**Answers – Ministry of Health of the Republic of Slovenia – Questionnaire - Discrimination against women and girls**

Dear Sir/Madam, please find herein answers from the Ministry of the Republic of Slovenia. We answered, where it was possible.

**Concept/definition of crisis**

**1. Legal and policy framework**

The following documents constitute the legal and policy framework and the operation of the crisis management and governance structure at the strategic level, the purpose of which is the coordinated response and operation of crisis management bodies and actors in the event of a complex crisis that requires a government response. The National Plan for Protection and Rescue in the Event of an Infectious Disease or Pandemic in Humans, version 1.0, was prepared by the Administration of the Republic of Slovenia for Protection and Rescue of the Ministry of Defense in cooperation with the Ministry of Health, the National Institute of Public Health and other ministries and government services. The plan was prepared on the basis of the Protection against Natural and Other Disasters Act (Official Gazette of the Republic of Slovenia, No. 51/06 – UPB-1 and 97/10), the Infectious Diseases Act (Official Gazette of the Republic of Slovenia, No. 33/06 - ZNB- UPB1), Decrees on the content and preparation of protection and rescue plans (Official Gazette of the Republic of Slovenia, No. 24/12), Decrees on the organization, equipment and training of protection, rescue and assistance forces (Official Gazette of the Republic of Slovenia, No. 92/07, 54 / 09 and 23/11), Rules on the notification of infectious diseases and special measures for their prevention and control (Official Gazette of the Republic of Slovenia, No. 16/99), Rules on the transport, burial, exhumation and exhumation of mortal remains (Official Gazette of the RS, 70 / 97 and 61/11) and is based on the National Risk Assessment of Infectious Diseases in Humans (No. 842-5 / 2012-24 DGZR of 18 February 2015), the Risk Assessment for Biological, Chemical, Environmental and Unknown Hazards origin to human health (No. 842-1 / 2014-59 of 26.10.2015) and in accordance with general legislation.

Health risk assessment

The legal basis for the risk assessment in EU countries is the Decision of the European Parliament No 1313/2013 / EU and the Council of Europe of 17 December 2013 on a Union Civil Protection Mechanism (Official Journal of the European Union L 347 of 20.12.2013 ), which has been transposed into Slovenian law by the Decree on the Implementation of the Decision on the Union Mechanism in the Field of Civil Protection (Official Gazette of the Republic of Slovenia, No. 62/14), on the basis of risk assessments for individual disasters. In accordance with the decision of the European Parliament and the Council on serious cross-border health threats (Decision No. 1082/2013 / EU), the Health Security Committee was established, its members are representatives of ministries, including the Ministry of Health. The key role of the committee is to ensure coordinated action and implementation of activities in EU Member States in the event of cross-border events that pose a serious threat to health. The Ministry of Health is responsible for preparing a risk assessment for hazards of biological, chemical, environmental and unknown origin to human health in the Republic of Slovenia.

**2. Crisis management**

Crisis management and governance is intended to ensure the coordinated operation of ministries, subsystems of the national security system, government services and other bodies in responding to complex crises. A complex crisis means the escalation of a disaster or so-called sectoral crisis. Responding to a complex crisis is thus transferred to the level of government. Response to sectoral crises and natural and other disasters is usually carried out at the level of departments and constituent bodies. Crisis on the national level defined as a “complex crisis” and precisely defined in Article 20 of the Government of the Republic of Slovenia Act. This term covers crises at national level. A crisis is an event or a series of events caused by uncontrolled natural and other forces; and affect or endanger the life or health of humans, animals and property, and damage to cultural heritage and the environment to such an extent that it is beyond their control From the point of view of coordination and management, events are defined on three levels:

a. natural and other disasters (responses are coordinated by the national subsystem security and protection system against natural and other disasters), and sectoral crises (responses coordinated by individual ministries);

b. complex crises (responses coordinated by the government),

c. war or state of emergency.

Same current situations for Slovenia: refugee crisis, pandemic, socio-economic crisis, marginalization (Roma girls).

3. **Institutional mechanisms**

Crises are managed on three levels:

1. when one ministry or subsystem of the national security system independently leads and manages the event or needs support other ministries, but the response to the event still leads independently;

2. when one ministry or subsystem of the national security system fail to manage multiple events independently and management is transferred to government;

3. when events threaten the existence of the state

**Challenges and good practices**

**4. Please find herein information and highlighted challenges in the provision of SRH services and good practices in ensuring women’s and girls’ SRHR in situations of crisis in the Republic of Slovenia:**

In Slovenia we have a long tradition of reliable and well-organized reproductive healthcare system. Reproductive health care is provided by primary reproductive health teams which consists of specialist in obstetrics and gynaecology, midwife and health technician. Specialist in obstetrics and gynaecology is woman ‘s personal physician (available without referral), responsible for treatment of reproductive health problems and for preventive activities according to reproductive health programme. During the crisis due to the COVID-19 virus epidemic, the country's reproductive health care system adapted to the new situation relatively quickly and efficiently in cooperation between Ministry of Health and the General Expert Council (hereinafter GEC) for gynaecology and obstetrics, the highest advisory body in the Professional Field of Gynaecology and Obstetrics.

During the COVID-19 epidemic, measures were taken to minimize the chances of transmitting the infection. This is inline within the Article 37 of the Infectious Diseases Act (Official Gazette of the Republic of Slovenia, No. 33/06 - official consolidated text), which stipulates that in the event of a major epidemic, the minister responsible for health may order certain temporary measures. At the same time, we took great care that the measures taken did not lead to poorer access for women to the reproductive health care system. Therefore, some innovative approaches have been adopted.

In the area of women's sexual and reproductive health during the COVID-19 epidemic, measures were taken at all three levels of the health system in the manner proposed by the GEC for gynaecology and obstetrics. The Ministry of Health has issued a Decision on the appointment of coordinators for the implementation of gynaecological and obstetric health activities for the purpose of containment and epidemic control with COVID-19 to enable the proposed reorganization. The main coordinator at the state level and twelve regional coordinators were appointed for the reorganization and implementation of the medical activity of gynaecology and obstetrics. The tasks of the main coordinator were the reorganization of obstetrics and gynaecology activities with health care providers together with regional coordinators, coordination of regional coordinators and the operation of gynaecology and obstetrics services, coordination of work between regions in case of major outages and inability to organize work in individual regions. The tasks of the regional coordinators were coordination of the entire gynaecological and obstetric activity at all levels of health care in the region and direct subordination to the national coordinator, assignment of gynaecology and obstetrics specialists to all sites in the region, determining the location of active dispensaries. Determining a weekly coordinator of all gynaecologists working at the primary level, preparation of weekly schedules, organization of outpatient clinics for telephone and e-counselling, where tele-counselling is also possible through applications or conference programs, management of data on possible outages of active doctors, management of data on substitute doctors.

In the area of women's primary health care, the GEC for Gynaecology and Obstetrics has adopted instructions for carrying out gynaecological activities at the primary level at the time of the spread of COVID-19 infection. The instructions were approved by the Ministry of Health.

The basic measures included:

• reducing the number of entry clinics,

• providing adequate protective equipment for doctors and medical staff,

• an additional limit on the number of pregnancy examinations during the crisis,

• Identify colleagues with a higher risk of a more severe course of the disease when infected with COVID-19 to work sites where they will not be exposed to the infection, depending on the known risk factors,

• Pregnant women who do not have means of transport to dispensaries, the transport was provided by civil protection units and

• Establishment of a telephone number for consultation with gynaecological patients and pregnant women.

In the field of secondary and tertiary levels of women's health care, the GEC for Gynaecology and Obstetrics has adopted guidelines for the treatment of pregnant women and gynaecological patients at the secondary and tertiary levels during the COVID-19 epidemic. The instructions were approved by the Ministry of Health. The instructions obliged all maternity hospitals to develop a route for the treatment of pregnant women/ new mothers who are infected or suspected of being infected with COVID-19 and to organize an isolation delivery room and an isolation room in the wards. Instructions were also given for the treatment and admission of patients with suspected or proven COVID-19 infection.

On the website www.zdaj.net, the National Institute of Public Health regularly publishes and updates the lists and schedules of operating gynaecological dispensaries by individual regions.

During the crisis due to the COVID-19 virus epidemic, several innovative approaches were adopted and introduced into the reproductive health care system in the Republic of Slovenia, namely the introduction of a main coordinator at the national level and twelve regional coordinators for temporary reorganization of gynaecological health care and obstetrics, introduction of telephone and e-counselling clinics, where tele-counselling was also possible through applications or conference programs, and regular publication and updating of lists and schedules of operating gynaecological clinics by individual regions.

**a.)** Education for healthy sexuality takes place within the framework of Health Education for Children and Adolescents, which is carried out at the primary level of health care or in educational institutions. Women can also get all the necessary information from their selected gynaecologists (see point b.)

**b.)** Protection of the sexual and reproductive health of women and girls in Slovenia is taken care of by gynaecology and obstetrics specialists, together with their teams, which also include graduate midwives or nurses and nursing technicians. These gynaecology and obstetrics specialists act as selected physicians at the primary care level and are thus accessible to women without referral. The preventive program for the protection of sexual and reproductive health defines the rules and includes:

- family planning, contraceptive counselling and contraceptive prescribing,

- prevention and treatment of sexually transmitted infections,

- preventive examinations during pregnancy, after childbirth, miscarriage or legal abortion ,

- cervical cancer screening as part of a national screening program,

- health education and health promotion (e.g. childbirth preparation and parenting courses).

For women who need treatment at the secondary and tertiary level, we have 14 hospitals with gynaecological and obstetric wards in Slovenia, of which two are tertiary centres, which also include a unit for intensive care of new-borns.

**d.)** Prevention, post-exposure prophylaxis and treatment of sexually transmitted infections, including HIV / AIDS, are provided in Slovenia.

**e.)** Pregnant women are cared for by selected gynaecology and obstetrics specialists (see point b.) Pregnant women are entitled to 10 preventive examinations, two preventive ultrasound examinations and all necessary curative services. Most services related to pregnancy, childbirth and the postpartum period are covered by compulsory health insurance and are thus free for women. Pregnant women and their partners can also attend a free “Preparation for Childbirth and Parenting” course.

This way of protecting sexual and reproductive health has proven to be effective in the previous economic crisis, as we have not seen an increase in inequality between different population groups in the area of perinatal health indicators.

Most births in Slovenia (99.8%) take place in hospitals, we do not have birth centres, and some births happen at home. Infant mortality rates are low, with stillbirths hovering around 4.5 per 1,000 live births in the last decade, early neonatal mortality around 1 per 1,000 live births, perinatal mortality around 5.5 per 1,000 live births, and infant mortality around 2 per 1,000 live births. Complications due to prematurity and congenital anomalies predominate among the causes. The level of maternal mortality, which is actively monitored and analysed in Slovenia, has also been favourable in the recent period. In 2015-2017, the maternal mortality rate was 5.0 per 100,000 live births.

Adolescent pregnancies are rare in Slovenia, and births by adolescents represent less than one percent of all births. The biggest challenge in this area is the population of Roma women, among whom adolescent pregnancies are significantly more frequent. Slovenia addresses this issue with various projects aimed at improving the sexual and reproductive health of the Roma population.

**f.)** Most modern contraceptives and methods (hormonal contraception, intrauterine contraception, sterilization, condoms…) are available in Slovenia. Many forms are free for women included in health insurance.

**g.)** Slovenia ensures good access to safe methods of abortion, both medical and surgical. In accordance with the applicable legislation, termination of pregnancy is possible at the request of a woman up to the 10th week of pregnancy, and in case the pregnancy lasts more than 10 weeks, termination of pregnancy must be approved by a special commission.

**h.)** Treatment of pregnancy and childbirth related health complications is provided.

**i.) -**Screenings and treatment for reproductive cancers

In Slovenia, we have had a national screening program for early detection of cervical cancer since 2003, for all women from the age of 20, which is very successful. A national breast cancer screening program is also available for women over the age of 50.

At the beginning of 2020, we witnessed the outbreak and spread of the new SARS-CoV-2 virus and along with this the declaration of a pandemic. Access to screenings and treatment for reproductive (and other) cancers is one of the key tasks, even in times of epidemics or other crisis situations.

Many oncology experts point to problems with the availability and use of oncology services during and after the various emergency measures introduced during the epidemic. Restrictive measures, which have certainly helped to limit the spread of the infection and maintain medical capacity, have also had negative consequences for oncology patients, which can be long-term/ lasting. For example, in Slovenia, measures to restrict movement, access to primary health care through the introduction of a larger share of telephone consultations, the suspension of non-essential examinations, including the diagnosis of non-specific symptoms, which are often the first sign of cancer, the suspension of screening programs for early detection and oncology genetic counselling services and the consequent changes in the behaviour of people with reduced levels of medical care, has most certainly affected the delay in diagnosis and initiation of cancer treatment. Measures in the field of oncology health care may also lead to changes in the course of treatment in some oncology patients.

Cancer is a significant public health problem of our population; its burden currently far exceeds the current burden of COVID-19. In response to the situation The Ministry of Health of the Republic of Slovenia has initiated a research project to contribute to the improvement of systemic cancer management also in the time of (any) emergency measures in the future. The aim is to assess possible delays in referrals, diagnostics and specialist treatment of Slovenian oncology patients during the COVID-19 epidemic and to determine the possible adjustments in the functioning of the health system.

**j.)** Hygiene products, painkillers and menstrual regulating agents are provided.

**k.)** Slovenia carries out activities for the prevention, detection and assistance of victims of gender-based violence. Guidelines have been adopted to address victims of violence in health facilities and extensive training of health professionals has been provided. The biggest challenge is the long-term provision of psychosocial support to victims due to long queues for psychotherapeutic treatments by psychologists and psychiatrists.

**l.)** Female genital mutilation is prohibited, as is forced marriage or child marriage. The challenge is the Roma population, where marriages of minor children still occur.

**m.)** This area is regulated by the Patients 'Rights Act, and we also have Patients' Rights Representatives.

**n.)** Services related to family planning and health care during pregnancy and childbirth are provided from the compulsory health insurance and are thus free of charge for women.

**o.)** One of the challenges is the lack of medical doctors, which can lead to poorer access to health care, especially in more remote parts of the country.

**5. Experiences of crisis**

Migrant crisis, COVID-19 epidemic crisis

**6**. During the COVID 19 epidemic, due to the "lockdown", the implementation of preventive activities in health care was suspended, which includes, for example, education for healthy sexuality and courses “Preparation for childbirth and parenthood”. Some other preventive activities were also suspended, for example, there was no screening program for early detection of cervical cancer. The prevention program for pregnant women took place in a partially adapted form. All decisions regarding the changed implementation of reproductive health care were made by the Ministry of Health on the basis of expert recommendations of the GEC for Gynaecology and Obstetrics. The National Institute of Public Health has provided additional information to women about change online. Healthcare providers were also warned of the possible increase in domestic violence during the crisis.

The epidemic has shown that it would be necessary to strengthen the network of reproductive health care providers, which is already heavily burdened under normal conditions, in order to be able to provide as normal care as possible for women even in crisis situations.

**8.** We do not have humanitarian aid programmes.