country-health-profile-2019_79ba70a2-en]. Accessed 10 August 2020.

2.5.1c

Does the country make de-identified data on contact tracing efforts for COVID-19 (including the percentage of new cases from identified contacts) available via daily reports (or other format) on government websites (such as the Ministry of Health, or similar)?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Slovenia shares de-identified data on contact tracing efforts for COVID-19 (including the percentage of new cases from identified contacts). No such evidence exists on the government's dedicated COVID-19, or on the webpage of the National Institute of Public Health, although daily and weekly reports are produced [1, 2]. However, there is evidence that health officials make contact tracing efforts for COVID-19. For instance, a mobile application for tracking de-identified contacts called #OstaniZdrav (#StayHealthy) was commissioned by the government and became available in August 2020 [3].

[1] Republic of Slovenia - Government portal. 2020. "Coronavirus." ("Koronavirus (SARS-CoV-2).") [https://www.gov.si/teme/koronavirus-sars-cov-2/]. Accessed 10 August 2020.
[2] NIJZ. 2020. "Monitoring of infectious diseases." ("Spremljanje nalezljivih bolezni.") [https://www.nijz.si/sl/podrocja-dela/nalezljive-bolezni/spremljanje-nalezljivih-bolezni]. Accessed 10 August 2020.
[3] Republic of Slovenia - Government portal. 2020. "Mobile application #OstaniZdrav." ("Mobilna aplikacija #OstaniZdrav.") [https://www.gov.si/teme/koronavirus-sars-cov-2/mobilna-aplikacija-ostanizdrav/]. Accessed 10 August 2020.

2.5.2 Point of entry management

2.5.2a

Is there a joint plan or cooperative agreement between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of a public health emergency?

Yes, plan(s)/agreement(s) are in place to prepare for future public health emergencies = 2, Yes, but plan(s)/agreement(s) are in place only in response to active public health emergencies = 1, No = 0

Current Year Score: 0

There is insufficient evidence of a joint plan between the public health system and border control authorities to identify suspected and potential cases in international travelers in the event of an active or future public health emergencies.

According to the plan of activities of the Ministry of the Interior (MI) in the event of an epidemic, which amends the national public health emergency response plan, a protocol to exchange information between the National Institute of Public Health (NIJZ) and the MI is in place. The NIJZ delivers reports on events presenting a risk to public health to the MI on a monthly basis and the MI subsequently informs police forces (who serve as a border control). If an emergency occurs, the NIJZ coordinates activities directly with the police operational headquarters to monitor potential cases [2]. According to the plan "Response to epidemics/pandemics in humans", the government can implement special measures to prevent the spread of an epidemic, such as limiting international travel, prohibiting the gathering of people, and restricting trade of certain goods and products, on the recommendation of the Ministry of Health, when a public health emergency occurs. [1]. Special measures are implemented by dedicated governmental decrees, as seen in the case of the COVID-19 epidemic [3].

The Ordinance Imposing and Implementing Measures to Prevent the Spread of Epidemic COVID-19 at the Border Crossing Points at the External Border and Inspection Posts within National Borders of the Republic of Slovenia determines entry points with neighboring countries, and lays out responsibilities for border control authorities (e.g. decisions on quarantine, border crossing conditions, list of safe countries, temperature measurements) [4]. Moreover, the NIJZ seeks all high-risk close contacts of infected persons and notifies them they have been at risk. [5] The epidemiological service can handle up to 350 infected persons a day. However, due to recent increase of cases, close contacts are no longer identified [5].

[1] Administration for Civil Protection and Disaster Relief (ACPDR). 2020. "Response to epidemics/pandemics in humans." ("Državni načrt zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh.") [http://www.sos112.si/slo/tdocs/epidemija_pandemija.pdf]. Accessed 10 August 2020.
[2] ACPDR. 2020. "Plan of activities of the Ministry of the Interior in the event of an epidemic." ("Načrt dejavnosti Ministrstva za notranje zadeve ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh.") [http://www.sos112.si/slo/tdocs/epidemija_mnz.pdf]. Accessed 5 October 2020.
[3] Republic of Slovenia - Government portal. 2020. " Crossing borders." ("Prehajanje meja.") [https://www.gov.si/teme/koronavirus-sars-cov-2/prehajanje-meja/]. Accessed 10 August 2020.
[4] Republic of Slovenia – Legal information system (PisRS). 2020. "Ordinance of imposing and implementing measures to prevent the spread of epidemic COVID-19 at the border crossing points at the external border and inspection posts within national borders of the Republic of Slovenia." ("Odlok o odrejanju in izvajanju ukrepov za preprečitev širjenja nalezljive bolezni COVID-19 na mejnih prehodih na zunanji meji, na kontrolnih točkah na notranjih mejah in v notranjosti Republike Slovenije.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ODLO2141]. Accessed 10 August 2020.
[5] V Fokusu. 2020. "Protocol for tracking contacts infected with new SARS-CoV-2 has been modified from 17.10.2020 onwards." ("https://vfokusu.com/post/564222/spremenjen-protokol-sledenja-stikov-okuzenih-z-novim-koronavirusom-sars-cov-2-od-17102020-dalje.") [http://www.sos112.si/slo/tdocs/epidemija_mnz.pdf]. Accessed 30 October 2020.

2.6 EPIDEMIOLOGY WORKFORCE

2.6.1 Applied epidemiology training program, such as the field epidemiology training program, for public health professionals and veterinarians (e.g., Field Epidemiology Training Program [FETP] and Field Epidemiology Training Program for Veterinarians [FETPV])

2.6.1a

Does the country meet one of the following criteria?

- Applied epidemiology training program (such as FETP) is available in country

- Resources are provided by the government to send citizens to another country to participate in applied epidemiology training programs (such as FETP)

Needs to meet at least one of the criteria to be scored a 1 on this measure. , Yes for both = 1 , Yes for one = 1 , No for both = 0

Current Year Score: 1

An applied epidemiology training program (FETP) is available in Slovenia. Slovenia has a four-year training program in public health, which is open to medical doctors. As part of this training, the physicians attend courses at university, which cover a wide range of topics and include basic concepts of epidemiology and statistics, social medicine, health promotion, and hygiene. That is followed by on-the-job training and a mandatory six-month internship at the Communicable Diseases Centre at the National Institute of Public Health. Therefore, the participants obtain general training in public health with parts dedicated to communicable disease control [1, 4]. Medical specialization programs in clinical microbiology and infectious diseases are well established as well [2, 3]. According to the 2017 Joint External Evaluation (JEE), part of the training for the specialty in public health can be considered intermediate-level FETP, though further integration of the training is recommended [4, 5]. Slovenia also provides resources to send citizens to other countries to participate in training programs. Slovenia has a yearly seat on the Member State track of the field epidemiology training (EPIET) program provided by the European Center for Disease Prevention and Control (ECDC) [4, 6]. According to the JEE, several medical doctors in public health from Slovenia followed EPIET programmes abroad [4].

[1] Medical Chamber of Slovenia (ZZS). 2020. "Public Health." ("Javno zdravje – Vsebina specializacije.") [https://www.zdravniskazbornica.si/docs/default-source/specialiacije/testna-mapa/javno-zdravje/vsebina-specializacije.pdf?sfvrsn=5f722436_2]. Accessed 10 August 2020.
[2] ZZS. 2020. "Clinical microbiology." ("Klinična mikrobiologija – Vsebina specializacije.") [https://www.zdravniskazbornica.si/docs/default-source/specialiacije/testna-mapa/klinicna-mikrobiologija/vsebina-specializacije.pdf?sfvrsn=e6732436_2]. Accessed 10 August 2020.
[3] ZZS. 2020. "Infectology." ("Infektologija – Vsebina specializacije.") [https://www.zdravniskazbornica.si/docs/default-source/specialiacije/testna-mapa/infektologija/vsebina-specializacije.pdf?sfvrsn=d8702436_2]. Accessed 10 August 2020.
[4] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR core capacities of the Republic of Slovenia." [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.
[5] National Institute of Public Health. 2018. "Public Health Workforce Development in Slovenia and Wider." [https://www.nijz.si/sites/www.nijz.si/files/uploaded/vinko_jz_03-06.pdf]. Accessed 10 August 2020.
[6] The European centre for disease prevention and control (ECDC). 2020. "Training programmes." [https://ecdc.europa.eu/en/epiet-euphem]. Accessed 10 August 2020.

2.6.1b

Are the available field epidemiology training programs explicitly inclusive of animal health professionals or is there a specific animal health field epidemiology training program offered (such as FETPV)?

Yes = 1 , No = 0

Current Year Score: 1

There are available field epidemiology training programs for animal health professionals. For veterinarians, public health and epidemiology have dedicated courses within the undergraduate and post-graduate education programs within the Veterinary Faculty [1]. According to the Joint External Evaluation conducted in 2017, veterinary medicine university curricula address zoonotic disease training as well, also offering post-graduate degree courses in field epidemiology, such as the Veterinary Public Health programme [2, 4]. Moreover, the list of training programs on the website of the Epidemiology and Public Health Interventions Network (TEPHINET) lists the European Program for Intervention Epidemiology Training (EPIET) – which includes animal health professionals – and the European Program for Public Health Microbiology Training (EUPHEM) for Slovenia [3]. Slovenia has a yearly seat on the Member State track of the field epidemiology training (EPIET) program provided by the European Centre for Disease Prevention and Control (ECDC) [4]. The objective of the EPIET is to provide state-of-the-art training in field epidemiology, enabling its fellows to apply epidemiological methods to a wide range of public health problems in Europe [5].

[1] Veterinary Faculty. 2020. "Study program: Veterinarian." ("Dodiplomski študij predstavitev programa.") [https://www.vf.uni-lj.si/izobrazevanje/dodiplomski-studij]. Accessed 10 August 2020.
[2] Veterinary Faculty. 2020. "Professional training." ("Strokovno izpopolnjevanje.") [https://www.vf.uni-lj.si/si/strokovno-izpopolnjevanje/]. Accessed 10 August 2020.
[3] Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET). 2020. "Training Programs." [https://www.tephinet.org/training-programs/european-programme-for-intervention-epidemiology-training-epiet-and-the-european]. v
[4] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR core capacities of the Republic of Slovenia." [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.
[5] The European centre for disease prevention and control (ECDC). 2020. "Training programmes." [https://ecdc.europa.eu/en/epiet-euphem]. Accessed 10 August 2020.

2.6.2 Epidemiology workforce capacity

2.6.2a

Is there public evidence that the country has at least 1 trained field epidemiologist per 200,000 people?

Yes = 1 , No = 0

Current Year Score: 1

2020

Completed JEE assessments; Economist Impact analyst qualitative assessment based on official national sources, which vary by country

Category 3: Rapid response to and mitigation of the spread of an epidemic

3.1 EMERGENCY PREPAREDNESS AND RESPONSE PLANNING

3.1.1 National public health emergency preparedness and response plan

3.1.1a

Does the country have an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with epidemic or pandemic potential?

Evidence that there is a plan in place, and the plan is publicly available = 2, Evidence that the plan is in place, but the plan is not publicly available OR, Disease-specific plans are in place, but there is no evidence of an overarching plan = 1, No evidence that such a plan or plans are in place = 0

Current Year Score: 2

Slovenia has an overarching national public health emergency response plan in place that addresses planning for multiple communicable diseases with pandemic potential. The National Disaster Response Plans of the Civil Protection and Disaster Relief Administration include a plan titled "Response to epidemics/pandemics in humans" for responding to a pandemic event. The plan addresses all infectious diseases that are caused by pathogenic organisms, such as bacteria, viruses, parasites, fungi and molds, and classifies them into 6 categories: intestinal, respiratory, zoonoses, skin & mucosal and transmissible diseases, as well as diseases transmitted by blood. It includes guidelines on risk assessment and the distribution of responsibilities and management tasks among government agencies, protocols on informing the general public and government stakeholders, as well as procedures for activating aid and protective measures. The plan activates when an epidemic of communicable disease is proclaimed and the need for additional capacities is expressed. Quarantine and isolation authorities are provided to the Minister of Health through the Contagious Disease Act and are implemented based on recommendations from the National Institute of Public Health. Moreover, other measures, such as restriction of movement or trade and body temperature measurements, could also be implemented [1, 2].

[1] Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR). 2020. "National Disaster Response Plans." ("Državni načrti zaščite in reševanja.") [http://www.sos112.si/slo/page.php?src=os121.htm]. Accessed 10 August 2020.
[2] ACPDR. 2020. "Response to epidemics/pandemics in humans." ("Državni načrt zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh.") [http://www.sos112.si/slo/tdocs/epidemija_pandemija.pdf]. Accessed 10 August 2020.

3.1.1b

If an overarching plan is in place, has it been updated in the last 3 years?

Yes = 1 , No /no plan in place= 0

Current Year Score: 1

Slovenia's overarching response plan has been updated within the last 3 years. The Decree on the content and elaboration of protection and rescue plans states that response plans, which cover plans for responding to a pandemic event, should be updated every three years [1]. The National Public Health Emergency Response Plan "Response to epidemics/pandemics in humans", originally published in 2016, was updated in July 2020, to account for structural changes to combat the COVID-19 epidemic, including the ability to appoint a dedicated spokesperson and adding sections addressing implementation of non-

pharmaceutical interventions [2, 3].

[1] Republic of Slovenia - Legal information system (PisRS). 2011. "Decree on the content and elaboration of protection and rescue plans." ("Uredba o vsebini in izdelavi načrtov zaščite in reševanja.") Ljubljana. [http://www.pisrs.si/Pis.web/pregledPredpisa?id=URED5994]. Accessed 9 September 2018.
[2] Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR). 2020. "Response to epidemics/pandemics in humans." ("Državni načrt zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh.") [http://www.sos112.si/slo/tdocs/epidemija_pandemija.pdf]. Accessed 10 August 2020.
[3] ACPDR. 2020. "National plan in the event of an epidemic." ("Državni načrt ob pojavu epidemije.") [http://www.sos112.si/slo/clanek.php?catid=27&id=8911]. Accessed 10 August 2020.

3.1.1c

If an overarching plan is in place, does it include considerations for pediatric and/or other vulnerable populations?

Yes = 1 , No /no plan in place= 0

Current Year Score: 1

The overarching plan includes considerations for pediatric and other vulnerable populations. Special considerations for pediatric and other vulnerable populations are mentioned in a 2018 document called "Protective Measure: Reception and Care of Vulnerable Populations", which supplements all protection and response plans of the Civil Protection and Disaster Relief Administration, including the overarching National Disaster Response Plan "Response to epidemics/pandemics in humans" [1, 2, 3]. The three main vulnerable categories specified within the measure are pediatric, elderly and disabled populations. Considerations include rules for processing and accommodating vulnerable populations at the local level (for instance, family members should be processed and accommodated together), as well as efforts to care for and accommodate elderly in familiar environments (due to difficulties with the adaptation to new environments) and special attention to food and access for disabled populations [1].

[1] Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ADCPR). 2018. "Protective measure: Reception and care of vulnerable populations." (Zaščitni ukrep: sprejem in oskrba ogroženih prebivalcev.") [http://www.sos112.si/slo/tdocs/sprejem_in_oskrba.pdf]. Accessed 10 August 2020.
[2] ACPDR. 2020. "Response to epidemics/pandemics in humans." ("Državni načrt zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh.") [http://www.sos112.si/slo/tdocs/epidemija_pandemija.pdf]. Accessed 10 August 2020.
[3] Republic of Slovenia - Government portal. 2020. " Control of infectious diseases." ("Obvladovanje nalezljivih bolezni.") [https://www.gov.si/teme/obvladovanje-nalezljivih-bolezni/]. Accessed 10 August 2020.

3.1.1d

Does the country have a publicly available plan in place specifically for pandemic influenza preparedness that has been updated since 2009?

Yes = 1 , No = 0

Current Year Score: 0

2020

WHO Strategic Partnership for IHR and Health Security (SPH)

3.1.2 Private sector involvement in response planning

3.1.2a

Does the country have a specific mechanism(s) for engaging with the private sector to assist with outbreak emergency preparedness and response?

Yes = 1 , No = 0

Current Year Score: 0

Slovenia does not have a specific mechanism for engaging with the private sector to assist with outbreak emergency preparedness and response. The Joint External Evaluation states that national emergency response plans are governed by the Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR) in cooperation with other ministries, and with inputs from the private sector as needed. [1] However, there is no evidence of private sector involvement on the websites of the ACPDR or the Ministry of Health, or in the Decree on the Content and Elaboration of Protection and Rescue Plans. [2, 3, 4] A protocol on informing the public of emergencies, included in the National Disaster Response Plan, states only that all telecommunication and information infrastructure, regardless of ownership, is to be used to inform people in an event of an outbreak [5].

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR core capacities of the Republic of Slovenia." [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.
[2] Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR). 2020. "National emergency response plans." ("Načrti zaščite in reševanja.") [http://www.sos112.si/slo/page.php?src=os12.htm]. Accessed 10 August 2020.
[3] Republic of Slovenia - Government portal. 2020. "Control of infectious diseases." ("Obvladovanje nalezljivih bolezni.") [https://www.gov.si/podrocja/zdravje/preventiva-in-skrb-za-zdravje/obvladovanje-nalezljivih-bolezni/]. Accessed 10 August 2020.
[4] Republic of Slovenia – Legal information system (PisRS). 2012. "Decree on the content and elaboration of protection and rescue plans." ("Uredba o vsebini in izdelavi načrtov zaščite in reševanja.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=URED5994]. Accessed 10 August 2020.
[5] ACPDR. 2020. "Response to epidemics/pandemics in humans." ("Državni načrt zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh.") [http://www.sos112.si/slo/tdocs/epidemija_pandemija.pdf]. Accessed 10 August 2020.

3.1.3 Non-pharmaceutical interventions planning

3.1.3a

Does the country have a policy, plan and/or guidelines in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic?

Yes, a policy, plan and/or guidelines are in place for more than one disease= 2, Yes, but the policy, plan and/or guidelines exist only for one disease = 1, No = 0

Current Year Score: 2

Slovenia has a policy in place to implement non-pharmaceutical interventions (NPIs) for more than one disease during an epidemic or pandemic.

Any physician who encounters a disease that is listed in article 8 of the Communicable Diseases Act is required to immediately take appropriate measures to limit the spread of the disease, including NPIs, and should notify the National

Institute of Public Health immediately. For instance, in such cases, disinfection of persons, their belongings and premises is mandatory, together with monitoring of the person's health. Moreover, an infected person is prohibited from performing work in general, especially in the field of water and food processing, manufacture of medicines, education, or treatment of people. If such measures cannot prevent the spread of the disease, the minister for health, in accordance with chapter II of the Communicable Diseases Act, proposes implementation of NPIs on a national level, such as disinfection, isolation for the time of contagion, quarantine, restrictions on population movements, and restrictions to gatherings (e.g. schools, cinemas and public places). These measures are implemented by special governmental orders and are limited to the time of epidemics [1]. For instance, the June 2020 decision on the application of measures for COVID-19 requires wearing masks in enclosed public spaces where the distance between people is less than 1.5 meters [2].

[1] Republic of Slovenia – Legal information system (PisRS). 1995. "Communicable Diseases Act." ("Zakon o nalezljivih boleznih.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO433]. Accessed 10 August 2020.
[2] Republic of Slovenia – Legal information system (PisRS). 2020. "Decision on the application of the measures for COVID-19." ("Sklep o uporabi ukrepov, ki jih določa Zakon o nalezljivih boleznih, pri nalezljivi bolezni COVID-19.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=SKLE12101]. Accessed 10 August 2020.

3.2 EXERCISING RESPONSE PLANS

3.2.1 Activating response plans

3.2.1a

Does the country meet one of the following criteria?
- Is there evidence that the country has activated their national emergency response plan for an infectious disease outbreak in the past year?
- Is there evidence that the country has completed a national-level biological threat-focused exercise (either with WHO or separately) in the past year?
Needs to meet at least one of the criteria to be scored a 1 on this measure. , Yes for both = 1 , Yes for one = 1 , No for both = 0

Current Year Score: 1

Slovenia has activated its national emergency response plan for an infectious disease outbreak in the past year. There is also evidence that Slovenia has completed a national-level biological threat-focused exercise in the past year.

Due to the COVID-19 epidemic, the plan Response to Epidemics/Pandemics in Humans was activated on 12 March 2020. The plan includes guidelines on risk assessment and the distribution of responsibilities and management tasks among government agencies, protocols on informing the general public and government stakeholders, as well as procedures for activating aid and protective measures [1, 2]. In accordance with the plan, the government appointed the COVID-19 Advisory Commission, formed by infectious disease specialists, pulmonologists, microbiologists, public health specialists and epidemiologists, along with the official spokesperson. Social distancing and self-isolation rules were introduced as well. Furthermore, quick purchases of personal protective equipment (PPE) were carried out and civil protection forces were activated, assisting healthcare professionals with logistics tasks. The emergency response officially ended on 14 May 2020 [2, 3]. The plan was also updated based on learnings from COVID-19 epidemic; for instance, the action planning process can begin before an epidemic is officially declared, stockpiles are better managed and they have to last for at least one month, a new communication strategy designating an official spokesperson was implemented, etc. [1].
In addition, there is evidence that Slovenia has completed a national-level biological threat-focused exercise in the past year. Slovenian Armed Forces conducted the Falco exercise in 2019, where new methods and procedures in the detection of

biological agents, the implementation of training with biological agents and the procedures of biological control were tested [4].

[1] ACPDR. 2020. "Response to epidemics/pandemics in humans." ("Državni načrt zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh.") [http://www.sos112.si/slo/tdocs/epidemija_pandemija.pdf]. Accessed 10 August 2020.
[2] Slovenian Press Agency (STA). 2020. "The national protection and rescue plan as the basis for the use of forces and means of protection, rescue and assistance." ("Državni načrt zaščite in reševanja podlaga za uporabo sil in sredstev zaščite, reševanja in pomoči.") [https://www.sta.si/2738331/drzavni-nacrt-zascite-in-resevanja-podlaga-za-uporabo-sil-in-sredstev-zascite-resevanja-in-pomoci]. Accessed 10 August 2020.
[3] Delo. 2020. " End of epidemic, end of aid." ("Konec epidemije, konec pomoči.") [https://www.delo.si/novice/slovenija/pred-vrati-recesija-morda-tudi-depresija-308829.html]. Accessed 10 August 2020.
[4] Slovenian Armed Forces. 2019. "Exercise Falco IX completed successfully." ("Vaja Falco IX uspešno končana.") [http://www.slovenskavojska.si/odnosi-z-javnostmi/sporocila-za-javnost/novica/nov/vaja-falco-ix-uspesno-koncana/]. Accessed 10 August 2020.

3.2.1b

Is there evidence that the country in the past year has identified a list of gaps and best practices in response (either through an infectious disease response or a biological-threat focused exercise) and developed a plan to improve response capabilities?

Yes, the country has developed and published a plan to improve response capacity = 2 , Yes, the country has developed a plan to improve response capacity, but has not published the plan = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Slovenia in the past year has identified a list of gaps and best practices in response and developed a plan to improve response capabilities. There is no evidence of this on the websites of the Ministry of Health, the National Institute of Public Health and the Administration of the Republic of Slovenia for Civil Protection and Disaster Relief [1, 2, 3]. Similarly, there is no evidence of this on the World Health Organization (WHO) extranet, or on the WHO page on Slovenia [4, 5]. However, the Slovenian Armed Forces carried out the Falco exercise in 2019, where new methods and procedures in the detection of biological agents, the implementation of training with biological agents and the procedures of biological control were tested, but no plan to improve response capabilities was presented [6]. Although the National Public Health Emergency Response Plan "Response to epidemics/pandemics in humans" was updated in July 2020 in light of COVID-19, these changes were not the result of an identification of gaps and best practices, but rather operational changes to denote how the country would address its response to the pandemic [7, 8].

[1] Republic of Slovenia - Government portal. 2020. "Ministry of Health News." ("Novice Ministrstva za zdravje.") [https://www.gov.si/novice/?org%5B0%5D=33&nrOfItems=100]. Accessed 10 August 2020.
[2] National Institute of Public Health. 2020. "Press Releases" ("Sporočila za javnost.") [https://www.nijz.si/sl/mediji]. Accessed 10 August 2020.
[3] Republic of Slovenia - Government portal. 2020. "Administration of the Republic of Slovenia for Civil Protection and Disaster Relief News." ("Novice Uprave za zaščito in reševanje.") [https://www.gov.si/novice/?org[]=73]. Accessed 10 August 2020
[4] World Health Organization (WHO). 2020. "After Action Review." [https://extranet.who.int/sph/after-action-review]. Accessed 10 August 2020.
[5] World Health Organization (WHO). 2020. "Slovenia: News." [https://www.euro.who.int/en/countries/slovenia/news/news/news?root_node_selection=102768]. Accessed 10 August

2020.
[6] Slovenian Armed Forces. 2019. "Exercise Falco IX completed successfully." ("Vaja Falco IX uspešno končana.") [http://www.slovenskavojska.si/odnosi-z-javnostmi/sporocila-za-javnost/novica/nov/vaja-falco-ix-uspesno-koncana/]. Accessed 10 August 2020.
[7] Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR). 2020. "Response to epidemics/pandemics in humans." ("Državni načrt zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh.") [http://www.sos112.si/slo/tdocs/epidemija_pandemija.pdf]. Accessed 10 August 2020.
[8] ACPDR. 2020. "National plan in the event of an epidemic." ("Državni načrt ob pojavu epidemije.") [http://www.sos112.si/slo/clanek.php?catid=27&id=8911]. Accessed 10 August 2020.

3.2.2 Private sector engagement in exercises

3.2.2a

Is there evidence that the country in the past year has undergone a national-level biological threat-focused exercise that has included private sector representatives?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Slovenia in the past year has undergone a national-level biological threat-focused exercise that has included private sector representatives. There is no evidence of this on the websites of the Ministry of Health, the National Institute of Public Health and the Administration of the Republic of Slovenia for Civil Protection and Disaster Relief [1, 2, 3]. Similarly, there is no evidence of this on the World Health Organization (WHO) extranet, or on the WHO page on Slovenia [4, 5]. In 2019 the Slovenian Armed Forces carried out the Falco exercise, where new methods and procedures in the detection of biological agents, the implementation of training with biological agents and the procedures of biological control were tested, but no private sector representatives participated [6].

[1] Republic of Slovenia - Government portal. 2020. "Ministry of Health News." ("Novice Ministrstva za zdravje.") [https://www.gov.si/novice/?org%5B0%5D=33&nrOfItems=100]. Accessed 10 August 2020.
[2] National Institute of Public Health. 2020. "Press Releases." ("Sporočila za javnost.") [https://www.nijz.si/sl/mediji]. Accessed 10 August 2020.
[3] Republic of Slovenia - Government portal. 2020. " Administration of the Republic of Slovenia for Civil Protection and Disaster Relief News." ("Novice Uprave za zaščito in reševanje.") [https://www.gov.si/novice/?org[]=73]. Accessed 10 August 2020
[4] World Health Organization (WHO). 2020. " Simulation Exercise." [https://extranet.who.int/sph/simulation-exercise]. Accessed 15 September 2020.
[5] World Health Organization (WHO). 2020. "Slovenia: News." [https://www.euro.who.int/en/countries/slovenia/news/news/news?root_node_selection=102768]. Accessed 10 August 2020.
[6] Slovenian Armed Forces. 2019. "Exercise Falco IX completed successfully." ("Vaja Falco IX uspešno končana.") [http://www.slovenskavojska.si/odnosi-z-javnostmi/sporocila-za-javnost/novica/nov/vaja-falco-ix-uspesno-koncana/]. Accessed 10 August 2020.

3.3 EMERGENCY RESPONSE OPERATION

3.3.1 Emergency response operation

3.3.1a

Does the country have in place an Emergency Operations Center (EOC)?

Yes = 1 , No = 0

Current Year Score: 1

Slovenia has in place emergency operation centers (EOCs). Slovenia has in place a generalized Emergency Operations Center, which supports the work of the Government when national security is put at risk [1]. Furthermore, in the event of a health emergency that warrants a coordinated response, the dedicated Public Health Emergency Operations Center (PHEOC) – located on the premises of the Center for Communicable Diseases and Environmental Health and set up by the National Institute of Public Health (NIJZ) – is activated [3, 4, 5, 6]. Otherwise, according to the Slovenia's National Emergency Response Plan, the Public Health Directorate of the Ministry of Health (PHD) is to lead and coordinate all response activities with the assistance of public health experts and epidemiologists, and the support of the Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR) [2]. In addition to EOCs, within the framework of Slovenian civil protection and disaster management, a national notification center and 13 regional notification centers all respond to emergency calls via the universal help number (112), 24 hours a day, 365 days a year [4].

[1] Republic of Slovenia - Government portal. 2020. "National Crisis Management Center." ("Nacionalni center za krizno upravljanje.") [https://www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-obrambo/o-ministrstvu/direktorat-za-obrambne-zadeve/nacionalni-center-za-krizno-upravljanje/]. Accessed 10 August 2020.
[2] Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR). 2020. "Response to epidemics/pandemics in humans." ("Državni načrt zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh.") [http://www.sos112.si/slo/tdocs/epidemija_pandemija.pdf]. Accessed 10 August 2020.
[3] Republic of Slovenia - Government portal. 2020. "Public Health Directorate." ("Direktorat za javno zdravje.") [https://www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-zdravje/o-ministrstvu/direktorat-za-javno-zdravje/]. Accessed 10 August 2020.
[4] ACPDR. 2020. "Plans of Protection and Resolution." ("Načrti zaščite in reševanja.") [http://www.sos112.si/slo/page.php?src=os12.htm]. Accessed 10 August 2020.
[5] World Health Organization (WHO). 2017. "Joint External Evaluation of IHR core capacities of the Republic of Slovenia." [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.
[6] National Institute of Public Health (NIJZ). 2018. "Annual Report." [https://www.nijz.si/sites/www.nijz.si/files/uploaded/02.04.2019_4206_001.pdf]. Accessed 10 August 2020.

3.3.1b

Is the Emergency Operations Center (EOC) required to conduct a drill for a public health emergency scenario at least once per year or is there evidence that they conduct a drill at least once per year?

Yes = 1 , No = 0

Current Year Score: 0

Neither Slovenia's Emergency Operations Center (EOC), nor the Public Health Emergency Operations Center (PHEOC) are required by law to conduct annual drills, and there is no evidence that they do so in practice.

Article 16 of the Decree on Crisis Management and Governance and on the National Crisis Management Center requires EOC drills every four years, but does not specify that these drills must cover public health scenarios [2]. The 2013 Rules on Exercises in the Defense System demands that a detailed plan for exercises be prepared and executed annually by the Ministry of Defense, but this does not specify public health scenarios must be included [6]. Moreover, there is no requirement for PHEOC drills in the National Emergency Response Plan, the Recommendation on the Organization and Operation of the Information Centre, or the Ministry of Health's mandate [2, 3, 4]. The Joint External Evaluation, conducted in 2017, reports that despite the lack of a legal requirement, exercises to test national disaster response plans and the emergency operations centers are held regularly, but it does not specify how regularly. [5] It notes that in recent years exercises have taken place to test responses to ebola and polio, as well as a scenarios including the spread of communicable diseases aboard a cruise ship [5].

[1] Republic of Slovenia – Legal information system (PisRS). 2018. "Decree on crisis management and governance and on the National Crisis Management Centre." ("Uredba o kriznem upravljanju in vodenju ter Nacionalnem centru za krizno upravljanje.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=URED7640]. Accessed 10 August 2020.
[2] Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR). 2020. "Response to epidemics/pandemics in humans." ("Državni načrt zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh.") [http://www.sos112.si/slo/tdocs/epidemija_pandemija.pdf]. Accessed 10 August 2020.
[3] ACPDR. 2016. "Recommendation on the organization and operation of the Information Center." ("Priporočilo o organiziranju in delovanju informacijskega centra.") [http://www.sos112.si/slo/tdocs/info_center.pdf]. Accessed 10 August 2020.
[4] Republic of Slovenia - Government portal. 2020. "Public announcements of the Ministry of Health." ("Javne objave.") [https://www.gov.si/zbirke/javne-objave/?publisher%5B0%5D=33&status=complete]. Accessed 10 August 2020.
[5] World Health Organization (WHO). 2017. "Joint External Evaluation of IHR core capacities of the Republic of Slovenia." [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.
[6] Republic of Slovenia – Legal information system (PisRS). 2013. " Rules on exercises in the defense system." ("Pravilnik o vajah v obrambnem sistemu.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV11757]. Accessed 5 October 2020.

3.3.1c

Is there public evidence to show that the Emergency Operations Center (EOC) has conducted within the last year a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario?

Yes = 1 , No = 0

Current Year Score: 0

Within the past year the emergency operations center has conducted coordinated emergency respones, but there is no evidence that it has done so within 120 minutes of identifying a public health emergency or scenario. The Public Health Emergency Operations Centre (PHEOC) and the National Institute of Public Health (NIJZ) have conducted a coordinated emergency response within the last year. The majority of cases have been related to the ongoing coronavirus pandemic: for instance, after a physician tested positive for the coronavirus in Metlika, both Metlika Medical Center and Metlika Retirement Home were closed immediately, with all people being ordered to undergo testing [1]. A similar case occurred within the University Medical Center Maribor, were appropriate actions, recommended by the NIJZ, were taken [2]. Although the Joint External Evaluation report for Slovenia indicates that the EOC is capable of activating an emergency response within 120 minutes of identification, no response times were specifically mentioned in recent cases [3].

[1] Siol.net. 2020. "An infected MD from Metlika in contact with more than 90 people. Medical center closed." ("Okuženi zdravnik iz Metlike v stiku z več kot 90 ljudmi. Zdravstveni dom zaprli.") [https://siol.net/novice/slovenija/mariborcan-s-

koronavirusom-je-zaposlen-v-ukc-video-520182]. Accessed 10 August 2020.
[2] Večer. 2020. " A 32-year-old man infected with coronavirus from the vicinity of Maribor is a clinical pharmacologist employed at the University Medical Center." ("S koronavirusom okuženi 32-letnik iz okolice Maribora je klinični farmakolog, zaposlen v UKC. Urgenca dela nemoteno.") [https://www.vecer.com/s-koronavirusom-okuzeni-32-letnik-ki-je-v-mariboru-ravnal-po-protokolu-10138026]. Accessed 10 August 2020.
[3] World Health Organization (WHO). 2017. "Joint External Evaluation of IHR core capacities of the Republic of Slovenia." [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.

3.4 LINKING PUBLIC HEALTH AND SECURITY AUTHORITIES

3.4.1 Public health and security authorities are linked for rapid response during a biological event

3.4.1a

Does the country meet one of the following criteria?
- Is there public evidence that public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event (i.e., bioterrorism attack)?
- Are there publicly available standard operating procedures, guidelines, memorandums of understanding (MOUs), or other agreements between the public health and security authorities to respond to a potential deliberate biological event (i.e., bioterrorism attack)?
Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

There is public evidence that public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event and there are publicly available standard operating procedures between the public health and security authorities to respond to a potential deliberate biological event. Several exercises to respond to a potential deliberate biological event are carried out every year, with the biggest one being an annual Falco exercise, carried out by the Slovenian Armed Forces in cooperation with various civil institutions, including those within the public health apparatus [1, 2]. At the latest Falco exercise in 2019 new methods and procedures in the detection of biological agents, the implementation of training with biological agents and the procedures of biological control were tested, together with the Fire Brigade Kranj and the National Veterinary Institute [1]. Moreover, smaller exercises are carried out on a local level, such as an exercise simulating an attack with unknown chemical agents on the hospital in Novo Mesto. The Civil Protection and Disaster Relief Administration (ACPDR) has protocols in place to respond to deliberate biological events on a state level, detailing the responsibilities of individual state agencies including public health and security authorities, with the government playing a major coordinating role. In case of an attack, an interdepartmental operative group is established which oversees response efforts. The group includes representatives of the police, the security agency, the Administration of the Republic of Slovenia for Civil Protection and Disaster Relief, and the Ministries of Health, Defense and Environment. It is chaired by the representative of the Ministry of Defense [4]. The Joint External Evaluation states the protocol has been used frequently in response to suspected anthrax cases in suspicious mail [5].

[1] Slovenian Armed Forces. 2019. "Exercise Falco IX completed successfully." ("Vaja Falco IX uspešno končana.") [http://www.slovenskavojska.si/odnosi-z-javnostmi/sporocila-za-javnost/novica/nov/vaja-falco-ix-uspesno-koncana/]. Accessed 10 August 2020.
[2] 24ur.com. 2015. "Preparedness in the case of an attack with biological or chemical weapons." ("Preverjali pripravljenost na napad z biološkim ali kemičnim orožjem.") [https://www.24ur.com/novice/slovenija/preverjali-pripravljenost-na-napad-z-bioloskim-ali-kemicnim-orozjem.html]. Accessed 10 August 2020.

[3] Vaš kanal. 2019. "Exercise in case of a chemical attack." ("Vaja v primeru kemičnega napada.") [https://www.youtube.com/watch?v=QqpSEGSjULc]. Accessed 10 August 2020.
[4] Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR). 2005. "State protection and rescue plan for the case weapons or means of mass destruction are used for terrorist purposes or a terrorist attack with classical means is carried out." ("Državni načrt ob uporabi orožij ali sredstev za množično uničevanje v teroristične namene.") [http://www.sos112.si/slo/tdocs/terorizem_novo.pdf]. Accessed 10 August 2020.
[5] World Health Organization (WHO). 2017. "Joint External Evaluation of IHR core capacities of the Republic of Slovenia." [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.

3.5 RISK COMMUNICATIONS

3.5.1 Public communication

3.5.1b

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) outline how messages will reach populations and sectors with different communications needs (eg different languages, location within the country, media reach)?

Yes = 1 , No = 0

Current Year Score: 1

Slovenia has a strategy in place to ensure that messages reach populations and sectors with different communications needs. The Joint External Evaluation conducted in 2017 states that decentralized systems are in place for community engagement, with institutional branches throughout Slovenia, with a formalized public relations unit, designated spokespeople, and a formal message clearance system [1]. The 2020 national plan, Response to Epidemics/Pandemics in Humans, calls for the use of terrestrial broadcasts by national television and radio channels, as well as news bulletins by the Slovenian Press Agency. Given national coverage, these ensure that even the most remote regions of the country are reached. If a need occurs, other television and radio channels are also used [2]. Furthermore, the document "Protective Measure: Evacuation" (an annex to all national plans) explicitly emphasizes five focus points for communicating with populations with different communications needs (e.g. groups that are hard to reach, disabled people and foreigners): clarity of the message, translation, repetition, different sources and timeliness. Methods in addition to radio and television may include SMS, siren, school notifications and social media [3].

[1] World Health Organization (WHO). 2017. “Joint External Evaluation of IHR core capacities of the Republic of Slovenia”. [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.
[2] Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR). 2020. "Response to epidemics/pandemics in humans." ("Državni načrt zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh.") [http://www.sos112.si/slo/tdocs/epidemija_pandemija.pdf]. Accessed 10 August 2020.
[3] ACPDR. 2017. "Protective measure: Evacuation." ("Zaščitni ukrep evakuacija.") [http://www.sos112.si/slo/tdocs/zascitni_ukrep_evakuacija_priporocilo.pdf]. Accessed 10 August 2020.

3.5.1 Risk communication planning

3.5.1a

Does the country have in place, either in the national public health emergency response plan or in other legislation, regulation, or strategy documents, a section detailing a risk communication plan that is specifically intended for use during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 1

Slovenia's public health emergency response plan contains a risk communication plan. The Strategy for Response to Epidemics/Pandemics in Humans sets out the means of informing the public in the event of a public health emergency. These means include immediate broadcasts of the country's national television (Television Slovenia), national radio (Radio Slovenija) as well as press releases by the Slovenian Press Agency (STA). The first press release is to be formulated by the Ministry of Health in cooperation with the National Institute of Public Health (NIJZ) [1]. The Government Communication Office is to coordinate all further communicational activities within the ministries and the Notification Centre of the Republic of Slovenia (CORS) is to coordinate communication with the municipalities. If needed, a public spokesperson is appointed. In addition, NIJZ and Notification Centre of the Republic of Slovenia (CORS) are to notify international institutions and neighboring countries [1, 2].

[1] Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR). 2020. "Response to epidemics/pandemics in humans." ("Državni načrt zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh.") [http://www.sos112.si/slo/tdocs/epidemija_pandemija.pdf]. Accessed 10 August 2020.
[2] ACPDR. 2020. "Notification Centre of the Republic of Slovenia." ("Center za obveščanje Republike Slovenije.") [http://www.sos112.si/slo/page.php?src=ks13.htm]. Accessed 10 August 2020.

3.5.1c

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) designate a specific position within the government to serve as the primary spokesperson to the public during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 1

There is a procedure to appoint a designated spokesperson for public health emergencies.There is a document that designates a specific position within the government to serve as the primary spokesperson to the public during a public health emergency. The 2020 National Disaster Response Plans for epidemics designates the Ministry of Health to inform the public on the situation and appropriate measures during a health emergency, either through the minister or state secretaries. Representatives from the National Institute of Public Health (NIJZ) can assist the Ministry with the task. It is required that the Ministry of Health always writes the first press release when a public health emergency occurs. [1]. However, the plan also states that when the scale and development of an epidemic demands it, someone should be temporarily appointed to a dedicated position within the government to serve as the primary spokesperson to the public during the emergency. Together with the Government Communication Office and government ministers, the spokesperson relays the latest news, developments and recommendations to the public, in a coordinated manner. [1]. During the ongoing coronavirus epidemic, Jelko Kacin, who previously served as a Permanent Representative of Slovenia to NATO, has been appointed an official spokesperson by the government and holds regular briefings on the situation [2, 3, 4].

[1] Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR). 2020. "Response to epidemics/pandemics in humans." ("Državni načrt zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh.") [http://www.sos112.si/slo/tdocs/epidemija_pandemija.pdf]. Accessed 10 August 2020.
[2] Republic of Slovenia - Government portal. 2020. "Concrete measures to curb the epidemic." ("Krizni štab Republike Slovenije o konkretnih ukrepih za zajezitev epidemije.") [https://www.gov.si/novice/2020-03-14-krizni-stab-republike-slovenije-o-konkretnih-ukrepih-za-zajezitev-epidemije/]. Accessed 10 August 2020.
[3] Jelko Kacin - official speaker on COVID-19. 2020. "Twitter profile." [https://twitter.com/govoreccovid19]. Accessed 10

August 2020.
[4] Slovenian Press Agency (STA). 2020. "Coronavirus press conference." [https://www.youtube.com/watch?v=ocR1d6U6fmg]. Accessed 10 August 2020.

3.5.2 Public communication

3.5.2a

In the past year, is there evidence that the public health system has actively shared messages via online media platforms (e.g. social media, website) to inform the public about ongoing public health concerns and/or dispel rumors, misinformation or disinformation?

Public health system regularly shares information on health concerns = 2, Public health system shares information only during active emergencies, but does not regularly utilize online media platforms = 1, Public health system does not regularly utilize online media platforms, either during emergencies or otherwise = 0

Current Year Score: 2

There is evidence that the public health system in Slovenia has actively shared messages via online media platforms to inform the public about ongoing public health concerns and/or dispel rumors, misinformation or disinformation in the past three years. The National Institute of Public Health (NIJZ) monitors and informs the public about ongoing health concerns on its own website and on social media platforms. For instance, on its website it shares reports on COVID-19 on daily basis, as well as reports on Lyme disease, Campylobacter, Respiratory syncytial virus, West Nile virus, and others on a weekly basis [1]. Moreover, one can apply for monthly bulletins on infectious diseases (called e-NBOZ) and the NIJZ also uses Twitter and Facebook to promote health and for community engagement, lately mainly for COVID-19 instructions and recommendations [3, 4]. In addition, the Ministry of Health also actively shares messages on health concerns on its own website and on Twitter [5, 6]. During active emergencies, the National Disaster Response Plans for epidemics mandates the Government Communication Office to coordinate all communicational activities and the appointment of official spokespeople [7]. During the ongoing COVID-19 pandemic, dedicated webpages have been set up and official government platforms have shared news on the virus and the situation [8, 9, 10].

[1] National Institute of Public Health (NIJZ). 2020. "Infectious diseases." ("Nalezljive bolezni.") [https://www.nijz.si/sl/podrocja-dela/nalezljive-bolezni]. Accessed 10 August 2020.
[2] NIJZ. 2020. "e-NBOZ." [https://www.nijz.si/sl/e-nboz-0]. Accessed 10 August 2020.
[3] NIJZ. 2020. "Twitter profile." [https://twitter.com/NIJZ_pr?ref_src=twsrc%5Egoogle%7Ctwcamp%5Eserp%7Ctwgr%5Eauthor]. Accessed 10 August 2020.
[4] NIJZ. 2020. "Facebook page." [https://www.facebook.com/nijz.si/]. Accessed 10 August 2020.
[5] Republic of Slovenia - Government portal. 2020. "Ministry of Health news." ("Novice Ministrstva za zdravje.") [https://www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-zdravje/novice-ministrstva-za-zdravje/]. Accessed 10 August 2020.
[6] Ministry of Health. 2020. "Twitter profile." [https://twitter.com/MinZdravje?ref_src=twsrc%5Egoogle%7Ctwcamp%5Eserp%7Ctwgr%5Eauthor]. Accessed 10 August 2020.
[7] Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR). 2020. "Response to epidemics/pandemics in humans." ("Državni načrt zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh.") [http://www.sos112.si/slo/tdocs/epidemija_pandemija.pdf]. Accessed 10 August 2020.
[8] Republic of Slovenia - Government portal. 2020. "Coronavirus." ("Koronavirus (SARS-CoV-2).") [https://www.gov.si/teme/koronavirus-sars-cov-2/]. Accessed 10 August 2020.
[9] Government of Slovenia. 2020. "Twitter profile." [https://twitter.com/vladaRS]. Accessed 10 August 2020.

[10] Jelko Kacin – official speaker on COVID-19. 2020. "Twitter profile." [https://twitter.com/govoreccovid19]. Accessed 10 August 2020.

3.5.2b

Is there evidence that senior leaders (president or ministers) have shared misinformation or disinformation on infectious diseases in the past two years?

No = 1, Yes = 0

Current Year Score: 1

There is no public evidence that senior leaders in Slovenia have shared misinformation or disinformation on infectious diseases in the past two years. There is no such evidence of this in Slovenian or international media, or on the official government web portal [1, 2, 3, 4, 5].

[1] Reuters. 2020. "Search Results for “Slovenia virus”." [https://www.reuters.com/search/news?blob=slovenia+virus]. Accessed 10 August 2020 [1] Politico EU. 2020. "Results for “Slovenia virus”." [https://www.politico.eu/?s=slovenia+virus&sp%5Bf%5D=01%2F01%2F2019&sp%5Bf%5D_submit=01%2F01%2F2019&sp%5Bt%5D=08%2F10%2F2020&sp%5Bt%5D_submit=08%2F10%2F2020]. Accessed 10 August 2020
[3] 24ur.com. 2020. "News archive." [https://www.24ur.com/iskanje?q=napa%C4%8Dne%20novice%20virus]. Accessed 10 August 2020.
[4] RTVSLO. 2020. "News archive." [https://www.rtvslo.si/iskalnik?group=1&per_page=10&type=3&sort=1&q=virus]. Accessed 10 August 2020.
[5] Republic of Slovenia - Government portal. 2020. "Monitoring the occurrence of animal diseases." ("Novice Ministrstva za zdravje.") [https://www.gov.si/novice/?org[]=33]. Accessed 10 August 2020.

3.6 ACCESS TO COMMUNICATIONS INFRASTRUCTURE

3.6.1 Internet users

3.6.1a

Percentage of households with Internet

Input number

Current Year Score: 83.11

2019

International Telecommunication Union (ITU)

3.6.2 Mobile subscribers

3.6.2a

Mobile-cellular telephone subscriptions per 100 inhabitants

Input number

Current Year Score: 120.85

2019

International Telecommunication Union (ITU)

3.6.3 Female access to a mobile phone

3.6.3a

Percentage point gap between males and females whose home has access to a mobile phone

Input number

Current Year Score: 2.0

2019

Gallup; Economist Impact calculation

3.6.4 Female access to the Internet

3.6.4a

Percentage point gap between males and females whose home has access to the Internet

Input number

Current Year Score: 6.0

2019

Gallup; Economist Impact calculation

3.7 TRADE AND TRAVEL RESTRICTIONS

3.7.1 Trade restrictions

3.7.1a

In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of medical goods (e.g. medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak?

Yes = 0 , No = 1

Current Year Score: 0

Slovenia has, as a member of the European Union, issued restrictions without international/bilateral support on the export/import of medical goods (eg: medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak in the past year. The European Commission implemented regulations restricting the export out of the European Union of certain products for the limited period of 6 weeks, starting on 15 March 2020, due to the epidemiological crisis caused by the COVID-19. Exportation of personal protective equipment (PPE), such as protective masks, surgical masks, gloves, goggles, face-shields, and overalls was prohibited without the production of a valid export authorization. Such authorizations were limited to Union goods and granted only if the availability of the PPE on the market of the Member State in question or elsewhere in the Union was deemed sufficient [1].

[1] Official Journal of the European Union. 23 April 2020. "Commission Implementing Regulation (EU) 2020/568 of 23 April 2020 making the exportation of certain products subject to the production of an export authorisation." [https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32020R0568&from=EN]. Accessed 10 August 2020.

3.7.1b

In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of non-medical goods (e.g. food, textiles, etc) due to an infectious disease outbreak?

Yes = 0 , No = 1

Current Year Score: 1

Slovenia has not issued restrictions without international/bilateral support, on the export/import of non-medical goods due to an infectious disease outbreak in the past year. There is no evidence of such restrictions in the country's legislative database for 2019 or 2020 [1]. Furthermore, there is no evidence of such restrictions on the website of the Ministry of Health and the Financial Administration of the Republic of Slovenia [2, 3, 4]. There are no reports of such restrictions on any major media outlet or press agency [5, 6, 7].

[1] Republic of Slovenia – Legal information system (PisRS). 2020. "Search results: export ban." [http://www.pisrs.si/Pis.web/indexSearch?search=prepoved+izvoza]. Accessed 10 August 2020.
[2] Republic of Slovenia - Government portal. 2020. "Ministry of Finance News." ("Novice Ministrstva za finance.") [https://www.gov.si/novice/?org[]=24]. Accessed 10 August 2020.
[3] Republic of Slovenia - Government portal. 2020. " Ministry of Agriculture, Forestry and Food News." ("Novice Ministrstva za kmetijstvo, gozdarstvo in prehrano.") [https://www.gov.si/novice/?org[]=27]. Accessed 10 August 2020.
[4] Republic of Slovenia - Government portal. 2020. " Financial Administration News." ("Novice: Omejevalni ukrepi.") [https://www.gov.si/novice/?org[]=52]. Accessed 10 August 2020.
[5] Slovenian Press Agency (STA). 2020. "News: export ban." [https://www.sta.si/iskanje?q=prepoved+izvoza]. Accessed 10 August 2020.
[6] 24ur.com. 2020. "News: export ban." [https://www.24ur.com/iskanje?q=prepoved%20izvoza]. Accessed 10 August 2020.
[7] RTVSLO.si 2020. "News: export ban." [https://www.rtvslo.si/iskalnik?group=1&per_page=10&type=3&sort=1&q=prepoved+izvoza]. Accessed 10 August 2020.

3.7.2 Travel restrictions

3.7.2a

In the past year, has the country implemented a ban, without international/bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak?

Yes = 0 , No = 1

Current Year Score: 0

In the past year, Slovenia has implemented a ban, without international or bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak. In April 2020 Slovenia introduced restrictions on entering the country through the Ordinance on Imposing and Implementing Measures to Prevent the Spread of Epidemic COVID-19 at the Border Crossing Points at the External Border and Inspection Posts within the National Borders of the Republic of Slovenia. The ordinance is updated regularly in accordance with the broader epidemic situation; currently the 13th version is in force. The ordinance forbids the entry into Slovenia of travelers who have tested positive for, or show obvious symptoms of, COVID-19, unless they are residents of Slovenia – but does not otherwise ban any groups from entering. However, the

ordinance puts countries into three categories: red, yellow and green. Travelers arriving from "red" countries must undergo fourteen days of self-isolation, which is monitored by the Ministry of Health, unless they present a negative test result that is no more than 36 hours old, or unless they are transiting through Slovenia for less than 12 hours. Foreign citizens arriving from "yellow" countries must provide a proof they are not arriving from a "red" country, or are treated as arrivials from a "red" country. No restrictions are imposed on Slovenian citizens arriving from "yellow" countries, or on anyone arriving from "green" countries. [1, 2, 3]. Moreover, on 17 March the 27 member states of the European Union (EU) agreed to ban entry into the EU from all other countries (except for EU citizens, British citizens and people who live in the EU or the United Kingdom) [4]. Since then the EU ban has been periodically reviewed, and entry has been allowed from certain countries [5].

[1] Republic of Slovenia – Legal information system (PisRS). 2020. "Ordinance of imposing and implementing measures to prevent the spread of epidemic COVID-19 at the border crossing points at the external border and inspection posts within national borders of the Republic of Slovenia." ("Odlok o odrejanju in izvajanju ukrepov za preprečitev širjenja nalezljive bolezni COVID-19 na mejnih prehodih na zunanji meji, na kontrolnih točkah na notranjih mejah in v notranjosti Republike Slovenije.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ODLO2141]. Accessed 10 August 2020.
[2] Republic of Slovenia - Government portal. 2020. "Crossing borders." ("Prehajanje meja.") [https://www.gov.si/teme/koronavirus-sars-cov-2/prehajanje-meja/]. Accessed 10 August 2020.
[3] Slovenian Police. 2020. "Crossing the state border during the coronavirus epidemic." [https://www.policija.si/eng/newsroom/news-archive/103470-crossing-the-state-border-during-the-coronavirus-epidemic]. Accessed 22 August 2020.
[4] Deutsche Welle. 18 March 2020. "EU closes borders to foreigners to halt coronavirus spread: What to know." [https://www.dw.com/en/eu-closes-borders-to-foreigners-to-halt-coronavirus-spread-what-to-know/a-52824499]. Accessed 7 August 2020.
[5] Deutsche Welle. 30 June 2020. "EU agrees to reopen borders to 14 countries, extends travel ban for US tourists." [https://www.dw.com/en/eu-agrees-to-reopen-borders-to-14-countries-extends-travel-ban-for-us-tourists/a-53986435]. Accessed 7 August 2020.

Category 4: Sufficient and robust health sector to treat the sick and protect health workers

4.1 HEALTH CAPACITY IN CLINICS, HOSPITALS, AND COMMUNITY CARE CENTERS

4.1.1 Available human resources for the broader healthcare system

4.1.1a

Doctors per 100,000 people

Input number

Current Year Score: 308.61

2017

WHO; national sources

4.1.1b

Nurses and midwives per 100,000 people

Input number

Current Year Score: 997.45

2017

WHO; national sources

4.1.1c

Does the country have a health workforce strategy in place (which has been updated in the past five years) to identify fields where there is an insufficient workforce and strategies to address these shortcomings?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Slovenia has a public workforce strategy in place to identify and address workforce shortcomings. Although the Joint External Evaluation conducted in 2017 states that a comprehensive multidisciplinary public health workforce policy must be developed in order to address specific public health workforce targets, no evidence of such policy exists on the websites of the Ministry of Health or the Ministry of Labour, Family, Social Affairs and Equal Opportunities [1, 2, 3]. Workforce strategies are in place, but those do not address healthcare staff specifically [4]. Furthermore, news reports on workforce shortages indicate that there is no strategy for the healthcare sector [5]. However, there is a mechanism in place for the broader healthcare workforce [1]. The Medical Practitioners Act sets out a mechanism for annual workforce planning for medical specialists, including for public health specialists [6]. The Medical Chamber of Slovenia (ZZS) issues and renews medical licenses, keeping track of the number of practitioners. It also registers demand for professionals from public health service providers. Twice a year, a commission within the Ministry of Health defines needs within each specialization based on this data. For instance, in Slovenia, doctors must apply to specialize in a certain field, a permission that is granted or refused based on needs [2].

[1] World Health Organization (WHO). 2017. “Joint External Evaluation of IHR core capacities of the Republic of Slovenia”. [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.
[2] Republic of Slovenia - Government portal. 2020. "Public Health Service Network." ("Mreža javne zdravstvene službe.") [https://www.gov.si/teme/mreza-javne-zdravstvene-sluzbe/]. Accessed 10 August 2020.
[3] Republic of Slovenia - Government portal. 2020. "Active employment policy." ("Aktivna politika zaposlovanja.") [https://www.gov.si/teme/aktivna-politika-zaposlovanja/]. Accessed 10 August 2020.
[4] Republic of Slovenia - Government portal. 2020. "Guidelines for active employment policy from 2016 to 2020." ("Smernice aktivne politike zaposlovanja od 2016 do 2020.") [https://www.gov.si/assets/ministrstva/MDDSZ/APZ/Smernice_APZ_2016_2020.pdf]. Accessed 10 August 2020.
[5] Siol.net. 2019. "The situation is catastrophic. Hospitals are missing more than two thousand health workers." ("Stanje je katastrofalno. V bolnišnicah manjka več kot dva tisoč zdravstvenih delavcev.") [https://siol.net/novice/slovenija/stanje-je-katastrofalno-v-bolnisnicah-manjka-vec-kot-dva-tisoc-zdravstvenih-delavcev-500112]. Accessed 10 August 2020.
[6] Republic of Slovenia – Legal information system (PisRS). 1999. "Medical Practitioners Act." ("Zakon o zdravniški službi.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO1395]. Accessed 10 August 2020.

4.1.2 Facilities capacity

4.1.2a

Hospital beds per 100,000 people

Input number

Current Year Score: 443

2018

WHO/World Bank; national sources

4.1.2b

Does the country have the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit and/or patient isolation room/unit located within the country?

Yes = 1 , No = 0

Current Year Score: 1

Slovenia has the capacity to isolate patients with highly communicable diseases. According to the Joint External Evaluation conducted in 2017, there are two university medical centers, in Ljubljana and Maribor, which have separate wards for treating patients with healthcare-associated infections. In addition, the University Clinic of Respiratory and Allergic Disease Golnik has a separate ward that allows airborne isolation for treating patients with tuberculosis. There are two patient rooms with negative pressure, and one negative pressure room in the intensive care unit. Other hospitals can adopt and enlarge their isolation capacity depending on the numbers of patients needing isolation (e.g. cohorting and sealing off the ward) [1]. Furthermore, article 12 of the Rules on the Reporting of Communicable Diseases mandates the isolation of patients with highly communicable diseases, and there is no evidence to suggest that the country's facilities are not prepared to comply with this [2]. For example, 2019 Action Plan for Ebola Treatment states that isolation can take place at a health institution or in a specially designated area. Complete isolation is mandatory for patients with pneumonic plague, pulmonary anthrax, disseminated herpes zoster, rabies and viral haemorrhagic fevers (Ebola, Lassa, Marburg) [3]. During the ongoing COVID-19 epidemic, dedicated isolation wards for patient treatment have been established within selected hospitals) [4].

[1] World Health Organization (WHO). 2017. "Joint External Evaluation of IHR core capacities of the Republic of Slovenia." [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.
[2] Republic of Slovenia – Legal information system (PisRS). 2017. "Rules amending the Rules on the reporting of communicable diseases and specific measures for the prevention and control thereof." ("Pravilnik o spremembi in dopolnitvi Pravilnika o prijavi nalezljivih bolezni in posebnih ukrepih za njihovo preprečevanje in obvladovanje.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV13203]. Accessed 10 August 2020.
[3] National Institute of Public Health (NIJZ). 2019. "Action plan for Ebola treatment." ("Hemoragična mrzlica Ebola – Pripravljenost in odzivanje v Sloveniji.") [https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/hemoragicna_mrzlica_ebola-_pripravljenost_in_odzivanje_v_sloveniji_-julij_2019_0.pdf]. Accessed 10 August 2020.
[4] Siol.net. 2020. " In Maribor, the covid ward was prepared again." ("V Mariboru znova pripravili covid oddelek.") https://siol.net/novice/slovenija/v-mariboru-ponovno-pripravili-covid-oddelek-529730]. Accessed 10 August 2020.

4.1.2c

Does the country meet one of the following criteria?
- Is there evidence that the country has demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak in the past two years?
- Is there evidence that the country has developed, updated or tested a plan to expand isolation capacity in response to an infectious disease outbreak in the past two years?
Yes = 1, No = 0

Current Year Score: 1

Slovenia has developed a plan and demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak in the past two years.

During the COVID-19 pandemic, additional isolation hospital wards were opened at University Medical Center Ljubljana, with space for up to additional 300 patients [2]. Moreover, in accordance with article 18 of the Communicable Diseases Act, additional accommodation facilities are activated if existing capacities are deemed insufficient [1]. During the COVID-19 epidemic, the Ministry of Health provided additional isolation capacities by a dedicated governmental decree, where patients with milder symptoms were transferred from hospitals. The ministry has thus utilized three institutions: a retirement home in Lenart, an educational center of the Administration of the Republic of Slovenia for Civil Protection and Disaster Relief in Logatec, and a hotel in Postojna. [3, 4]

[1] Republic of Slovenia – Legal information system (PisRS). 1995. "Communicable Diseases Act." ("Zakon o nalezljivih boleznih.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO433]. Accessed 1 April 2021.
[2] University Medical Center Ljubljana. 2021. "The work of the University Medical Center Ljubljana during the epidemic." ("Delo UKC Ljubljana v času epidemije.") [https://www.kclj.si/index.php?dir=/pacienti_in_obiskovalci/podatki_za_paciente/delo_ukc_ljubljana_v_casu_epidemije]. Accessed 1 April 2021.
[3] PisRS. 2020. "Order on the temporary measure of relinquishing accommodation facilities to contain and control COVID-19." ("Odredba o začasnem ukrepu prepustitve nastanitvenih objektov zaradi zajezitve in obvladovanja nalezljive bolezni COVID-19.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ODLO2083]. Accessed 1 April 2021.
[4] Ministry of Health. 2020. "Accommodation facilities for the needs of the implementation of the measure of isolation (isolation) or quarantine." ("Nastanitvene kapacitete za potrebe izvajanja ukrepa osamitve (izolacije)ali karantene.") [https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/Koronavirus/Nastanitvene-kapacitete-za-potrebe-izvajanja-ukrepa-osamitve-izolacije-8.-9.-2020.pdf]. Accessed 1 April 2021.

4.2 SUPPLY CHAIN FOR HEALTH SYSTEM AND HEALTHCARE WORKERS

4.2.1 Routine health care and laboratory system supply

4.2.1a

Is there a national procurement protocol in place which can be utilized by the Ministries of Health and Agriculture for the acquisition of laboratory supplies (e.g. equipment, reagents and media) and medical supplies (e.g. equipment, PPE) for routine needs?
Yes for both laboratory and medical supply needs = 2, Yes, but only for one = 1, No = 0

Current Year Score: 2

Slovenia has a procurement protocol in place that can be utilized by ministries for the acquisition of laboratory supplies and medical supplies for routine needs.

All governmental bodies and public legal entities must follow the Public Procurement Act when purchasing material or services. The act states that public procurement must be performed in a way that ensures the efficient use of public funds. All activities must be carried out in a transparent manner and according to the prescribed procedure. All public contracts are accessible on the portal of public procurement called “eNaročanje" ("E-Ordering"). Legal entities publish their demands on the portal; all interested parties can then apply if they meet the conditions. The cheapest bidder is selected. [1, 2] Laboratory equipment and medical supplies purchases can also be made through the procurement system, as evidenced through a procurement request for personal protective equipment by the Health Center Ljubljana and request for laboratory supplies by the Health Centres of Gorenjska region [4].

[1] Republic of Slovenia – Legal information system (PisRS). 2016. "Public Procurement Act." ("Zakon o javnem naročanju.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO7086]. Accessed 10 August 2020.
[2] Ministry of Public Administration (MJU). 2020. "E-Ordering." ("eNaročanje.") [https://www.enarocanje.si/]. Accessed 10 August 2020.
[3] MJU. 2020. "PPE for Health Center Ljubljana." ("Sredstva za zaščito osebja in pacientov za ZD Ljubljana.") [https://www.enarocanje.si/Obrazci/?id_obrazec=363807]. Accessed 19 August 2020.
[4] MJU. 2020. "Laboratory supplies, Health Centres of Gorenjska region." ("Oskrba z laboratorijskimi reagent za Osnovno zdravstvo Gorenjske.") [https://www.enarocanje.si/Obrazci/?id_obrazec=363964]. Accessed 19 August 2020.

4.2.2 Stockpiling for emergencies

4.2.2a

Does the country have a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency?

Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 2

Slovenia has a stockpile of medical supplies for national use during public health emergencies. Slovenia has a stockpile managed by the Agency of the Republic of Slovenia for Commodity Reserves, a governmental agency dedicated solely to managing commodity stocks. It maintains three-month strategic stocks of medical supplies [1]. Stocks are regularly replenished in accordance with the government’s approval [2]. According to the Agency's annual report for 2018, Slovenia maintained a stockpile of Tamiflu, Oseltamivir, Relenza and Pandemrix [5]. In late July 2020 media reported that the strategic stock consisted of 1.9 million surgical masks, 4.6 million 3ply masks, 917 visors, 1.3 million gloves, 6,537 light gowns and 406 gowns with higher protection [3]. Moreover, in July 2020, the Ministry of Health and the Administration of the Republic of Slovenia for Food Safety, Veterinary Sector and Plant Protection prepared a list for a new 3-months cycle, which was adopted by the government, and public procurements replenishing equipment stocks followed [2, 3]. Furthermore, the 2020 Healthcare Preparedness Plan for an Infectious Disease Epidemic in Slovenia states that pharmacists monitor stocks of critical medicines, and if an epidemic causes disturbance in the supply chain, the Ministry of Health can release medicines from the stockpile in accordance with article 141 of the Medicinal Products Act [6, 7]. In addition, in 2019 the European Commission created a strategic rescEU medical stockpile and distribution mechanism under the umbrella of the European Union Civil Protection Mechanism. The stockpile enables the swift delivery of medical equipment such as personal protective equipment

and medical countermeasures, if a member state applies for it [4].

[1] The Agency the Republic of Slovenia for Commodity Reserves. 2020. "Strategic commodity reserves." [https://www.dbr.si/en/purpose-scope-activity/strategic-commodity-reserves/]. Accessed 10 August 2020.
[2] Republic of Slovenia - Government portal. 2020. "25th regular session of the Government of the Republic of Slovenia." ("25. redna seja Vlade Republike Slovenije.") [https://www.gov.si/novice/2020-07-08-25-redna-seja-vlade-republike-slovenije/]. Accessed 10 August 2020.
[3] Siol.net. 2020. "The state will purchase more protective equipment." ("Država znova v nakup zaščitne opreme.") [https://siol.net/novice/slovenija/drzava-ponovno-v-nakup-zascitne-opreme-530588]. Accessed 10 August 2020.
[4] European Commission. 2020. "European Civil Protection and Humanitarian Aid Operations." [https://ec.europa.eu/echo/what/civil-protection/resceu_en]. Accessed 10 August 2020.
[5] Agency the Republic of Slovenia for Commodity Reserves. 2018. "Yearly report." [https://www.dbr.si/wp-content/uploads/2018/04/Letno-porocilo-ZRSBR-2017-sprejeto-na-Vladi.pdf]. Accessed 10 August 2020.
[6] Ministry of Health. 2020. " Healthcare preparedness plan for an infectious disease epidemic in Slovenia." ("Načrt pripravljenosti zdravstva na epidemijo nalezljive bolezni v Sloveniji.") [https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/Organizacija-zdravstvenega-varstva/Katastrofna/N.pdf]. Accessed 10 August 2020.
[7] Republic of Slovenia – Legal information system (PisRS). 2014. " Medicinal Products Act." ("Zakon o zdravilih.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO6295]. Accessed 10 August 2020.

4.2.2b

Does the country have a stockpile of laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 1

Slovenia has a stockpile of laboratory supplies for national use during a public health emergency but there is no evidence of what it includes. According to the 2017 Joint External Evaluation Slovenia maintains a stockpile of laboratory supplies and equipment, although it does not offer additional explanation [1]. The 2020 Healthcare Preparedness Plan for an Infectious Disease Epidemic in Slovenia states that laboratory monitoring falls within the competence of the National Laboratory for Health, Environment and Food (NLZOH) and the Institute of Microbiology and Immunology (IMI) [2]. Moreover, the national public health emergency plan "Response to epidemics/pandemics in humans" demands NLZOH maintains stockpiles that should suffice for 1-month operation during an epidemic [3]. The 2018 NLZOH Annual Report states stockpiles on December 31 2018 suffice for 44 days of continuous operation and are replenished under public procurements [4]. However, neither the emergency plan nor the IMI website does not provide any relevant details with regard to IMI's stockpile [3, 5]. In addition, the European Commission's strategic rescEU medical stockpile and distribution mechanism enables the swift delivery of laboratory supplies during an emergency [6].

[1] World Health Organization (WHO). 2017. "Joint External Evaluation of IHR core capacities of the Republic of Slovenia." [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.
[2] Ministry of Health. 2020. " Healthcare preparedness plan for an infectious disease epidemic in Slovenia." ("Načrt pripravljenosti zdravstva na epidemijo nalezljive bolezni v Sloveniji.") [https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/Organizacija-zdravstvenega-varstva/Katastrofna/N.pdf]. Accessed 10 August 2020.
[3] Civil Protection and Disaster Relief Administration (ACPDR). 2020. "Response to epidemics/pandemics in humans." ("Državni načrt zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh.")

[http://www.sos112.si/slo/tdocs/epidemija_pandemija.pdf]. Accessed 10 August 2020.
[4] National Laboratory for Health, Environment and Food (NLZOH). 2018. "2018 Annual Report." ("Letno poročilo 2018.") [https://www.nlzoh.si/images/dokumenti/Letno_poro%C4%8Dilo_NLZOH_2018_-_potrjeno.pdf]. Accessed 14 September 2020.
[5] Institute of Microbiology and Immunology (IMI). 2020. "Diagnostic activity." ("Diagnostična dejavnost.") [http://www.imi.si/diagnosticna-dejavnost/o-diagnostiki]. Accessed 10 August 2020.
[6] European Commission. 2020. "European Civil Protection and Humanitarian Aid Operations." [https://ec.europa.eu/echo/what/civil-protection/resceu_en]. Accessed 10 August 2020.

4.2.2c

Is there evidence that the country conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Slovenia requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency. There is, however, evidence that the inventory is monitored for inventory purposes. Slovenia's stockpile is managed by the Agency of the Republic of Slovenia for Commodity Reserves, a governmental agency dedicated solely to manage commodity stocks. It maintains three-month strategic stocks of medical supplies [1]. According to article 4 of the Commodity Reserves Act, the government decides on the use of commodity reserves and their replacement, as well as adopts the annual reports of the Agency [2, 4]. Stocks are regularly replenished in accordance with the government's approval [3]. Furthermore, the 2020 Healthcare Preparedness Plan for an Infectious Disease Epidemic in Slovenia states that pharmacists monitor stocks of critical medicines, and if an epidemic causes disturbance in the supply chain, the Ministry of Health can release medicines from the stockpile, in accordance with article 141 of the Medicinal Products Act [5, 6]. No further information is available via the Ministry of Health nor the Administration of the Republic of Slovenia for Civil Protection and Disaster Relief [7, 8].

[1] The Agency the Republic of Slovenia for Commodity Reserves. 2020. "Strategic commodity reserves." [https://www.dbr.si/en/purpose-scope-activity/strategic-commodity-reserves/]. Accessed 1 April 2021.
[2] Republic of Slovenia – Legal information system (PisRS). 1995. "Commodity Reserves Act." ("Zakon o blagovnih rezervah.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO430]. Accessed 1 April 2021.
[3] Republic of Slovenia - Government portal. 2020. "25th regular session of the Government of the Republic of Slovenia." ("25. redna seja Vlade Republike Slovenije.") [https://www.gov.si/novice/2020-07-08-25-redna-seja-vlade-republike-slovenije/]. Accessed 10 August 2020.
[4] Agency the Republic of Slovenia for Commodity Reserves. 2018. "Yearly report." [https://www.dbr.si/wp-content/uploads/2018/04/Letno-porocilo-ZRSBR-2017-sprejeto-na-Vladi.pdf]. Accessed 10 August 2020.
[5] Ministry of Health. 2020. " Healthcare preparedness plan for an infectious disease epidemic in Slovenia." ("Načrt pripravljenosti zdravstva na epidemijo nalezljive bolezni v Sloveniji.") [https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/Organizacija-zdravstvenega-varstva/Katastrofna/N.pdf]. Accessed 10 August 2020.
[6] PisRS. 2014. " Medicinal Products Act." ("Zakon o zdravilih.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO6295]. Accessed 10 August 2020.
[7] Republic of Slovenia - Government portal. 2020. " Control of infectious diseases." ("Obvladovanje nalezljivih bolezni.") [https://www.gov.si/teme/obvladovanje-nalezljivih-bolezni/]. Accessed 22 June 2021.
[8] ACPDR. 2020. "National emergency response plans." ("Načrti zaščite in reševanja.")

[http://www.sos112.si/slo/page.php?src=os12.htm]. Accessed 22 June 2021.

4.2.3 Manufacturing and procurement for emergencies

4.2.3a

Does the country meet one of the following criteria?
- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?
- Is there evidence of a plan/mechanism to procure medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?
Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

Slovenia has a mechanism to procure medical supplies for national use during a public health emergency, as well as an agreement to leverage domestic manufacturing capacity to produce medical supplies.

According to the national public health emergency response plan "Response to epidemics/pandemics in humans", and article 46 of the 2016 Public Procurement Act, the Agency of the Republic of Slovenia for Commodity Reserves can carry out expedited procurement for personal protective equipment, depending on the needs identified by the public healthcare providers. Conditions to be met, before that happens, are: the state has declared an epidemic and circumstances that could jeopardize public health have occurred. To ensure transparency, the Ministry of Public Administration has to publish all information related to such procurements on eNaročanje (eProcurement) webpage [1, 2].

In addition, the European Union's (EU's) Joint Procurement Agreement enables EU member states to establish a joint procurement procedure between 37 European states with a view to purchase medical supplies for serious threats to health [3]. According to the state secretary at the Ministry of Economic Development and Technology, Aleš Cantarutti, the government has established an inter-ministerial working group during the COVID-19 epidemic, with the intention of assisting the Agency of the Republic of Slovenia for Commodity Reserves with expedited procurement and leverage domestic production of medical supplies [4]. Agreements to produce personal protective equipment were signed with several Slovenian companies [5].

[1] Civil Protection and Disaster Relief Administration (ACPDR). 2020. "Response to epidemics/pandemics in humans." ("Državni načrt zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh.") [http://www.sos112.si/slo/tdocs/epidemija_pandemija.pdf]. Accessed 10 August 2020.
[2] Republic of Slovenia – Legal information system (PisRS). 2016. "Public Procurement Act." ("Zakon o javnem naročanju.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO7086]. Accessed 10 August 2020.
[3] European Commission. 2020. "Joint Procurement of medical countermeasures." [https://ec.europa.eu/health/preparedness_response/joint_procurement_en]. Accessed 10 August 2020.
[4] Reporter. 2020. "State Secretary Cantarutti: Slovenia expects more than 470 respirators in 4-6 weeks." ("Državni sekretar Cantarutti: Slovenija v 4-6 tednih pričakuje več kot 470 respiratorjev.") [https://reporter.si/clanek/slovenija/drzavni-sekretar-cantarutti-slovenija-v-4-6-tednih-pricakuje-vec-kot-470-respiratorjev-766764]. Accessed 10 August 2020.
[5] RTVSLO.si. 2020. "Boxmark will start to produce protective masks." ("V Boxmarku bodo začeli izdelovati zaščitne maske.") [https://www.rtvslo.si/radiomaribor/novice/v-boxmarku-bodo-zaceli-izdelovati-zascitne-maske/517668]. Accessed 10 August 2020.

4.2.3b

Does the country meet one of the following criteria?
- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce laboratory supplies (e.g. reagents, media) for national use during a public health emergency?
- Is there evidence of a plan/mechanism to procure laboratory supplies (e.g. reagents, media) for national use during a public health emergency?
Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is insufficeint evidence that Slovenia has a mechanism to produce or procure laboratory supplies (e.g. reagents, media) for national use during a public health emergency.

No evidence exists of a mechanism to leverage domestic manufacturing capacity to produce laboratory supplies on the websites of the Ministry of Health, the Ministry of Economic Development and Technology or the Ministry of Defense [1, 2, 3]. According to the article 46 of the Public Procurement Act, expedited procurement procedures for laboratory supplies can be carried out during an emergency, if needed (namely if the state has declared an epidemic, and unexpected circumstances that could jeopardize public health have occurred). All information related to such procurements has to be published on eNaročanje (eProcurement) webpage [4]. Moreover, the national public health emergency response plan states the National Laboratory for Health, Environment and Food (NLZOH), which serves as a reference laboratory and is subjected to public procurement, should maintain and replenish laboratory supplies for 1 month of operations during an epidemic [5].

[1] Republic of Slovenia - Government portal. 2020. "Ministry of Health News." ("Novice Ministrstva za zdravje.") [https://www.gov.si/novice/?org%5B0%5D=33&nrOfItems=100]. Accessed 10 August 2020.
[2] Republic of Slovenia - Government portal. 2020. "Ministry of Economic Development and Technology News." ("Novice Ministrstva za gospodarski razvoj in tehnologijo.") [https://www.gov.si/novice/?org[]=25]. Accessed 10 August 2020.
[3] Republic of Slovenia - Government portal. 2020. "Ministry of Defense News." ("Novice Ministrstva za obrambo.") [https://www.gov.si/novice/?org[]=30]. Accessed 10 August 2020.
[4] Republic of Slovenia - Legal information system (PisRS). 2020. "Public Procurement Act." ("Zakon o javnem naročanju.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO7086]. Accessed 10 August 2020.
[5] Civil Protection and Disaster Relief Administration (ACPDR). 2020. "Response to epidemics/pandemics in humans." ("Državni načrt zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh.") [http://www.sos112.si/slo/tdocs/epidemija_pandemija.pdf]. Accessed 10 August 2020.

4.3 MEDICAL COUNTERMEASURES AND PERSONNEL DEPLOYMENT

4.3.1 System for dispensing medical countermeasures (MCM) during a public health emergency

4.3.1a

Does the country have a plan, program, or guidelines in place for dispensing medical countermeasures (MCM) for national use during a public health emergency (i.e., antibiotics, vaccines, therapeutics and diagnostics)?
Yes = 1 , No = 0

Current Year Score: 1

Slovenia has a plan in place for dispensing medical countermeasures during public health emergencies. According to the Joint External Evaluation conducted in 2017, Slovenia has strong mechanisms related to sending and receiving medical

countermeasures during public health emergencies [1]. The Medicinal Products Act addresses regulatory concerns around receiving drugs or devices from an international source; and sending, receiving and distribution of medical countermeasures during an emergency and/or shortage [2]. If a public health emergency occurs the National Disaster Response Plan of the Civil Protection and Disaster Relief Administration (ACPDR) demand Public Health Institutions establish entry points for the treatment (including MCM) of patients with an infectious disease. The Dispatch Service of Health Care coordinates all transports of infected or sick persons. Moreover, civil protection forces provide door-to-door logistics services to people who are quarantined or isolated (eg. food, medicine, medical devices and other necessities of life) and provide care for vulnerable groups, if needed. Depending on the scale of emergency, the Red Cross volunteers could establish additional mobile centers to provide any additional support. Furthermore, the National Institute of Public Health (NIJZ) proposes what vaccines and medicines should be used during an emergency, and also issues information brochures and, if necessary, establishes a hotline to inform the population on vaccination and medicine procedures [3].

[1] World Health Organisation (WHO). 2017. "Joint External Evaluation of IHR core capacities of the Republic of Slovenia." [http://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2017.32/en/]. Accessed 10 August 2020.
[2] Republic of Slovenia – Legal information system (PisRS). 2014. "Medicinal Products Act." ("Zakon o zdravilih.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO6295]. Accessed 10 August 2020.
[3] ACPDR. 2020. "Response to epidemics/pandemics in humans." ("Državni načrt zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh.") [http://www.sos112.si/slo/tdocs/epidemija_pandemija.pdf]. Accessed 10 August 2020.

4.3.2 System for receiving foreign health personnel during a public health emergency

4.3.2a

Is there a public plan in place to receive health personnel from other countries to respond to a public health emergency?
Yes = 1 , No = 0

Current Year Score: 1

There is a public plan in place to receive heath personnel from other countries to respond to a public health emergency in Slovenia. According to the 2020 National Public Health Emergency Response Plan, Slovenia may request the assistance of another country under bilateral or multilateral cooperation agreements, following the 2018 Protocol on Supporting the Country Hosting International Assistance in the Event of Natural or Other Disasters. This protocol applies to all emergency response plans and can be triggered by the government or the head of the Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR). The protocol was made in December 2018, but was not enforced within the Response Plan until 2020. [1, 2]. When triggered, the Notification Center of the Republic of Slovenia (CORS) can request help from neighboring counties, the United Nations Office for the Coordination of Humanitarian Affairs (UN-OCHA) Emergency Relief Coordination Centre (ERCC) or the Euroatlantic Disaster Response Coordination Centre (EADRCC) [1, 3]. The ACPDR coordinates all further activities: it keeps a list of international personnel, vehicles or other technical means along with their travel plans; it manages visas, provides logistics and supplies vital information and contact points to units before arrival; and it delegates tasks. Personnel are stationed within the ACPDR's logistics center in Ljubljana or appropriate logistics centers in areas affected by the disaster. If assistance arrives by air, the designated entry points are the airports in Ljubljana, Maribor and Cerklje ob Krki. Moreover, all international assistance provided by the World Health Organization is coordinated by the Ministry of Health [1, 2]. Additionally, there is evidence that additional specific agreements may be in place. Slovenia has a bilateral agreement with Austria on providing mutual aid in case of emergencies. Although health emergencies are not specified, the agreement covers emergencies more broadly and includes provision of medical aid. Among other procedures to facilitate response logistics, the agreement allows for visa free travel by the medical teams and facilitation for the import

and export of emergency supplies needed by response teams for the sake of emergency response. [4]

[1] Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR). 2020. "Response to epidemics/pandemics in humans." ("Državni načrt zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh.") [http://www.sos112.si/slo/tdocs/epidemija_pandemija.pdf]. Accessed 10 August 2020.
[2] ACPDR. 2018. " Protocol on Supporting the Country Hosting International Assistance in the Event of Natural or Other Disasters." ("Postopkovnik: podpora države gostiteljice mednarodni pomoči ob naravni in drugi nesreči v RS.") [http://www.sos112.si/slo/tdocs/d_12.pdf]. Accessed 5 October 2020.
[3] Republic of Slovenia - Government portal. 2019. "#SIQUAKE2020 Workshop." ("Delavnica v okviru projekta #SIQUAKE2020.") [https://www.gov.si/novice/2019-09-18-delavnica-v-okviru-projekta-siquake2020/]. Accessed 10 August 2020.
[4] National Council of Austria. 1998. "Agreement between the Republic of Austria and the Republic of Slovenia on co-operation for prevention and mutual assistance with disasters or serious accidents". ("ABKOMMEN ZWISCHEN DER REGIERUNG DER REPUBLIK ÖSTERREICH UND DER REGIERUNG DER REPUBLIK SLOWENIEN ÜBER DIE ZUSAMMENARBEIT BEI DER VORBEUGUNG UND GEGENSEITIGEN HILFELEISTUNG BEI KATASTROPHEN ODER SCHWEREN UNGLÜCKSFÄLLEN.") [https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10011108]. Accessed 8 August 2020.

4.4 HEALTHCARE ACCESS

4.4.1 Access to healthcare

4.4.1a

Does the constitution explicitly guarantee citizens' right to medical care?

Guaranteed free = 4, Guaranteed right = 3, Aspirational or subject to progressive realization = 2, Guaranteed for some groups, not universally = 1, No specific provision = 0

Current Year Score: 4

2020

World Policy Analysis Center

4.4.1b

Access to skilled birth attendants (% of population)

Input number

Current Year Score: 99.8

2012

WHO/World Bank/United Nations Children's Fund (UNICEF)

4.4.1c

Out-of-pocket health expenditures per capita, purchasing power parity (PPP; current international $)

Input number

Current Year Score: 364.99

2017

WHO Global Health Expenditure database

4.4.2 Paid medical leave

4.4.2a

Are workers guaranteed paid sick leave?

Paid sick leave = 2, Unpaid sick leave = 1, No sick leave = 0

Current Year Score: 2

2020

World Policy Analysis Center

4.4.3 Healthcare worker access to healthcare

4.4.3a

Has the government issued legislation, a policy, or a public statement committing to provide prioritized healthcare services to healthcare workers who become sick as a result of responding to a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of a requirement to provide prioritized healthcare for healthcare workers who become sick in the course of responding to a public health emergency. No such provisions or articles are to be found in the 2011 Health and Safety at Work Act, the 1992 Health Services Act, or the 2015 Communicable Diseases Act [1, 2, 3]. The plan "Response to Epidemics/Pandemics in Humans" contains no provisions prioritizing healthcare workers [4]. Neither the Ministry of Health nor the Administration of the Republic of Slovenia for Civil Protection and Disaster Relief provide evidence of such requirements on their websites [6, 7]. However, the National Institute of Public Health provides vaccinations to medical personnel in some cases, for instance for hepatitis B and the seasonal flu [5].

[1] Republic of Slovenia – Legal information system (PisRS). 2011. "Health and Safety at Work Act." ("Zakon o varnosti in zdravju pri delu.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO5537]. Accessed 10 August 2020.
[2] PisRS. 1992. "Health Services Act." ("Zakon o zdravstveni dejavnosti.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO214]. Accessed 10 August 2020
[3] Republic of Slovenia – Legal information system (PisRS). 1995. "Communicable Diseases Act." ("Zakon o nalezljivih boleznih.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV11340]. Accessed 10 August 2020.
[4] Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR). 2020. "Response to epidemics/pandemics in humans." ("Državni načrt zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh.") [http://www.sos112.si/slo/tdocs/epidemija_pandemija.pdf]. Accessed 10 August 2020.
[5] National Institute of Public Health (NIJZ). 2015. "Vaccination of healthcare workers: policies and practices." ("Cpljenje zdravstvenih delavcev: politike in prakse.") [https://www.nijz.si/sites/www.nijz.si/files/uploaded/enboz_avgust_2015.pdf]. Accessed 10 August 2020.

[6] Republic of Slovenia - Government portal. 2020. " Control of infectious diseases." ("Obvladovanje nalezljivih bolezni.") [https://www.gov.si/teme/obvladovanje-nalezljivih-bolezni/]. Accessed 10 August 2020.
[7] ACPDR. 2020. "National emergency response plans." ("Načrti zaščite in reševanja.") [http://www.sos112.si/slo/page.php?src=os12.htm]. Accessed 10 August 2020.

4.5 COMMUNICATIONS WITH HEALTHCARE WORKERS DURING A PUBLIC HEALTH EMERGENCY

4.5.1 Communication with healthcare workers

4.5.1a

Is there a system in place for public health officials and healthcare workers to communicate during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 1

There is a system in place for public health officials and healthcare workers to communicate during a public health emergency in Slovenia.

According to the 2020 National Public Health Emergency Response Plan, the Notification Center of the Republic of Slovenia (CORS) is responsible for all communication between public health officials and healthcare workers. During a public health emergency, CORS communicates with the Ministry of Health, other agencies which have responsibilities according to the national plan (e.g. the Administration of the Republic of Slovenia for Civil Protection and Disaster Relief), and healthcare workers. Messages are sent by telephone, e-mail or fax. The first message from the CORS must be over the phone and it must be acknowledged by the recipient. Moreover, for operational activities, a rescue radio system (ZA-RE) is established, which healthcare workers can use to communicate with CORS and the Ministry of Health [1, 2, 3].

[1] Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR). 2020. "Response to epidemics/pandemics in humans." ("Državni načrt zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh.") [http://www.sos112.si/slo/tdocs/epidemija_pandemija.pdf]. Accessed 10 August 2020.
[2] ACPDR. 2020. "Notification Centre of the Republic of Slovenia." [http://www.sos112.si/slo/page.php?src=ks13.htm]. Accessed 10 August 2020.
[3] ACPDR. 2020. "ZA-RE communication system." ("Sistem zvez ZA-RE.") [http://www.sos112.si/slo/izpostava_page.php?IzpostavaID=5&src=90.htm]. Accessed 10 August 2020.

4.5.1b

Does the system for public health officials and healthcare workers to communicate during an emergency encompass healthcare workers in both the public and private sector?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that the system for public health officials and healthcare workers to communicate during an emergency encompass healthcare workers in both the public and private sector. The 2020 National Public Health Emergency Response Plan, which sets out the procedures for communication between public health officials and healthcare workers during a public health event, makes no distinction between healthcare workers from the public and the private sectors, and

makes no specific mention of the private sector. [1] The plan states that the Notification Center of the Republic of Slovenia (CORS) is responsible for all communication between public health officials and healthcare workers [1]. The 2020 Healthcare Preparedness Plan for an Infectious Disease Epidemic in Slovenia does distinguish between public healthcare institutions and concessionaries when describing the health system capacity during an epidemic, but does not mention the public-private distinction regarding communication [2].

[1] Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR). 2020. "Response to epidemics/pandemics in humans." ("Državni načrt zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh.") [http://www.sos112.si/slo/tdocs/epidemija_pandemija.pdf]. Accessed 10 August 2020.
[2] Ministry of Health. 2020. "Healthcare preparedness plan for an infectious disease epidemic in Slovenia." ("Načrt pripravljenosti zdravstva na epidemijo nalezljive bolezni v Sloveniji.") [https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/Organizacija-zdravstvenega-varstva/Katastrofna/N.pdf]. Accessed 10 August 2020.

4.6 INFECTION CONTROL PRACTICES AND AVAILABILITY OF EQUIPMENT

4.6.1 Healthcare associated infection (HCAI) prevention and control programs

4.6.1a

Is there evidence that the national public health system is monitoring for and tracking the number of healthcare associated infections (HCAI) that take place in healthcare facilities?

Yes = 1 , No = 0

Current Year Score: 1

Slovenia's national public health system monitors for and tracks the number of healthcare-associated infections (HCAI) that take place in healthcare facilities in the country.

Chapter 3 of the 1995 Communicable Diseases Act and the 2011 Rules on Expert Supervision of Implementation of the Program on Prevention and Control of Hospital Infections both requires the monitoring of hospital infections and require all medical facilities to have dedicated infection prevention and control (IPC) programs, including specialized training of personnel [1, 2]. Moreover, many medical facilities have dedicated HCAI departments [3, 4]. The implementation of these programs is regularly monitored by the National Commission for the Control and Prevention of Healthcare-Associated Infections, under the Ministry of Health [5, 6]. Furthermore, reports on epidemiological monitoring are periodically published by the National Institute of Public Health [6, 7].

[1] Republic of Slovenia – Legal information system (PisRS). 1995. "Communicable Diseases Act." ("Zakon o nalezljivih boleznih.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO433]. Accessed 10 August 2020.
[2] Republic of Slovenia – Legal information system (PisRS). 2011. " Rules on expert supervision over implementation of the programme on prevention and control of hospital infections." ("Pravilnik o strokovnem nadzoru izvajanja programa preprečevanja in obvladovanja bolnišničnih okužb.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV10625]. Accessed 10 August 2020.
[3] University Medical Centre Ljubljana. 2020. "HCAI Department." ("Služba za preprečevanje in obvladovanje bolnišničnih okužb.") [https://www.kclj.si/index.php?dir=/pacienti_in_obiskovalci/klinike_in_oddelki/sluzba_za_preprecevanje_in_obvladovanje_bolnisnicnih_okuzb]. Accessed 10 August 2020.

[4] Izola General Hospital. 2020. "HCAI Commission." ("Komisija za obvladovanje bolnišničnih okužb.") [https://www.sb-izola.si/si/kobo/#]. Accessed 10 August 2020.
[5] National Institute of Public Health (NIJZ). 2020. "Healthcare Associated Infections." ("Bolnišniščne okužbe.") [https://www.nijz.si/sl/bolnisnicne-okuzbe#kako-preprecujemo-in-obvladujemo-bolnisnicne-okuzbe-v-sloveniji%3F]. Accessed 10 August 2020.
[6] Republic of Slovenia - Government portal. 2020. "National Commission for the control and prevention of healthcare associated Infections." ("Nacionalna komisija za preprečevanje in obvladovanje bolnišničnih okužb.") [https://www.gov.si/zbirke/delovna-telesa/nacionalna/]. Accessed 10 August 2020.
[7] NIJZ. 2020. "Healthcare Associated Infections - the professional public." ("Bolnišnične okužbe - za strokovno javnost.") [https://www.nijz.si/sl/bolnisnicne-okuzbe-za-strokovno-javnost-0#metodoloska-navodila-za-epidemiolosko-spremljanje-bo]. Accessed 10 August 2020.

4.7 CAPACITY TO TEST AND APPROVE NEW MEDICAL COUNTERMEASURES

4.7.1 Regulatory process for conducting clinical trials of unregistered interventions

4.7.1a

Is there a national requirement for ethical review (e.g., from an ethics committee or via Institutional Review Board approval) before beginning a clinical trial?

Yes = 1 , No = 0

Current Year Score: 1

There a national requirement in Slovenia for ethical review before beginning a clinical trial. According to the 2014 Medicinal Products Act, the Commission for Medical Ethics (KME) must give consent to all medical trials. Article 37 of the Act states that the Agency for Medicinal Products and Medical Devices of the Republic of Slovenia (JAZMP) has jurisdiction over clinical trials, but JAZMP requires that the applicant attach the consent of the KME. If the KME's opinion is negative, the application is rejected [1, 2].

[1] Republic of Slovenia – Legal information system (PisRS). 2014. "Medicinal Products Act." ("Zakon o zdravilih.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO6295]. Accessed 10 August 2020.
[2] Agency for Medicinal Products and Medical Devices of the Republic of Slovenia (JAZMP). 2020. "Medicinal Products for Human use." [https://www.jazmp.si/en/human-medicines/]. Accessed 10 August 2020.

4.7.1b

Is there an expedited process for approving clinical trials for unregistered medical countermeasures (MCM) to treat ongoing epidemics?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Slovenia has an expedited process for approving clinical trials for unregistered medical countermeasures to treat ongoing epidemics. According to article 37 of the Medicinal Products Act and the article 39 of the Medical Devices Act, the Agency for Medicinal Products and Medical Devices of the Republic of Slovenia (JAZMP) issues permits for clinical trials in Slovenia. Even though JAZMP can temporarily allow the use of medicine and medical devices in

exceptional cases (including epidemics, pandemics, poisoning and radiation), an expedited process is not specifically mentioned in either acts, or in the 2006 Rules on Clinical Testing of Medicinal Products [1, 2, 3]. Moreover, neither the Ministry of Health, nor the JAZMP indicates on its website that such a process exists [4, 5].

[1] Republic of Slovenia – Legal information system (PisRS). 2014. "Medicinal Products Act." ("Zakon o zdravilih.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO6295]. Accessed 10 August 2020.
[2] PisRS. 2010. "Medical Devices Act." ("Zakon o medicinskih pripomočkih.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO5503]. Accessed 10 August 2020.
[3] PisRS. 2006. "Rules on clinical testing of medicinal products." ("Pravilnik o kliničnih preskušanjih zdravil.") [http://pisrs.si/Pis.web/pregledPredpisa?id=PRAV6611]. Accessed 10 August 2020.
[4] Ministry of Health. 2018. "Guidance on contact points in clinical trials of medicinal products in human medicine." ("Navodilo o kontaktnih točkah v kliničnih preskušanjih zdravil v humani medicini.") [https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/KME/Obrazci/Navodilo-o-kontaktnih-tockah-v-klinicnih-preizkusanjih-zdravil-v-humani-medicini.pdf]. Accessed 10 August 2020.
[5] Agency for Medicinal Products and Medical Devices of the Republic of Slovenia (JAZMP). 2020. "Monitoring in the field of clinical trials." ("Klinična preizkušanja zdravil za humano uporabo.") [https://www.jazmp.si/nadzor/klinicna-preskusanja-zdravil-za-humano-uporabo/]. Accessed 10 August 2020.

4.7.2 Regulatory process for approving medical countermeasures

4.7.2a

Is there a government agency responsible for approving new medical countermeasures (MCM) for humans?

Yes = 1 , No = 0

Current Year Score: 1

In Slovenia there is a government agency responsible for approving new medical countermeasures for humans. Article 3 of the 2014 Medicinal Products Act and Article 10 of the 2010 Medical Devices Act specifically mention that approving new medical countermeasures for humans is the responsibility of the Agency for Medicinal Products and Medical Devices of the Republic of Slovenia (JAZMP) [1, 2]. The agency regulates, registers, supervises and recalls medicinal products, medical devices, blood, tissues and cells. Furthermore, it undertakes inspections of clinical trials and collects reports of violations. All registered medicines for humans and animals are publicly available on the JAZMP's website [3].

[1] Republic of Slovenia – Legal information system (PisRS). 2014. "Medicinal Products Act." ("Zakon o zdravilih.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO6295]. Accessed 10 August 2020.
[2] PisRS. 2010. "Medical Devices Act." ("Zakon o medicinskih pripomočkih.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO5503]. Accessed 10 August 2020.
[3] Agency for Medicinal Products and Medical Devices of the Republic of Slovenia (JAZMP). 2020. "Homepage." [https://www.jazmp.si/en/]. Accessed 10 August 2020.

4.7.2b

Is there an expedited process for approving medical countermeasures (MCM) for human use during public health emergencies?

Yes = 1 , No = 0

Current Year Score: 1

There is an expedited process for approving medical countermeasures (MCM) for human use during public health emergencies in Slovenia. According to article 20 of the 2014 Medicinal Products Act and article 25 of the 2010 Medical Devices Act, the Agency for Medicinal Products and Medical Devices of the Republic of Slovenia (JAZMP) can temporarily allow the use of medicine and medical devices in exceptional cases (including epidemics, pandemics, poisoning and radiation) for the purpose of implementing protective measures to safeguard public health, but permissions are issued only on provisional basis for the duration of the crisis. The detailed conditions in such cases are to be determined by the Minister of Health [1, 2, 3].

[1] Republic of Slovenia – Legal information system (PisRS). 2014. "Medicinal Products Act." ("Zakon o zdravilih.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO6295]. Accessed 10 August 2020.
[2] PisRS. 2010. "Medical Devices Act." ("Zakon o medicinskih pripomočkih.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO5503]. Accessed 10 August 2020.
[3] PisRS. 2012. "Regulations on the conditions and procedures for granting import permit for medicinal products for human use." ("Pravilnik o pogojih, načinu in postopku za pridobitev dovoljenja za vnos oziroma uvoz zdravil za uporabo v humani medicini.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV11365]. Accessed 10 August 2020.

Category 5: Commitments to improving national capacity, financing plans to address gaps, and adhering to global norms

5.1 INTERNATIONAL HEALTH REGULATIONS (IHR) REPORTING COMPLIANCE AND DISASTER RISK REDUCTION

5.1.1 Official IHR reporting

5.1.1a

Has the country submitted IHR reports to the WHO for the previous calendar year?
Yes = 1 , No = 0

Current Year Score: 0

2020

World Health Organization

5.1.2 Integration of health into disaster risk reduction

5.1.2a

Are epidemics and pandemics integrated into the national risk reduction strategy or is there a standalone national disaster risk reduction strategy for epidemics and pandemics?
Yes = 1 , No = 0

Current Year Score: 1

A standalone national disaster risk reduction strategy for pandemics is in place in Slovenia. The Assessment of the Threat in the Republic of Slovenia of the Occurrence of Infectious Diseases in Humans, which assesses risks and lists measures to prevent pandemics, was issued by the Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR) in 2016. The Assessment includes an overview of the factors that are important for the emergence and spread of infectious diseases, such as changes in microorganisms, environmental and weather changes, rejection of vaccination, and lifestyle changes. Moreover, the document classifies municipalities in Slovenia by levels of threat and proposes measures such as vaccination, hygienic and sanitary measures, lower use of medicine, along with public health promotion [1, 3]. A similar assessment is available for animal epidemics, the 2020 National Assessment of the Threat of the Occurrence of Infectious Diseases in Animals. The document assesses risks and lists measures for the emergence of particularly dangerous animal diseases (such as tuberculosis, brucellosis, and rabies), and includes an overview of factors and specific infectious diseases in animals as well as proposes preventive measures, such as vaccination and epizootiological enquiry [2].

[1] Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR). 2016. "Assessment of the threat of the Republic of Slovenia at the occurrence of infectious diseases in humans." ("Ocena ogroženosti Republike Slovenije ob pojavu nalezljivih bolezni pri ljudeh.") [http://www.sos112.si/slo/tdocs/pandemija.pdf]. Accessed 10 August 2020.
[2] ACPDR. 2020. "National assessment of the threat of the occurrence of infectious diseases in animals." ("Ocena ogroženosti republike Slovenije zaradi pojava posebno nevarnih bolezni živali.") [http://www.sos112.si/slo/tdocs/epizootija.pdf]. Accessed 10 August 2020.
[3] National Institute of Public Health. 2020. "Plans and guidelines." ("Načrti in smernice.") [https://www.nijz.si/sl/nacrti-in-smernice#ocena-ogrozenosti-republike-slovenije-ob-pojavu-nalezljivih-bolezni-pri-ljudeh]. Accessed 10 August 2020.

5.2 CROSS-BORDER AGREEMENTS ON PUBLIC HEALTH AND ANIMAL HEALTH EMERGENCY RESPONSE

5.2.1 Cross-border agreements

5.2.1a

Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to public health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 2

Slovenia has cross-border agreements in place with regard to public health emergencies. The 2020 plan "Response to Epidemics/Pandemics in Humans", which is Slovenia's public health emergency response plan, has protocols in place for information exchange with neighboring countries. The Notification Center of the Republic of Slovenia (CORS) is required to inform neighboring Austria, Croatia, Italy and Hungary if a public health emergency occurs. Moreover, under bilateral agreements, other countries, such as the Slovak Republic, Russia, Poland, Montenegro and Macedonia, are to be notified as well [1, 2]. At the European Union level, Slovenia reports to the European Centre For Disease Prevention And Control (ECDC) on a daily basis. ECDC situation updates on COVID-19 show Slovenia has fully implemented its protocols [3].

[1] Administration of the Republic of Slovenia for Civil Protection and Disaster Relief (ACPDR). 2020. "Response to epidemics/pandemics in humans." ("Državni načrt zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh.") [http://www.sos112.si/slo/tdocs/epidemija_pandemija.pdf]. Accessed 10 August 2020.

[2] ACPDR. 2020. "International agreements in the field of protection against natural and other disasters." ("Mednarodni sporazumi na področju varstva pred naravnimi in drugimi nesrečami.") [http://www.sos112.si/slo/page.php?src=sv41.htm]. Accessed 10 August 2020.
[3] The European centre for disease prevention and control (ECDC). 2020. "COVID-19 situation update for the EU/EEA and the UK, as of 18 August 2020." [https://www.ecdc.europa.eu/en/cases-2019-ncov-eueea].]. Accessed 18 August 2020.

5.2.1b

Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to animal health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 2

Slovenia has cross-border agreements with neighboring countries and the European Union (EU) with regard to animal health emergencies and there is no evidence of gaps in implementation. Article 16 of the Rules on Animal Diseases requires that the World Organization for Animal Health (OIE), the European Commission and the competent veterinary authorities of all EU member states and neighboring countries are notified in the event of an outbreak [1]. Slovenia reports to the EU commission over the Animal Disease Notification System (ADNS) and weekly reports can be accessed at the Government portal [2]. Furthermore, in case of an emergency, an EU Veterinary Emergency Team can be deployed to Slovenia to assist with the outbreak. The team includes experts in the fields of veterinary sciences, virology, wildlife, laboratory testing, risk management and other relevant areas; it supports the authorities of EU countries a request for assistance is submitted to the European Commission. No such mission has taken place in Slovenia yet [3].

[1] Republic of Slovenia – Legal information system (PisRS). 2007. "Rules on animal diseases." ("Pravilnik o boleznih živali.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=PRAV8019]. Accessed 10 August 2020.
[2] Republic of Slovenia - Government portal. 2020. "Monitoring the occurrence of animal diseases." ("Spremljanje pojavov bolezni živali.") [https://www.gov.si/teme/spremljanje-pojavov-bolezni-zivali/]. Accessed 10 August 2020..
[3] European Comission. 2020. " Veterinary Emergency Team". Brussels. [https://ec.europa.eu/food/animals/animal-diseases/emergency-team_en]. Accessed 10 August 2020.

5.3 INTERNATIONAL COMMITMENTS

5.3.1 Participation in international agreements

5.3.1a

Does the county have signatory and ratification (or same legal effect) status to the Biological Weapons Convention?

Signed and ratified (or action having the same legal effect) = 2, Signed = 1, Non-compliant or not a member = 0

Current Year Score: 2

2021

Biological Weapons Convention

5.3.1b

Has the country submitted confidence building measures for the Biological Weapons Convention in the past three years?

Yes = 1 , No = 0

Current Year Score: 1

2021

Biological Weapons Convention

5.3.1c

Has the state provided the required United Nations Security Council Resolution (UNSCR) 1540 report to the Security Council Committee established pursuant to resolution 1540 (1540 Committee)?

Yes = 1 , No = 0

Current Year Score: 1

2021

Biological Weapons Convention

5.3.1d

Extent of United Nations Security Council Resolution (UNSCR) 1540 implementation related to legal frameworks and enforcement for countering biological weapons:

Very good (60+ points) = 4, Good (45–59 points) = 3, Moderate (30–44 points) = 2, Weak (15–29 points) = 1, Very weak (0–14 points) or no matrix exists/country is not party to the BWC = 0

Current Year Score: 4

2021

Biological Weapons Convention

5.3.2 Voluntary memberships

5.3.2a

Does the country meet at least 2 of the following criteria?

- Membership in Global Health Security Agenda (GHSA)
- Membership in the Alliance for Country Assessments for Global Health Security and IHR Implementation (JEE Alliance)
- Membership in the Global Partnership Against the Spread of Weapons and Materials of Mass Destruction (GP)
- Membership in the Australia Group (AG)
- Membership in the Proliferation Security Initiative (PSI)

Needs to meet at least two of the criteria to be scored a 1 on this measure. , Yes for five = 1 , Yes for four = 1 , Yes for three = 1 , Yes for two = 1 , Yes for one = 0 , No for all = 0

Current Year Score: 1

2021

Global Health Security Agenda; JE Alliance; Global Partnership; Australia Group; PSI

5.4 JOINT EXTERNAL EVALUATION (JEE) AND PERFORMANCE OF VETERINARY SERVICES PATHWAY (PVS)

5.4.1 Completion and publication of a Joint External Evaluation (JEE) assessment and gap analysis

5.4.1a

Has the country completed a Joint External Evaluation (JEE) or precursor external evaluation (e.g., GHSA pilot external assessment) and published a full public report in the last five years?

Yes = 1 , No = 0

Current Year Score: 1

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.1b

Has the country completed and published, within the last five years, either a National Action Plan for Health Security (NAPHS) to address gaps identified through the Joint External Evaluation (JEE) assessment or a national GHSA roadmap that sets milestones for achieving each of the GHSA targets?

Yes = 1 , No = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.2 Completion and publication of a Performance of Veterinary Services (PVS) assessment and gap analysis

5.4.2a

Has the country completed and published a Performance of Veterinary Services (PVS) assessment in the last five years?

Yes = 1 , No = 0

Current Year Score: 0

2021

OIE PVS assessments

5.4.2b

Has the country completed and published a Performance of Veterinary Services (PVS) gap analysis in the last five years?

Yes = 1 , No = 0

Current Year Score: 0

2021

OIE PVS assessments

5.5 FINANCING

5.5.1 National financing for epidemic preparedness

5.5.1a

Is there evidence that the country has allocated national funds to improve capacity to address epidemic threats within the past three years?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence Slovenia has allocated national funds to improve capacity to address epidemic threats within the past three years. No such evidence exists on the websites of the Ministry of Health and the Ministry of Finance [1, 2]. However, Slovenia has allocated EUR 37.4 million (US$ 44.13 million) in 2018 and EUR 31.7 million (US$ 47.4 million) in 2019 for systemic healthcare improvements [3, 4]. According to the 2018 budget final account, this includes cooperation with the World Health Organization and other international organizations, as well as preparedness for emergencies. However, a more detailed budget breakdown is not available [5]. In addition, in the past three years several health ministers have made vague promises to improve the healthcare system's, but there is no evidence that these promises have been implemented. For instance, Aleš Šabeder promised additional funding for investments with the aim to improve healthcare system performance, Samo Fakin promised better systematization and management of hospitals, and Milojka Kolar Celarc promised better quality of service within the public healthcare system [6, 7, 8].

[1] Republic of Slovenia - Government portal. 2020. "Ministry of Health News." ("Novice Ministrstva za zdravje.") [https://www.gov.si/novice/?org%5B0%5D=33&nrOfItems=100]. Accessed 10 August 2020.
[2] Republic of Slovenia - Government portal. 2020. "Ministry of Finance News." ("Novice Ministrstva za finance.") [https://www.gov.si/novice/?org%5B0%5D=24]. Accessed 10 August 2020.
[3] Republic of Slovenia - Government portal. 2020. "Budget 2018." ("Proračun 2018.") [https://proracun.gov.si/Public/BudgetVisualization]. Accessed 10 August 2020.
[4] Republic of Slovenia - Government portal. 2019. "Budget of the Republic of Slovenia for 2019." ("Rebalans proračuna Republike Slovenije za leto 2019.") [https://www.gov.si/zbirke/seznami/sprejeti-proracuni-republike-slovenije/rebalans-proracuna-republike-slovenije-za-leto-2019/]. Accessed 10 August 2020.
[5] Republic of Slovenia - Government portal. 2020. "Budget final account 2018: Healthcare." ("Zaključni račun proračuna 2018: Zdravstveno varstvo.") [https://www.gov.si/assets/ministrstva/MF/Proracun-direktorat/Drzavni-proracun/Zakljucni-racun/2018-ZR/03-Obrazlozitve-politik/17-Zdravstveno-varstvo.pdf]. Accessed 10 August 2020.
[6] Necenzurirano.si. 2019. "Why did Samo Fakin have to leave?" ("Zakaj je moral oditi Samo Fakin?") [https://necenzurirano.si/clanek/mnenja/zakaj-je-moral-oditi-samo-fakin-ne-le-zaradi-zdravja-analiza-752300]. Accessed 5 October 2020.
[7] Zdravstveni portal. 2019. "After 100 days: What has Health Minister Aleš Šabeder done so far and what are his promises?" ("Sto dni je mimo. Kaj je minister za zdravje Aleš Šabeder naredil doslej in kaj obljublja za naprej?") [https://www.zdravstveniportal.si/zdravstvo/politika/395/minister-za-zdravje-ales-sabeder]. Accessed 5 October 2020.

[8] Portal Plus. 2017. "Dear Minister Milojka, wait for the European Commission's decision before throwing 136 million to the health mafia!" ("Ministrica Milojka, preden vržete 136 milijonov zdravstveni mafiji, počakajte na odločitev Evropske komisije!") [https://www.portalplus.si/2373/milojka-interpelc/]. Accessed 5 October 2020.

5.5.2 Financing under Joint External Evaluation (JEE) and Performance of Veterinary Services (PVS) reports and gap analyses

5.5.2a

Does the Joint External Evaluation (JEE) report, National Action Plan for Health Security (NAPHS), and/or national GHSA roadmap allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?

Yes = 1 , No/country has not conducted a JEE = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.5.2b

Does the Performance of Veterinary Services (PVS) gap analysis and/or PVS assessment allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?

Yes = 1 , No/country has not conducted a PVS = 0

Current Year Score: 0

2021

OIE PVS assessments

5.5.3 Financing for emergency response

5.5.3a

Is there a publicly identified special emergency public financing mechanism and funds which the country can access in the face of a public health emergency (such as through a dedicated national reserve fund, an established agreement with the World Bank pandemic financing facility/other multilateral emergency funding mechanism, or other pathway identified through a public health or state of emergency act)?

Yes = 1 , No = 0

Current Year Score: 1

In Slovenia there is a publicly identified special emergency public financing mechanism that can be accessed in the face of a public health emergency. The 2000 Public Finance Act (articles 48 and 49) mandates the allocation of a budget reserve for emergencies. Funds are provided up to a maximum of 1.5% of the yearly budget receipts and their use is determined by the government upon the proposal of the Minister of Finance. If the planned cost of a single emergency exceeds 2% of reserve, the National Assembly must accept a dedicated law. Article 48 of the Public Finance Act explicitly mentions that the funds can be used to finance expenditures in the event of public health emergencies [1]. Moreover, the European Union offers a

Joint Procurement Agreement, optimizing the costs for medical countermeasures. Slovenia joined the agreement in 2014. However, Slovenia is not eligible for World Bank pandemic financing [3, 4].

[1] Republic of Slovenia – Legal information system (PisRS). 2000. "Public Finance Act." ("Zakon o javnih financah.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO1227]. Accessed 10 August 2020.
[2] European Commission. 2020. "Crisis preparedness and response - Joint Procurement of medical countermeasures." [https://ec.europa.eu/health/preparedness_response/joint_procurement_en]. Accessed 10 August 2020.
[3] International Development Association - World Bank. 2020. "Borrowing Countries." [https://ida.worldbank.org/about/borrowing-countries]. Accessed 10 August 2020.
[4] Pandemic Emergency Financing Facility - World Bank. 2017. "Operational Brief for Eligible Countries." [http://pubdocs.worldbank.org/en/119961516647620597/PEF-Operational-Brief-Dec-2017.pdf]. Accessed 10 August 2020.

5.5.4 Accountability for commitments made at the international stage for addressing epidemic threats

5.5.4a

Is there evidence that senior leaders (president or ministers), in the past three years, have made a public commitment either to:
- Support other countries to improve capacity to address epidemic threats by providing financing or support?
- Improve the country's domestic capacity to address epidemic threats by expanding financing or requesting support to improve capacity?
Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is insufficient public commitments to improve Slovenia's domestic capacities to address epidemic threats. There is however evidence of support for response efforts, and general improvements in the health system. Prime Minister Janez Janša stated in May 2020 he will seek support for additional funding for emergency investments in Slovenian hospitals and upgrading the salary system in health care and nursing care [1]. Moreover, in June 2020, health minister Tomaž Gantar signed an agreement with the World Health Organization with the intention of strengthening the public health system for better control of infectious and non-infectious diseases [2]. In addition, the European Commission proposed to create a new recovery instrument, Next Generation EU, that will include Health Programme (EU4Health), to strengthen health security and prepare for future health crises, with a budget of EUR 9.4 billion (US$ 11.1 billion) will be available to all member states [3]. There is evidence that the prime minister and other ministers have emphasized financial and development support to other countries. During the ongoing COVID-19 epidemic, Slovenia sent aid to the countries of the Western Balkans and the Italian region of Friuli-Venezia Giulia [4]. Although not specifically mentioning capacity to address epidemic threats, Slovenia contributed EUR 70.76 million (US$ 84.20 million) to international development cooperation in 2018 [5].

[1] Siol.net. 2020. "PM Janša: We are among the most successful countries in the world and the best in Europe." ("Janša: Smo med najuspešnejšimi državami na svetu in najboljši v Evropi.") [https://siol.net/novice/slovenija/jansa-smo-med-najuspesnejsimi-drzavami-na-svetu-in-najboljsi-v-evropi-525884]. Accessed 10 August 2020.
[2] Republic of Slovenia - Government portal. 2020. "Minister signs two-year cooperation agreement between WHO Regional Office for Europe and Ministry of Health." ("Minister podpisal Dveletni sporazum o sodelovanju med Regionalnim uradom Svetovne zdravstvene organizacije za Evropo in Ministrstvom za zdravje.") [https://www.gov.si/novice/2020-07-17-minister-podpisal-dveletni-sporazum-o-sodelovanju-med-regionalnim-uradom-svetovne-zdravstvene-organizacije-szo-za-evropo-in-ministrstvom-za-zdravje/]. Accessed 10 August 2020.
[3] European Commission. 2020. "Europe's moment: Repair and prepare for the next generation."

[https://ec.europa.eu/commission/presscorner/detail/en/ip_20_940]. Accessed 10 August 2020.
[4] Republic of Slovenia - Government portal. 2020. "Prime Minister Janez Janša for Vocal Europe: We will succeed in the battle with the coronavirus." ("Predsednik vlade Janez Janša za Vocal Europe: V bitki s koronavirusom bomo uspeli.") [https://www.gov.si/novice/2020-04-15-predsednik-vlade-janez-jansa-za-vocal-europe-v-bitki-s-koronavirusom-bomo-uspeli/]. Accessed 10 August 2020.
[5] Republic of Slovenia - Government portal. 2019. "Slovenia's Development Cooperation Report 2018." [https://www.gov.si/assets/ministrstva/MZZ/Dokumenti/multilaterala/razvojno-sodelovanje/Porocilo-MRS-2018.pdf]. Accessed 10 August 2020.

5.5.4b

Is there evidence that the country has, in the past three years, either:
- Provided other countries with financing or technical support to improve capacity to address epidemic threats?
- Requested financing or technical support from donors to improve the country's domestic capacity to address epidemic threats?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

There is evidence that Slovenia has invested finances and provided technical support to other countries to improve capacity to address epidemic threats as well as invested finances to improve domestic capacity to address epidemic threats in the past three years.

According to the Ministry of Foreign Affairs Report on International development cooperation for 2018, Slovenia contributed EUR 70.76 million (US$ 84.20 million) to international development cooperation and participated in projects to improve healthcare system capacities, such as improving telemedicine and e-health programs in Cape Verde, and study visits to Slovenia of foreign health professionals from Montenegro, North Macedonia, and Serbia [1].

According to the Georgetown Infectious Disease Atlas (GIDA) Global Health Security Tracker, between 2017 and 2020 Slovenia donated undisclosed amounts to IHR capacity-building projects, such as Support to Immunization Governance in Nigeria, Health, HIV/AIDS and Tuberculosis Project in Swaziland, and others under the umbrella of the European Union [2]. Furthermore, during the COVID-19 epidemic, Slovenia donated 1.2 million protective masks to China in February 2020 and offered a team of 13 health professionals to Italy in April 2020 [3, 4]. According to the GIDA Tracker, Slovenia received an undisclosed amount between 2017 and 2020 to improve domestic capacity, which was allocated to the fields of "workforce development", "linking public health and security authorities", "antimicrobial resistance" and others [5]. However, there are no additional details about this on the websites of the Ministry of Health or the National Institute of Public Health [6, 7]. In addition, in June 2020, Health Minister Tomaž Gantar signed an agreement with the World Health Organization with the intention of strengthening the public health system for better control of infectious and non-infectious diseases [8].

[1] Republic of Slovenia - Government portal. 2019. "Slovenia's Development Cooperation Report 2018." [https://www.gov.si/assets/ministrstva/MZZ/Dokumenti/multilaterala/razvojno-sodelovanje/Porocilo-MRS-2018.pdf]. Accessed 10 August 2020.
[2] Georgetown Infectious Disease Atlas (GIDA) Global Health Security Tracker. 2020. "Slovenia. Total funds provided from 2014 to 2020." [https://tracking.ghscosting.org/table/215/funder]. Accessed 10 August 2020.
[3] 24ur.com. 2020. "Slovenia donated 1.2 million protective masks to China." ("Slovenija Kitajski pošilja 1,2 milijona zaščitnih mask.") [https://www.24ur.com/novice/slovenija/slovenija-kitajski-posilja-zascitne-maske.html]. Accessed 10 August 2020.
[4] RTVslo.si. 2020. "Slovenia intends to send its doctors to Italy." ("Slovenija namerava(la) Italiji na pomoč poslati svoje zdravnike.") [https://www.rtvslo.si/slovenija/slovenija-namerava-la-italiji-na-pomoc-poslati-svoje-zdravnike/521913].

Accessed 10 August 2020.
[5] GIDA Global Health Security Tracker. 2020. "Slovenia. Total funds received from 2014 to 2020." [https://tracking.ghscosting.org/details/215/recipient]. Accessed 10 August 2020.
[6] Republic of Slovenia - Government portal. 2020. "Ministry of Health News." ("Novice Ministrstva za zdravje.") [https://www.gov.si/novice/?org%5B0%5D=33&nrOfItems=100]. Accessed 10 August 2020.
[7] National Institute of Public Health. 2020. "Press Releases." ("Sporočila za javnost.") [https://www.nijz.si/sl/mediji]. Accessed 10 August 2020.
[8] Republic of Slovenia - Government portal. 2020. "Minister signs two-year cooperation agreement between WHO Regional Office for Europe and Ministry of Health." ("Minister podpisal Dveletni sporazum o sodelovanju med Regionalnim uradom Svetovne zdravstvene organizacije za Evropo in Ministrstvom za zdravje.") [https://www.gov.si/novice/2020-07-17-minister-podpisal-dveletni-sporazum-o-sodelovanju-med-regionalnim-uradom-svetovne-zdravstvene-organizacije-szo-za-evropo-in-ministrstvom-za-zdravje/]. Accessed 10 August 2020.

5.5.4c

Is there evidence that the country has fulfilled its full contribution to the WHO within the past two years?

Yes = 1 , No = 0

Current Year Score: 1

2021

Economist Impact analyst qualitative assessment based on official national sources, which vary by country

5.6 COMMITMENT TO SHARING OF GENETIC AND BIOLOGICAL DATA AND SPECIMENS

5.6.1 Commitment to sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) in both emergency and nonemergency research

5.6.1a

Is there a publicly available plan or policy for sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) along with the associated epidemiological data with international organizations and/or other countries that goes beyond influenza?

Yes = 1 , No = 0

Current Year Score: 0

There are no publicly available plans or policies for Slovenia to share genetic data and biological materials along with the associated epidemiological data with other countries or international organizations beyond influenza. No such information is offered by the Ministry of Health or the Administration of the Republic of Slovenia for Food Safety, Veterinary Sector and Plant Protection [1, 2]. The sharing of modified biological materials in particular is explicitly restricted by the Management of Genetically Modified Organisms (GMO) Act; cooperation with European Union (EU) countries under EU directives is allowed, but strict rules apply; the competent ministry determines on a case-by-case basis what information can be shared, and traceability must be ensured [3]. There are some indications that data is shared through international laboratory projects that data is shared (e.g. the Institute of Microbiology and Immunology participates in the international projects, like the European Virus Archive Goes Global, the European Network of Imported Viral Diseases, the European Mobile Laboratory

Project, and others), but there is no evidence explicitly confirming that this participation entails sharing of epidemiological data [4]. There is evidence that porcine rotavirus A samples were shared with the European Molecular Biology Laboratory (EMBL), but there is no evidence of a public commitment to do so [5]. In addition, in 2020, the European Commission launched the European COVID-19 Data Platform, but no evidence exist Slovenia has shared samples with the platform [6].

[1] Republic of Slovenia - Government portal. 2020. "Office for European Affairs and International Cooperation of the Ministry of Health." ("Služba za evropske zadeve in mednarodno sodelovanje.") [https://www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-zdravje/o-ministrstvu/sluzba-za-evropske-zadeve-in-mednarodno-sodelovanje/]. Accessed 10 August 2020.
[2] Republic of Slovenia - Government portal. 2020. "International Affairs Division of the Administration of the Republic of Slovenia for Food Safety, Veterinary Sector and Plant Protection." ("Sektor za mednarodne zadeve.") [https://www.gov.si/drzavni-organi/organi-v-sestavi/uprava-za-varno-hrano-veterinarstvo-in-varstvo-rastlin/o-upravi/o-upravi-3/]. Accessed 10 August 2020.
[3] Republic of Slovenia – Legal information system (PisRS). 2002. "Management of Genetically Modified Organisms Act." ("Zakon o ravnanju z gensko spremenjenimi organizmi.") [http://pisrs.si/Pis.web/pregledPredpisa?id=ZAKO3052]. Accessed 10 August 2020.
[4] Institute of Microbiology and Immunology (IMI). 2020. "Projects." ("Tekoči projekti.") [http://www.imi.si/raziskovalna-dejavnost/tekoci-projekti]. Accessed 10 August 2020.
[5] European Molecular Biology Laboratory (EMBL). 2020. "EBI Search." [https://www.ebi.ac.uk/ebisearch/search.ebi?db=metagenomics_samples&query=slovenia]. Accessed 10 August 2020.
[6] European Commission. 2020. "First "ERAvsCORONA" ACTION PLAN." [https://ec.europa.eu/info/sites/info/files/research_and_innovation/research_by_area/documents/ec_rtd_era-vs-corona_0.pdf]. Accessed 10 August 2020.

5.6.1b

Is there public evidence that the country has not shared samples in accordance with the Pandemic Influenza Preparedness (PIP) framework in the past two years?

Yes = 0 , No = 1

Current Year Score: 1

There is no public evidence that Slovenia has not shared samples in accordance with the Pandemic Influenza Preparedness (PIP) framework in the past two years. No non-compliance by Slovenia has been reported and are there are also no media reports indicating that Slovenia did not share influenza pathogen samples [1, 2, 3, 4].

[1] World Health Organization (WHO). 2020. "Influenza: Virus Sharing." [https://www.who.int/influenza/pip/virus_sharing/en/]. Accessed 10 August 2020.
[2] WHO. 2019. "Influenza Surveillance Country, Territory and Area Profiles 2019." [https://www.euro.who.int/__data/assets/pdf_file/0016/402082/InfluenzaSurveillanceProfiles_2019_en.pdf]. Accessed 10 August 2020.
[3] WHO. 2020. "Slovenia: News." [https://www.euro.who.int/en/countries/slovenia/news/news/news?root_node_selection=75765&page_asset_listing_94084_submit_button=Search]. Accessed 10 August 2020.
[4] Slovenian Press Agency (STA). 2020. "News." [https://www.sta.si/iskanje?q=virus+gripe]. Accessed 10 August 2020.

5.6.1c

Is there public evidence that the country has not shared pandemic pathogen samples during an outbreak in the past two years?

Yes = 0 , No = 1

Current Year Score: 1

There is no public evidence that Slovenia has not shared pandemic pathogen samples during an outbreak in the past two years. There are also no media reports indicating that Slovenia did not share pandemic pathogen samples [1, 2, 3]. Furthermore, no evidence exist Slovenia has not shared COVID-19 samples [4, 5].

[1] World Health Organization (WHO). 2029. "Slovenia." [http://www.who.int/countries/svn/en/]. Accessed 10 August 2020.
[2] WHO. 2020. "Slovenia: Publications." [http://www.euro.who.int/en/countries/slovenia/publications]. Accessed 10 August 2020.
[3] WHO. 2020. "Slovenia: News." [https://www.euro.who.int/en/countries/slovenia/news/news/news?root_node_selection=75765&page_asset_listing_94084_submit_button=Search]. Accessed 10 August 2020.
[4] WHO. 2020. "Coronavirus disease (COVID-19): European Region focusing on readiness." [https://www.euro.who.int/en/countries/slovenia/news/news/2020/2/coronavirus-disease-covid-19-european-region-focusing-on-readiness]. Accessed 10 August 2020.
[5] WHO. 2020. "WHO joins forces with 17 central European countries to step up tailored COVID-19 response." [https://www.euro.who.int/en/countries/slovenia/news/news/2020/6/who-joins-forces-with-17-central-european-countries-to-step-up-tailored-covid-19-response]. Accessed 10 August 2020.

Category 6: Overall risk environment and vulnerability to biological threats

6.1 POLITICAL AND SECURITY RISK

6.1.1 Government effectiveness

6.1.1a

Policy formation (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 2

2020

Economist Intelligence

6.1.1b

Quality of bureaucracy (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 3

2020

Economist Intelligence

6.1.1c

Excessive bureaucracy/red tape (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 3

2020

Economist Intelligence

6.1.1d

Vested interests/cronyism (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.1e

Country score on Corruption Perception Index (0-100, where 100=best)

Input number

Current Year Score: 60

2020

Transparency International

6.1.1f

Accountability of public officials (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 3

2020

Economist Intelligence

6.1.1g

Human rights risk (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 4

2020

Economist Intelligence

6.1.2 Orderly transfers of power

6.1.2a

How clear, established, and accepted are constitutional mechanisms for the orderly transfer of power from one government to another?

Very clear, established and accepted = 4, Clear, established and accepted = 3, One of the three criteria (clear, established, accepted) is missing = 2, Two of the three criteria (clear, established, accepted) are missing = 1, Not clear, not established, not accepted = 0

Current Year Score: 3

2021

Economist Intelligence

6.1.3 Risk of social unrest

6.1.3a

What is the risk of disruptive social unrest?

Very low: Social unrest is very unlikely = 4, Low: There is some prospect of social unrest, but disruption would be very limited = 3, Moderate: There is a considerable chance of social unrest, but disruption would be limited = 2, High: Major social unrest is likely, and would cause considerable disruption = 1, Very high: Large-scale social unrest on such a level as to seriously challenge government control of the country is very likely = 0

Current Year Score: 2

2021

Economist Intelligence

6.1.4 Illicit activities by non-state actors

6.1.4a

How likely is it that domestic or foreign terrorists will attack with a frequency or severity that causes substantial disruption?

No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 4

2021

Economist Intelligence

6.1.4b

What is the level of illicit arms flows within the country?

4 = Very high, 3 = High, 2 = Moderate, 1 = Low, 0 = Very low

Current Year Score: 3

2020

UN Office of Drugs and Crime (UNODC)

6.1.4c

How high is the risk of organized criminal activity to the government or businesses in the country?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 3

2021

Economist Intelligence

6.1.5 Armed conflict

6.1.5a

Is this country presently subject to an armed conflict, or is there at least a moderate risk of such conflict in the future?

No armed conflict exists = 4, Yes; sporadic conflict = 3, Yes; incursional conflict = 2, Yes, low-level insurgency = 1, Yes; territorial conflict = 0

Current Year Score: 4

2021

Economist Intelligence

6.1.6 Government territorial control

6.1.6a

Does the government's authority extend over the full territory of the country?

Yes = 1, No = 0

Current Year Score: 1

2021

Economist Intelligence

6.1.7 International tensions

6.1.7a

Is there a threat that international disputes/tensions could have a negative effect?

No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 3

2021

Economist Intelligence

6.2 SOCIO-ECONOMIC RESILIENCE

6.2.1 Literacy

6.2.1a

Adult literacy rate, population 15+ years, both sexes (%)

Input number

Current Year Score: 99.7

2014

United Nations Development Programme (UNDP); United Nations Educational, Scientific and Cultural Organization (UNESCO); The Economist Intelligence Unit

6.2.2 Gender equality

6.2.2a

United Nations Development Programme (UNDP) Gender Inequality Index score

Input number

Current Year Score: 0.93

2018

United Nations Development Programme (UNDP); The Economist Intelligence Unit

6.2.3 Social inclusion

6.2.3a

Poverty headcount ratio at $1.90 a day (2011 PPP) (% of population)

Input number

Current Year Score: 0

2017

World Bank; Economist Impact

6.2.3b

Share of employment in the informal sector

Greater than 50% = 2, Between 25-50% = 1, Less than 25% = 0

Current Year Score: 0

The informal sector accounts for less than 25% of total employment. According to the 2018 International Labour Office's publication "Women and Men in the Informal Economy: A Statistical Picture", informal employment represents 5% of total employment in Slovenia. For this figure, informal employment is defined by the informal nature of the enterprise; the employment is not, in law or in practice, subject to national labor legislation, income taxation, social protection or entitlement to employment benefits [1]. Informal employment is forbidden and sanctioned in Slovenia under the Prevention of Undeclared Work and Employment Act [2, 3].

[1] International Labour Office. 2018. " Women and Men in the Informal Economy: A Statistical Picture." [https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_626831.pdf]. Accessed 10 August 2020.
[2] Republic of Slovenia – Legal information system (PisRS). 2014. "Prevention of Undeclared Work and Employment Act." ("Zakon o preprečevanju dela in zaposlovanja na črno.") [http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO6765]. Accessed 10 August 2020.
[3] Republic of Slovenia - Government portal. 2020. "Prevention of undeclared work." ("Preprečevanje dela in zaposlovanja na črno.") [https://www.gov.si/teme/preprecevanje-dela-in-zaposlovanja-na-crno/]. Accessed 10 August 2020.

6.2.3c

Coverage of social insurance programs (% of population)

Scored in quartiles (0-3, where 3=best)

Current Year Score: 3

2016, or latest available

World Bank; Economist Impact calculations

6.2.4 Public confidence in government

6.2.4a

Level of confidence in public institutions

Input number

Current Year Score: 0

2021

Economist Intelligence Democracy Index

6.2.5 Local media and reporting

6.2.5a

Is media coverage robust? Is there open and free discussion of public issues, with a reasonable diversity of opinions?

Input number

Current Year Score: 1

2021

Economist Intelligence Democracy Index

6.2.6 Inequality

6.2.6a

Gini coefficient

Scored 0-1, where 0=best

Current Year Score: 0.25

Latest available.

World Bank; Economist Impact calculations

6.3 INFRASTRUCTURE ADEQUACY

6.3.1 Adequacy of road network

6.3.1a

What is the risk that the road network will prove inadequate to meet needs?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 3

2021

Economist Intelligence

6.3.2 Adequacy of airports

6.3.2a

What is the risk that air transport will prove inadequate to meet needs?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 3

2021

Economist Intelligence

6.3.3 Adequacy of power network

6.3.3a

What is the risk that power shortages could be disruptive?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 4

2021

Economist Intelligence

6.4 ENVIRONMENTAL RISKS

6.4.1 Urbanization

6.4.1a

Urban population (% of total population)

Input number

Current Year Score: 54.82

2019

World Bank

6.4.2 Land use

6.4.2a

Percentage point change in forest area between 2006–2016

Input number

Current Year Score: -0.08

2008-2018

World Bank; Economist Impact

6.4.3 Natural disaster risk

6.4.3a

What is the risk that the economy will suffer a major disruption owing to a natural disaster?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 3

2021

Economist Intelligence

6.5 PUBLIC HEALTH VULNERABILITIES

6.5.1 Access to quality healthcare

6.5.1a

Total life expectancy (years)

Input number

Current Year Score: 81.38

2018

United Nations; World Bank, UNICEF; Institute for Health Metrics and Evaluation (IHME); Central Intelligence Agency (CIA) World Factbook

6.5.1b

Age-standardized NCD mortality rate (per 100 000 population)

Input number

Current Year Score: 339.8

2019

WHO

6.5.1c

Population ages 65 and above (% of total population)

Input number

Current Year Score: 20.19

2019

World Bank

6.5.1d

Prevalence of current tobacco use (% of adults)

Input number

Current Year Score: 22.7

2018

World Bank

6.5.1e

Prevalence of obesity among adults

Input number

Current Year Score: 20.2

2016

WHO

6.5.2 Access to potable water and sanitation

6.5.2a

Percentage of homes with access to at least basic water infrastructure

Input number

Current Year Score: 99

2017

UNICEF; Economist Impact

6.5.2b

Percentage of homes with access to at least basic sanitation facilities

Input number

Current Year Score: 99

2017

UNICEF; Economist Impact

6.5.3 Public healthcare spending levels per capita

6.5.3a

Domestic general government health expenditure per capita, PPP (current international $)

Input number

Current Year Score: 2286.95

2018

WHO Global Health Expenditure database

6.5.4 Trust in medical and health advice

6.5.4a

Trust medical and health advice from the government

Share of population that trust medical and health advice from the government , More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 0

2018

Wellcome Trust Global Monitor 2018

6.5.4b

Trust medical and health advice from medical workers

Share of population that trust medical and health advice from health professionals , More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 2

2018

Wellcome Trust Global Monitor 2018