

Slovakia

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

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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

Slovakia has a national AMR plan for the surveillance, detection, and reporting of priority AMR pathogens. The 2019–2021 National Action Plan on Antimicrobial Resistance in the Slovak Republic, published in 2019 by the State Veterinary and Food Administration of the Slovak Republic, sets out steps to ensure and improve the surveillance, detection and reporting of AMR pathogens. The plan has the following aims: to ensure that routine laboratories supply a sufficient quality of input data for antibiotic resistance surveillance; to update the database system to facilitate shorter intervals and a more targeted approach in data processing; to support and coordinate the development and use of information systems in healthcare facilities for a more timely delivery of data on antibiotic resistance and the incidence of healthcare-associated infections, towards local antibiotic policy management and the establishment of anti-epidemic measures; and to promote the national antibiotic resistance database for a wider use in practice. The plan also makes clear the necessity to ensure the availability of high-quality, complete, structured and up-to-date information on antibiotic resistance in Slovakia, in order for authorities in healthcare facilities, as well as doctors prescribing antibiotics, to be able to quickly orientate in practise. [1]

[1] State Veterinary and Food Administration of the Slovak Republic. 2019. "National Action Plan on Antimicrobial Resistance in the Slovak Republic for the period 2019–2021." ("Národný akčný plán antimikrobiálnej rezistencie v Slovenskej republike na obdobie rokov 2019-2021.") [https://www.svps.sk/dokumenty/zakladne_info/Plan_2019-2021.pdf]. Accessed 3 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: 1

Slovakia has a national laboratory system that can test for some, but not all, priority AMR pathogens. The system consists of a network of National Reference Centres (NRCs) and National Reference Laboratories (NRLs), and is under the authority of the Public Health Authority. It tests for the following priority AMR pathogens (the pathogens' drug-resistant forms): E.coli, K. pneumoniae, S. aureus, S. pneumoniae and Salmonella spp. [1, 2] The NRCs and NRLs are located across Slovakia, but are predominantly based in Bratislava and Banská Bystrica. [3]

[1] Ministry of Agriculture and Rural Development of the Slovak Republic. 1 March 2016. "The state of microbial resistance in the Slovak Republic." ("Stav mikrobiálnej rezistencie v Slovenskej republike.") [<https://mpsr.sk/stav-mikrobiálnej-rezistencie->

v-slovenskej-republike/114---9982/]. Accessed 4 August 2020.

[2] Public Health Authority. March 2020. "Annual Report of the National Reference Centres established on the basis of the ÚVZ SR a RÚVZ in the Slovak Republic for the year 2019." ("Výročná správa Národných referenčných centier zriadených na báze ÚVZ SR a RÚVZ v SR za rok 2019.") [http://www.uvzsr.sk/docs/vs/Vyroчна_sprava_NRC_2019.pdf]. Accessed 4 August 2020.

[3] Public Health Authority. 24 April 2020. "List of NRCs established on the basis of the Public Health Authority of Slovakia and Regional Public Health Authority of Slovakia." ("Zoznam NRC zriadených na báze ÚVZ SR a RÚVZ v SR.") [http://www.uvzsr.sk/docs/info/nrc/ZOZNAM_NRC_kontakty.pdf]. Accessed 4 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

There is no evidence that a government agency conducts detection or surveillance activities for antimicrobial residues or AMR organisms in the environment. The State Veterinary and Food Administration does check for residues of substances with anabolic effects, specific types of veterinary drugs, and other types of contaminating substances, but there is no explicit mention of antimicrobials or AMR organisms [1]. There is no further evidence of such detection or surveillance on the websites of the Ministry of Agriculture and Rural Development, the Ministry of Environment or the Ministry of Health [2, 3, 4]. However, the Public Health Authority's Department of Materialization of Factors of Living Conditions, through its National Reference Center for ecotoxicology, does monitor the acute toxicity of surface water, soil, watercourses, bathing water, drinking water, wastewater, chemical substances and wastes [5]. It addresses the issue of drinking water quality in relation to the disinfection of by-products, protects the health of the population in the event of a threat to public health through water, coordinates the monitoring of enterovirus in bathing water, swimming pool waters, and develops risk assessments for working with chemical, carcinogenic and biological agents [5]. The Department advises the Ministry of Health and Regional Public Health Authorities in Slovakia on the control and prevention of possible harm to public health [5]. Slovakia has an AMR action plan, the 2019–2021 National Action Plan On Antimicrobial Resistance in the Slovak Republic, but this focuses on monitoring antimicrobial residues and AMR organisms in animals and foods; it does not mention surveillance in the environment. [6]

[1] State Veterinary and Food Administration. "Residues and Monitoring" ("Rezíduá a monitoring").

[<https://www.svps.sk/zvp/Monitoring.asp>] Accessed 23 September 2020.

[2] Ministry of Agriculture and Rural Development of Slovakia. [<http://www.mpsr.sk/>] Accessed 23 September 2020.

[3] Ministry of the Environment of Slovakia. [<https://www.mzp.cz/>] Accessed 23 September 2020.

[4] Ministry of Health. [<http://www.health.gov.sk/Titulka>]. Accessed 23 September 2020.

[5] Public Health Authority. Department of Materialisation of Factors of Living Conditions (Odbor objektivizácie faktorov životných podmienok). [http://www.uvzsr.sk/index.php?option=com_content&view=article&id=105:odbor-objektivizacie-faktorov-ivotnych-podmienok&catid=36:organizana-truktura&Itemid=57] Accessed 23 September 2020.

[6] State Veterinary and Food Administration. "National Action Plan On Antimicrobial Resistance in the Slovak Republic for the period 2019–2021" ("Národný akčný plán antimikrobiálnej rezistencie v Slovenskej republike na obdobie rokov 2019–2021"). [https://www.svps.sk/dokumenty/zakladne_info/Plan_2019-2021.pdf]. Accessed 23 September 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

Prescriptions are required for antibiotic use for humans in Slovakia, and there is no evidence of gaps in enforcement. Whilst the relevant legislation (specifically Act No. 362/2011 on Medicines and Medical Devices and on Amendments to Certain Acts (adopted 2011, last amended 2020), and Act No. 355/2007 on the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (adopted 2007, last amended 2020)) does not explicitly state that antibiotics may only be acquired with a prescription, there are documents published online by the Regional Public Health Authority, as well as online media articles by the reputable news website Sme and in the publication "Life without antibiotics", which explicitly state that, in Slovakia, antibiotics are only available with a prescription. [1, 2, 3, 4, 5] According to Slovakia's State Institute for Drug Control (SUKL) – a body chiefly responsible for medicine authorisation, hosting a register of drugs – medicine with active ingredients belonging to the six most commonly used antibiotic groups in Slovakia (penicillins, cephalosporins, quinolones, macrolides, lincosamides and streptogramins) all require a prescription. [6, 7] The Ministry of Health's website does not publish information about the availability of certain medicine, only links to the relevant legislation. [8] Whilst there are indications of misuse of antibiotics, there is no evidence in local media that antibiotics are being acquired without a prescription.

[1] National Council of Slovakia. Act No. 362/2011 of 29 October 2011. "On Medicines and Medical Devices and on Amendments to Certain Acts (o liekoch a zdravotníckych pomôckach a o zmene a doplnení niektorých zákonov)". [<http://www.zakonypreludi.sk/zz/2011-362>]. Accessed 21 September 2020.

[2] National Council of Slovakia. Act No. 355/2007 of 31 July 2007. "On the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (o ochrane, podpore a rozvoji verejného zdravia a o zmene a doplnení niektorých zákonov)". [<https://www.zakonypreludi.sk/zz/2007-355>]. Accessed 21 September 2020.

[3] Regional Public Health Authority. "Self-medication with antibiotics? They are not painkillers and cannot cure every disease!!!!" ("Samoliečba antibiotikami? Nie sú to lieky proti bolesti a nemôžu vyliečiť každú chorobu!!!!"). [http://www.ruvzvt.sk/files/Europsky_den_zvysovania_povedomia_o_antibiotikach.pdf]. Accessed 21 September 2020.

[4] Life Without Antibiotics. 11 June 2018. "A good doctor is also the one that will not prescribe antibiotics..." ("Dobrý lekár je aj ten, ktorý vám antibiotiká nepredpíše..."). [<https://zivotbezantibiotik.sk/dobry-lekar-je-aj-ten-ktory-antibiotika-nepredpise/>]. Accessed 21 September 2020.

[5] SME. 13 November 2014. "HEALTH: Antibiotics should be taken responsibly, warn experts". ("ZDRAVIE: Antibiotiká treba užívať zodpovedne, varujú odborníci"). [<https://www.sme.sk/c/7492345/zdravie-antibiotika-treba-uzivat-zodpovedne-varuju-odbornici.html>]. Accessed 21 September 2020.

[6] European Centre for Disease Prevention and Control. 2017. "Summary of the latest data on antibiotic consumption in the European Union. ESAC-Net surveillance data, November 2017". [https://ecdc.europa.eu/sites/portal/files/documents/Final_2017_EAAD_ESAC-Net_Summary-edited%20-%20FINALwith%20erratum.pdf] Accessed 21 September 2020.

[7] State Institute for Drug Control. [<https://www.sukl.sk/>] Accessed 21 September 2020.

[8] Ministry of Health. [<http://www.health.gov.sk/Titulka>]. Accessed 21 September 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

There is national legislation in place requiring prescriptions for antibiotic use for animals, and there is no evidence of gaps in enforcement. Act No. 362/2011 on Medicines and Medical Devices and on Amendments to Certain Acts (adopted 2011, last amended 2020) states explicitly that any veterinary medicine may only be administered to an animal upon prescription by a veterinary doctor. [1] Whilst the Act does not specifically name antibiotics in this respect, government documents, such as a 2016 Ministry of Health report on the "State of Microbial Resistance in Slovakia", make clear that any medicated animal feed containing antimicrobials must be prescribed by a veterinary doctor. [2] Furthermore, Act No. 362/2011 forbids the sale of any veterinary medicine over the internet. [1] Overall, Act No. 362/2011 regulates the production, distribution and use of medicinal products, as well as stipulating requirements for authorisation and access in relation to these processes. [1] Whilst there are indications of misuse of antibiotics, there is no evidence in local media that antibiotics are being acquired without a prescription.

[1] National Council of Slovakia. Act No. 362/2011 of 29 October 2011. "On Medicines and Medical Devices and on Amendments to Certain Acts (o liekoch a zdravotníckych pomôckach a o zmene a doplnení niektorých zákonov)". [<http://www.zakonypreludi.sk/zz/2011-362>]. Accessed 3 October 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

Slovakia has a regulation on zoonotic diseases. Government Regulation No. 626/2004 on the Monitoring of Zoonoses and Zoonotic Agents (adopted 2004, last amended 2004) aims to ensure the proper monitoring of zoonoses, their antimicrobial resistance and foodborne outbreaks, and their appropriate epidemiological examination. The regulation also specifically discusses zoonotic diseases in terms of being a risk to human health. It covers multiple diseases, including brucellosis, campylobacteriosis, echinococcosis, listeriosis, salmonellosis, trichinellosis, tuberculosis caused by mycobacterium bovis and verotoxinogenic escherichia coli. The regulation is enforced jointly by the Ministry of Agriculture and the Ministry of Health. [1]

[1] Government of Slovakia. Government Regulation No. 626/2004 of 1 December 2004. "On the Monitoring of Zoonoses and Zoonotic Agents (o monitorovaní zoonóz a pôvodcov zoonóz)". [<http://www.zakonypreludi.sk/zz/2004-626>]. Accessed 5 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

Slovakia has strategy documents that include measures for risk identification and reduction for zoonotic disease spillover events from animals to humans. Each year, the Ministry of Agriculture and Rural Development and the State Veterinary and Food Administration publish a document that sets out, in detail, measures for the inspection and protection of facilities where live animals are kept or bred, in order to detect signs of zoonoses and prevent their spillover to humans. The document covers a large number of diseases, including salmonella and transmissible spongiform encephalopathies, and identifies pathways for transmission, outlining measures that should be taken to lower the possibility that these diseases are transmitted to humans – for example, requirements for immediate registration and updating registration details of live animals, a risk assessment based on the type and number of animals, and regular testing of these animals. [1]

[1] State Veterinary and Food Administration of Slovakia. Journals (Vestníky).
[<https://mpsr.sk/index.php?navID=126&year=2019&ofs1=26>]. Accessed 4 October 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

Slovakia has a regulation that accounts for the surveillance and control of multiple zoonotic pathogens of public health concern. Government Regulation No. 626/2004 on the Monitoring of Zoonoses and Zoonotic Agents (adopted 2004, last amended 2004) provides a substantial list of zoonotic pathogens that are included in Slovakia's monitoring system, and details the requirements for such monitoring (i.e. how monitoring should be carried out), the coordination of surveillance, as well as the frequency with which data and reports on zoonoses and their prevalence in Slovakia must be produced. [1] These data and reports are then published each year by the Ministry of Agriculture and Rural Development. [2] The Regulation covers multiple diseases, including: brucellosis, campylobacteriosis, echinococcosis, listeriosis, salmonellosis, trichinellosis, tuberculosis caused by mycobacterium bovis and verotoxinogenic escherichia coli. It also accounts for the control of these pathogens, requiring the rapid exchange of information in the event of a disease outbreak, a risk analysis for the prevention and control of diseases communicable to humans, food hygiene inspections, crisis measures to be implemented effectively, and procedures to be taken for the withdrawal of animal-source food and animal feed from circulation in case of an outbreak or potential outbreak. The Regulation is enforced jointly by the Ministry of Agriculture and Rural Development and the Ministry of Health. [1]

[1] Government of Slovakia. Government Regulation No. 626/2004 of 1 December 2004. "On the Monitoring of Zoonoses and Zoonotic Agents (o monitorovaní zoonóz a pôvodcov zoonóz)". [<http://www.zakonypreludi.sk/zz/2004-626>]. Accessed 6 August 2020.

[2] Ministry of Agriculture and Rural Development of the Slovak Republic. "Zoonoses." ("Zoonózy.")
[<https://www.mpsr.sk/index.php?navID=47&slD=111&navID2=506>]. Accessed 6 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 publicly available evidence of a zoonotic disease unit that functions across ministries in Slovakia. There are multiple regional public health authorities with epidemiological departments focusing solely on zoonotic diseases, which

claim to work closely with other bodies and organizations in the field of infectious diseases (veterinarians, government bodies, clinical departments and other laboratories). [1, 2] The State Veterinary and Food Administration, in conjunction with the Ministry of Agriculture and Rural Development, is also responsible for guiding monitoring and testing for zoonotic diseases. [3] However, there is no evidence of cross-ministry functioning, other than collaboration and sharing of information. In 2009, the Center of Excellence for Animal Diseases and Zoonoses ("Infekzoot") was established by the Slovak government in partnership with the Ministry of Education, the Institute of Parasitology at the Slovak Academy of Sciences and with funds from the European Union. However, Infekzoot is geared rather to academic research than surveillance and laboratory testing. [4] The websites of the State Veterinary and Food Administration, the Ministry of Health, the Public Health Authority and the Ministry of Agriculture and Rural Development do not publish any evidence of a cross-ministry unit dedicated to zoonotic diseases. [5, 6, 7, 8]

[1] Regional Public Health Authority: Stara Lubovna. Department of Epidemiology (Oddelenie epidemiológie).

[<http://www.vzsl.sk/oddelenie-epidemiologie/>]. Accessed 4 October 2020.

[2] Regional Public Health Authority: Banska Bystrica. Department of Epidemiology (ODBOR EPIDEMIOLOGIE).

[<http://www.vzbb.sk/sk/urad/odbory/oe.php>]. Accessed 4 October 2020.

[3] University of Veterinary Medicine and Pharmacy in Kosice. INFEKTZOON. [<http://infekzoon.uvlf.sk/>]. Accessed 4 October 2020.

[4] State Veterinary and Food Administration of Slovakia. Journals (Vestníky).

[<https://mpsr.sk/index.php?navID=126&year=2019&ofs1=26>]. Accessed 4 October 2020.

[4] State Veterinary and Food Administration of Slovakia. Departments of the SVPU (Odbory a oddelenia SVPU).

[<http://svpu.sk/svpu/odbory-a-oddelenia-svpu>]. Accessed 4 October 2020.

[5] Ministry of Health of Slovakia. "Organizations within the competence of the Ministry of Health of the Slovak Republic" ("Organizácie v pôsobnosti MZ SR"). [<http://www.health.gov.sk/?zdravotnicke-zariadenia>]. Accessed 4 October 2020.

[6] Ministry of Agriculture of Slovakia. "Scheme of organizational structure of the Ministry of Agriculture and Rural Development of the Slovak Republic effective October 1, 2020". ("Schéma organizačnej štruktúry Ministerstva pôdohospodárstva a rozvoja vidieka SR účinná 1. októbra 2020"). [<http://www.mpsr.sk/index.php?navID=118>]. Accessed 4 October 2020.

[7] Public Health Authority. "National Reference Centres in Slovakia". ("NRC v SR").

[http://www.uvzsr.sk/index.php?option=com_content&view=article&id=3041&Itemid=136]. Accessed 4 October 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

Slovakia has a mechanism for owners of livestock to conduct and report on disease surveillance to a central government agency. Section 37, paragraph 2(f) of Act No. 39/2007 on Veterinary Care (adopted 2007, last amended 2020) dictates that an owner of livestock must immediately notify the nearest Regional Veterinary Administration (of the State Veterinary and Food Administration) of any suspicion or detection of a zoonotic disease (and any other disease or circumstance which could constitute a serious risk to animal or public health), and to provide the veterinary authority with all relevant information on the circumstances of the animal, as well as information related to traceability and hygiene. Section 50, paragraph 3 of the Act stipulates that failure to comply with this obligation will result in a fine of between EUR 2,500 (US\$ 2,950) and EUR 40,000 (US\$ 47,200). If the individual fails to notify the State Veterinary Administration of a suspected zoonosis and subsequently

places products of animal origin on the market, a fine of between EUR 10,000 (US\$ 11,800) and EUR 160,000 (US\$ 188,800) can be imposed. Overall, Act No. 39/2007 covers animal health, veterinary requirements for products of animal origin, requirements for persons active in the veterinary field, and penalties for breaches of the requirements set out in the Act. [1]

[1] National Council of Slovakia. Act No. 39/2007, of 19 January 2007. "On Veterinary Care (o veterinárnej starostlivosti)". [<http://www.zakonypreludi.sk/zz/2007-39>]. Accessed 16 September 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: 0

There is no evidence of laws or guidelines that safeguard the confidentiality of information generated through surveillance activities for animals (for owners) in Slovakia. There is no mention of information generated through animal surveillance activities in the Slovak Data Protection Act (Act No. 18/2018 on the Protection of Personal Data and on Amendments to Certain Acts). [1] Act No. 39/2007 (on Veterinary Care) requires owners of livestock to report any incidents or suspicion of disease, but it does not mention of the protection of data or information of those who do report in this way [2, 3]. The websites of the Ministry of Health, Ministry of Agriculture and the Public Health Authority contain no evidence of laws or guidelines on the confidentiality of information provided through surveillance [4, 5, 6]. Act No. 18/2018 provides the regulations under which persons' personal details are protected, and Act No. 39/2007 covers animal health, veterinary requirements for products of animal origin, requirements for persons engaging in the veterinary field, and penalties for breaches of the requirements set out in the Act [1, 2].

[1] National Council of Slovakia. 25.8.2018. Act No. 18/2018, on the Protection of Personal Data and on Amendments to Certain Acts (Zákon č. 18/2018 Z. z. o ochrane osobných údajov a o zmene a doplnení niektorých zákonov). [https://dataprotection.gov.sk/uouu/sites/default/files/kcfinder/files/z%C3%A1kon%20%C4%8D%2018_2018%20o%20ochrane%20OU.PDF] Accessed 24 September 2020.

[2] National Council of Slovakia. 19.1.2007. Act No. 39/2007, on Veterinary Care (o veterinárnej starostlivosti). [<http://www.zakonypreludi.sk/zz/2007-39#cast4>] Accessed 24 September 2020.

[3] The Office for Personal Data Protection of Slovakia. "National Legal Framework" ("Národný právny rámec"). [<https://dataprotection.gov.sk/uouu/sk/content/archivna-informacia-narodny-pravny-ramec>] Accessed 24 September 2020.

[4] Ministry of Health of Slovakia. "Information obligation of the Ministry of Health of the Slovak Republic" ("Informačná povinnosť Ministerstva zdravotníctva Slovenskej republiky"). [<http://www.health.gov.sk/?informacna-povinnost>] Accessed 24 September 2020.

[5] Ministry of Agriculture of Slovakia. "The protection of personal information according to Act No. 18/2018" ("Ochrana osobných údajov podľa zák. č. 18/2018 Z. z."). [<https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/2018/18/20180525>] Accessed 24 September 2020.

[6] Public Health Authority. "Providing information" ("Poskytovanie informácií"). [http://www.uvzsr.sk/index.php?option=com_content&view=category&layout=blog&id=121&Itemid=108] Accessed 24 September 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: 0

There is no public evidence that Slovakia conducts surveillance of zoonotic disease in wildlife. There is no evidence of such surveillance on the websites of the Ministry of Health, Public Health Authority, State Veterinary and Food Administration, Ministry of Agriculture, or in relevant laws and regulations (namely Act No. 39/2007 on Veterinary Care, and Regulation No. 626/2004 on the Monitoring of Zoonoses and Zoonotic Agents) [1, 2, 3, 4, 5, 6]. Act No. 39/2007 covers animal health, veterinary requirements for products of animal origin, requirements for persons engaging in the veterinary field, and penalties for breaches of the requirements set out in the Act [5]. Regulation No. 626/2004 ensures procedures for the monitoring of zoonoses, including their antimicrobial resistance, as well as the epidemiological investigation of outbreaks of food-borne illness and other related activity [6].

[1] Public Health Authority. [<http://www.uvzsr.sk/>] Accessed 24 September 2020.

[2] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>] Accessed 24 September 2020.

[3] Ministry of Agriculture of Slovakia. Zoonoses. [<http://www.mpsr.sk/index.php?navID=47&slID=111&navID2=506>] Accessed 24 September 2020.

[4] State Veterinary and Food Administration. [<https://www.svps.sk/>] Accessed 24 September 2020.

[5] National Council of Slovakia. 19.1.2007. Act No. 39/2007, on Veterinary Care (o veterinárnej starostlivosti).

[<http://www.zakonypreludi.sk/zz/2007-39#cast4>] Accessed 24 September 2020.

[6] Government of Slovakia. 1.12.2004. Government Regulation No. 626/2004 Coll., on the monitoring of zoonoses and zoonotic agents (Nariadenie vlády Slovenskej republiky o monitorovaní zoonóz a pôvodcov zoonóz).

[<http://www.zakonypreludi.sk/zz/2004-626>] Accessed 24 September 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: 57.2

2018

OIE WAHIS database

1.2.4b

Number of veterinary para-professionals per 100,000 people

Input number

Current Year Score: 0.94

2018

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 evidence of mechanisms for working with the private sector in controlling or responding to zoonoses in Slovak legislation. This includes on the websites of the Ministry of Health, the Public Health Authority and the Ministry of Agriculture [1, 2, 3]. The legislation on zoonoses (Regulation No. 626/2004, on the Monitoring of Zoonoses and Zoonotic Agents), on veterinary care (Act No. 39/2007, on Veterinary Care) and on public health (Act No. 355/2007, on the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts) also do not outline any mechanism for cooperation with the private sector with regard to zoonoses [4, 5, 6]. Act No. 39/2007 covers animal health, veterinary requirements for products of animal origin, requirements for persons engaging in the veterinary field, and penalties for breaches of the requirements set out in the Act [4]. Act No. 355/2007 establishes the organization of public health services, the requirements for healthcare standards, and certain obligations to maintain these standards [6]. Regulation No. 626/2004 provides procedures for the monitoring of zoonoses, including their antimicrobial resistance, as well as the epidemiological investigation of outbreaks of food-borne diseases and other related activity [5]. However, Slovakia has started collaborating with private laboratories in response to the current coronavirus pandemic. The Public Health Authority states that this cooperation is a result of an ongoing effort to collaborate with private laboratory testing facilities [7]. There is no evidence that this collaboration has been established as part of a memorandum of understanding, official partnership, or any legislation.

[1] Public Health Authority. [<http://www.uvzsr.sk/>] Accessed 24 September 2020.

[2] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>] Accessed 24 September 2020.

[3] Ministry of Agriculture of Slovakia. Zoonoses. [<http://www.mpsr.sk/index.php?navID=47&slID=111&navID2=506>] Accessed 24 September 2020.

[4] National Council of Slovakia. 19.1.2007. Act No. 39/2007, on Veterinary Care (o veterinárnej starostlivosti). [<http://www.zakonypreludi.sk/zz/2007-39#cast4>] Accessed 24 September 2020.

[5] Government of Slovakia. 1.12.2004. Government Regulation No. 626/2004 Coll., on the monitoring of zoonoses and zoonotic agents (Nariadenie vlády Slovenskej republiky o monitorovaní zoonóz a pôvodcov zoonóz). [<http://www.zakonypreludi.sk/zz/2004-626>] Accessed 24 September 2020.

[6] National Council of Slovakia. 31.7.2007. Act No. 355/2007, on the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (o ochrane, podpore a rozvoji verejného zdravia a o zmene a doplnení niektorých zákonov). [<https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/2007/355/20180401>] Accessed 24 September 2020.

[7] Public Health Authority. "Testing capacities for Covid-19 are expanding, also thanks to the efforts of the Public Health

Authority". [http://www.uvzsr.sk/index.php?option=com_content&view=article&id=4144:testovacie-kapacity-na-covid-19-sa-roziru-aj-vaka-enormnemu-usiliu-uvz-sr&catid=250:koronavirus-2019-ncov&Itemid=153] Accessed 24 September.

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 Slovakia has in place a record, updated within the past 5 years, of the facilities in which especially dangerous pathogens and toxins are processed. The Public Health Authority annual reports on the National Reference Centers (NRC) and laboratories contain information on methodology, testing, external evaluations and updates for each of the NRCs, but make no mention of inventory or record keeping. [1,2] Slovakia's NRCs are specialized workplaces of the Public Health Authority or Regional Public Health Authority, established to address public health issues. The NRCs are responsible for the following: to provide specialized superstructure and final laboratory diagnostics and verification of laboratory results, to establish reference methods and standards, to provide expertise, and perform publishing activities, to ensure epidemiological surveillance, to store samples of biological material or other material which contains the originator of the disease and which has been obtained from a confirmed case of disease, to cooperate with the competent authorities and organizations of the European Union and the World Health Organization, and to provide training in new laboratory methodologies [3]. There is no evidence of an inventory system on the websites of the Ministries of Health, Defense, and Agriculture, or on that of the Public Health Authority [4, 5, 6, 7]. Every year, Slovakia reports to the United Nations Office at Geneva (UNOG) for the "Confidence Building Measure Return", which is a reporting mechanism set by the Biological Weapons Convention, and each report includes data on Biosafety Level (BSL) facilities, their standards, organizational structure, activity and other related information [8]. However, neither the 2019 report nor the 2020 report includes information on records of facilities in which especially dangerous pathogens and toxins are stored or processed [8]. There is no evidence in the VERTIC database that Slovakia has such a record in place. [9]

[1] Public Health Authority. "National Reference Centers" ("Národné referenčné centrá").

[http://www.uvzsr.sk/index.php?option=com_content&view=category&id=178:narodne-referenne-centra&layout=blog&Itemid=128&layout=default] Accessed 25 September 2020.

[2] Public Health Authority. March 2020. "Annual Report on the National Reference Centers under the Public Health Authority and the Regional Public Health Authority of the Slovak Republic for the year 2019" ("Výročná správa národných referenčných centier zriadených na báze úvz sr a rúvz v sr za rok 2019").

[http://www.uvzsr.sk/docs/vs/Vyrocnna_sprava_NRC_2019.pdf] Accessed 25 September 2020.

[3] Public Health Authority. "NRC in SR" ("NRC v SR").

[http://www.uvzsr.sk/index.php?option=com_content&view=article&id=3041&Itemid=136]. Accessed 25 September 2020.

[4] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>] Accessed 25 September 2020.

[5] Ministry of Defense of Slovakia. [<https://www.mod.gov.sk/>] Accessed 25 September 2020.

[6] Ministry of Agriculture and Rural Development of Slovakia. [<http://www.mpsr.sk/>] Accessed 25 September 2020.

[7] Public Health Authority. [<http://www.uvzsr.sk/>] Accessed 25 September 2020.

[8] United Nations Office at Geneva. Confidence Building Measures. Slovakia. [<https://bwc-ecbm.unog.ch/state/slovakia>].

Accessed 25 September 2020.

[9] VERTIC. BWC Legislation Database. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/s/>]. Accessed 19 October 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

Slovakia has in place legislation related to biosecurity. Act No. 218/2007 on the Prohibition of Biological Weapons and on the Amendment and Supplementation of Certain Acts (adopted 2007, last amended 2018) regulates the rights and obligations of persons in the field of the development, manufacture, accumulation, possession and use of dangerous biological substances. It also stipulates the conditions for the treatment of high risk biological agents and assigns responsibility (to the Ministry of Health, the Public Health Authority and the Regional Public Health Authority) for ensuring compliance with the requirements and obligations under the Act. The Act defines the obligations of a person authorized to deal with biological substances, including the necessary reporting of any detection of leakage of potential misuse of such substances, and sets out guidelines for how an authorized user must ensure that high-risk biological substances are not misused or stolen. The Act also lists strict requirements in the authorization process, and the thorough screening of applicants, which is to minimize risk of unauthorized possession, loss, theft, misuse, diversion, or intentional release of pathogens. [1] Every year, Slovakia reports to the United Nations Office at Geneva (UNOG) for the "Confidence Building Measure Return", which is a reporting mechanism set by the Biological Weapons Convention, and each report includes data on Biosafety Level (BSL) facilities, their standards, organisational structure, activity and other related information. [2] The reports for 2019 and 2020 both confirm that Slovakia has biosecurity measures in place. [3, 4]

[1] National Council of Slovakia. Act No. 218/2007, of 7 May 2007. "On the Prohibition of Biological Weapons and on the Amendment and Supplementation of Certain Acts (o zákaze biologických zbraní a o zmene a doplnení niektorých zákonov)". [<http://www.zakonypreludi.sk/zz/2007-218>]. Accessed 17 September 2020.

[2] United Nations Office at Geneva. Confidence Building Measures. Slovakia. [<https://bwc-ecbm.unog.ch/state/slovakia>]. Accessed 17 September 2020.

[3] United Nations Office at Geneva. Confidence Building Measures. Slovakia. CBM Report, 2020. [https://bwc-ecbm.unog.ch/system/files/form-pdf/bwc_cbm_2020_slovakia.pdf]. Accessed 17 September 2020.

[4] United Nations Office at Geneva. Confidence Building Measures. Slovakia. CBM Report, 2019. [https://bwc-ecbm.unog.ch/system/files/form-pdf/bwc_cbm_2019_slovakia.pdf]. Accessed 17 September 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: 1

There are established agencies responsible for the enforcement of biosecurity legislation in Slovakia. According to Act No. 218/2007 on the Prohibition of Biological Weapons and on the Amendment and Supplementation of Certain Acts (adopted 2007, last amended 2018), which regulates the rights and obligations of persons in the field of the development, manufacture, accumulation, possession and use of dangerous biological substances, the authorities responsible for the

compliance of this biosecurity legislation are the Ministry of Health, the Public Health Authority and the Regional Public Health Authority (headquartered in Banská Bystrica). [1] The Ministry's responsibility includes, but is not limited to, drawing up methodological and conceptual methods of protection against bioterrorism and implementing the Convention on the Prohibition of the Development, Production and Stockpiling of Biological Weapons and on their Destruction. [1] The Public Health Authority supervises the Regional Public Health Authority, which, in turn, ensures compliance with Act No. 218/2007 by inspecting premises, facilities and equipment, keeping records of such checks, taking specimen samples if necessary, checking licences and employees' roles, and ensuring any necessary disposal of biological material, objects and facilities. As such, the Regional Public Health Authority is the chief agency responsible for the enforcement of biosecurity legislation. [1] Every year, Slovakia reports to the United Nations Office at Geneva (UNOG) for the "Confidence Building Measure Return", which is a reporting mechanism set by the Biological Weapons Convention, and each report includes data on Biosafety Level (BSL) facilities, their standards, organizational structure, activity and other related information. [2] However, neither the 2019 report nor the 2020 report includes information on an agency responsible for the enforcement of biosecurity legislation. [3, 4]

[1] National Council of Slovakia. Act No. 218/2007, of 7 May 2007. "On the Prohibition of Biological Weapons and on the Amendment and Supplementation of Certain Acts (o zákaze biologických zbraní a o zmene a doplnení niektorých zákonov)". [<http://www.zakonypreludi.sk/zz/2007-218>]. Accessed 17 September 2020.

[2] United Nations Office at Geneva. Confidence Building Measures. Slovakia. [<https://bwc-ecbm.unog.ch/state/slovakia>]. Accessed 17 September 2020.

[3] United Nations Office at Geneva. Confidence Building Measures. Slovakia. CBM Report, 2020. [https://bwc-ecbm.unog.ch/system/files/form-pdf/bwc_cbm_2020_slovakia.pdf]. Accessed 17 September 2020.

[4] United Nations Office at Geneva. Confidence Building Measures. Slovakia. CBM Report, 2019. [https://bwc-ecbm.unog.ch/system/files/form-pdf/bwc_cbm_2019_slovakia.pdf]. Accessed 17 September 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 clear public evidence that Slovakia has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities. Evidence of such efforts is absent from the websites of the Ministry of Health, Public Health Authority, Ministry of Defense, Ministry of Agriculture and Rural Development and the reports on National Reference Centers [1, 2, 3, 4, 5, 6]. Act No. 218/2007 (on the Prohibition of Biological Weapons and on the Amendment and Supplementation of Certain Acts), which regulates the rights and obligations of persons in the field of the development, manufacture, accumulation, possession and use of dangerous biological substances, does require the inspection of premises where such substances are used, as well as of the facilities and equipment, keeping records of such checks, taking specimen samples if necessary, checking licenses and employees' roles, and ensuring any necessary disposal of biological material, objects and facilities, but the Act does not require or indicate that inventories of especially dangerous pathogens should be consolidated [7]. Every year, Slovakia reports to the United Nations Office at Geneva (UNOG) for the "Confidence Building Measure Return", which is a reporting mechanism set by the Biological Weapons Convention, and each report includes data on Biosafety Level (BSL) facilities, their standards, organizational structure, activity and other related information [8]. However, neither the 2019 report nor the 2020 report indicates whether Slovakia has taken action to consolidate inventories of especially dangerous pathogens and toxins [8]. There is no further relevant evidence in the VERTIC database. [9]

- [1] Public Health Authority. "National Reference Centers" ("Národné referenčné centrá"). [http://www.uvzsr.sk/index.php?option=com_content&view=category&id=178:narodne-referenne-centra&layout=blog&Itemid=128&layout=default] Accessed 26 September 2020.
- [2] Public Health Authority. March 2020. "Annual Report on the National Reference Centers under the Public Health Authority and the Regional Public Health Authority of the Slovak Republic for the year 2019" ("VÝROČNÁ SPRÁVA NÁRODNÝCH REFERENČNÝCH CENTIER ZRIADENÝCH NA BÁZE ÚVZ SR A RÚVZ V SR ZA ROK 2019"). [http://www.uvzsr.sk/docs/vs/Vyroчна_sprava_NRC_2019.pdf] Accessed 26 September 2020.
- [3] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>] Accessed 26 September 2020.
- [4] Ministry of Defense of Slovakia. [<https://www.mod.gov.sk/>] Accessed 26 September 2020.
- [5] Ministry of Agriculture and Rural Development of Slovakia. [<http://www.mpsr.sk/>] Accessed 26 September 2020.
- [6] Public Health Authority. [<http://www.uvzsr.sk/>] Accessed 26 September 2020.
- [7] National Council of Slovakia. 4.5.2007. Act No. 218/2007 on the Prohibition of Biological Weapons and on the Amendment and Supplementation of Certain Acts (o zákaze biologických zbraní a o zmene a doplnení niektorých zákonov). [<http://www.zakonypreludi.sk/zz/2007-218>] Accessed 26 September 2020.
- [8] United Nations Office at Geneva. Confidence Building Measures. Slovakia. [<https://bwc-ecbm.unog.ch/state/slovakia>]. Accessed 15 October 2020.
- [9] VERTIC. BWC Legislation Database. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/s/>]. Accessed 19 October 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

There is public evidence that Slovakia has the in-country capacity to conduct PCR-based diagnostic testing for anthrax, but not for ebola. The Plan for the Veterinary Safeguarding and Protection of the Territory of the Slovak Republic for the Year 2020 (published 2019), which is created and published annually, explicitly lists PCR-based testing as the main method for diagnosing anthrax in Slovakia [1]. Tests for anthrax are conducted at the microbiological laboratories of the Regional Public Health Authority (RÚVZ) in Banská Bystrica. Furthermore, the Public Health Authority lists several scientific research studies conducted in the country, which have focused on the PCR-based diagnostic testing of anthrax in Slovakia [2]. However, there is no evidence that Slovakia has the capacity to use PCR-based testing for ebola, or even any other testing for ebola, on the websites of the Ministry of Health, Public Health Authority, Ministry of Defense, Ministry of Agriculture, on the pages of the National Reference Centers, and in the media [3, 4, 5, 6, 7].

- [1] Ministry of Agriculture of Slovakia and the State Veterinary and Food Administration of Slovakia. December 2019. "Plan for the Veterinary Safeguard and Protection of the Territory of the Slovak Republic for the Year 2020" ("PLÁN VETERINÁRNEJ PREVENIE A OCHRANY ŠTÁTNEHO ÚZEMIA SLOVENSKEJ REPUBLIKY NA ROK 2020"). [<https://www.svps.sk/dokumenty/zvierata/vpo2020-1.pdf>] Accessed 26 September 2020.
- [2] Public Health Authority. March 2020. "Annual Report of the National Reference Centers under the authority of the Public Health Authority of the Slovak Republic and the Regional Public Health Authority of the Slovak Republic for the year 2019" ("VÝROČNÁ SPRÁVA NÁRODNÝCH REFERENČNÝCH CENTIER ZRIADENÝCH NA BÁZE ÚVZ SR A RÚVZ V SR ZA ROK 2019"). [http://www.uvzsr.sk/docs/vs/Vyroчна_sprava_NRC_2019.pdf] Accessed 26 September 2020.
- [3] Public Health Authority. "Ebola Haemorrhagic fever" ("Hemoragická horúčka Ebola"). [http://www.uvzsr.sk/index.php?option=com_content&view=category&layout=blog&id=148&Itemid=118] Accessed 26 September 2020.

- [4] Ministry of Agriculture of Slovakia. [<http://www.mpsr.sk/>] Accessed 26 September 2020.
- [5] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>] Accessed 26 September 2020.
- [6] Ministry of Defense of Slovakia. [<https://www.mod.gov.sk/>] Accessed 26 September 2020.
- [7] Public Health Authority. "National Reference Centers in Slovakia" ("NRC v SR"). [http://www.uvzsr.sk/index.php?option=com_content&view=article&id=3041&Itemid=136] Accessed 26 September 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 train-the-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 publicly available evidence that Slovakia requires biosecurity training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential. Whilst relevant legislation (Act No. 218/2007 on the Prohibition of Biological Weapons and on the Amendment and Supplementation of Certain Acts (adopted 2007, last amended 2018), which regulates the rights and obligations of persons in the field of the development, manufacture, accumulation, possession and use of dangerous biological substances) specifies necessary educational attainment for any person seeking access to biological substances, it falls short of mentioning any common curriculum or train-the-trainer programme. [1] The Ministry of Health does provide a specific list of standard training schools necessary for field-specific employment, but the list does not include microbiology or epidemiology. [2] Information on a common curriculum or train-the-trainer programmes was not found on the websites of the Ministry of Health or the Public Health Authority (which supervise the enforcement of biosecurity regulations, as well as the authorisation of personnel), nor was there such evidence on the pages of the Ministry of Defence or the Ministry of Agriculture and Rural Development. [3, 4, 5, 6]. Every year, Slovakia reports to the United Nations Office at Geneva (UNOG) for the "Confidence Building Measure Return", which is a reporting mechanism set by the Biological Weapons Convention, and each report includes data on Biosafety Level (BSL) facilities, their standards, organisational structure, activity and other related information. [7] However, neither the 2020 report nor the 2019 report includes details on the requirement of biosecurity training, or similar, for personnel working in facilities housing or working with especially dangerous pathogens, toxins or biological materials with pandemic potential. [8, 9] The VERTIC database does not include evidence that Slovakia requires biosecurity training. [10]

[1] National Council of Slovakia. Act No. 218/2007, of 7 May 2007. "On the Prohibition of Biological Weapons and on the Amendment and Supplementation of Certain Acts (o zákaze biologických zbraní a o zmene a doplnení niektorých zákonov)". [<http://www.zakonypreludi.sk/zz/2007-218>]. Accessed 3 October 2020.

[2] Ministry of Health of Slovakia. "Criteria of the Ministry of Health of the Slovak Republic used for issuing an opinion on accreditation". ("Kritériá Ministerstva zdravotníctva Slovenskej republiky používané pri vydávaní stanoviska k akreditácii"). [http://www.health.gov.sk/Zdroje/?Sources/vzdelavanie/Kriteria_MZSR-akreditacia.pdf]. Accessed 3 October 2020.

[3] Ministry of Health of Slovakia. Education and recognition of qualifications: "Accreditation". (Vzdelávanie a uznávanie kvalifikácií: "Akreditácia"). [<http://www.health.gov.sk/?akreditacia>]. Accessed 3 October 2020.

[4] Public Health Authority. [<http://www.uvzsr.sk/>]. Accessed 3 October 2020.

[5] Ministry of Agriculture and Rural Development of Slovakia. [<http://www.mpsr.sk/sk/>]. Accessed 3 October 2020.

[6] Ministry of Defence of Slovakia. [<https://www.mosr.sk/>]. Accessed 3 October 2020.

[7] United Nations Office at Geneva. Confidence Building Measures. Slovakia. [<https://bwc-ecbm.unog.ch/state/slovakia>].

Accessed 3 October 2020.

[8] United Nations Office at Geneva. Confidence Building Measures. Slovakia. CBM Report, 2020. [https://bwc-ecbm.unog.ch/system/files/form-pdf/bwc_cbm_2020_slovakia.pdf]. Accessed 3 October 2020.

[9] United Nations Office at Geneva. Confidence Building Measures. Slovakia. CBM Report, 2019. [https://bwc-ecbm.unog.ch/system/files/form-pdf/bwc_cbm_2019_slovakia.pdf]. Accessed 3 October 2020.

[10] VERTIC. BWC Legislation Database. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/s/>]. Accessed 19 October 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: 1

Slovakia has regulations in place that specify that personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to certain checks. Act No. 218/2007 (on the Prohibition of Biological Weapons and on the Amendment and Supplementation of Certain Acts), which regulates the rights and obligations of persons in the field of the development, manufacture, accumulation, possession and use of dangerous biological substances, states very clearly the conditions upon which a person can be granted authorization to access dangerous pathogens, toxins or biological materials, and which must be checked by the employer, written up and submitted to the Public Health Authority [1]. One of the main conditions is a clean criminal background – the Act states that, to be authorized, a person must not have been legally convicted of an intentional crime against life or health or of deliberate criminal offense considered to be a dangerous or deliberate offense against the environment [1]. If the person is not a citizen of Slovakia, a full criminal background check from the country of origin must be provided [1]. Further requirements include financial stability – the Public Health Authority requires a declaration that the person has not been declared bankrupt or has not been denied a bankruptcy application – and also substantial competence – the person must have completed secondary education in the field of medicine, public health, veterinary medicine, pharmacy, biology or chemistry and completed at least three years of work in one of these fields [1]. However, there is no mention of drug tests or psychological or mental fitness in the legislation or on the websites of the Ministry of Health, Ministry of Defense, Ministry of Agriculture and Rural Development or the Public Health Authority [2] [3] [4] [5]. Every year, Slovakia reports to the United Nations Office at Geneva (UNOG) for the "Confidence Building Measure Return", which is a reporting mechanism set by the Biological Weapons Convention, and each report includes data on Biosafety Level (BSL) facilities, their standards, organizational structure, activity and other related information [6]. However, neither the 2019 report nor the 2020 report includes information on requirements for checks of personnel with access to especially dangerous pathogens [6]. The VERTIC database does not include evidence of Slovak regulations specifying that personnel with access to dangerous pathogens are subject to checks. [7]

[1] National Council of Slovakia. 4.5.2007. Act No. 218/2007 on the Prohibition of Biological Weapons and on the Amendment and Supplementation of Certain Acts (o zákaze biologických zbraní a o zmene a doplnení niektorých zákonov). [<http://www.zakonypreludi.sk/zz/2007-218>] Accessed 26 September 2020.

[2] Ministry of Agriculture and Rural Development of Slovakia. [<http://www.mpsr.sk/sk/>] Accessed 26 September 2020

[3] Ministry of Defense of Slovakia. [<https://www.mod.gov.sk/>] Accessed 26 September 2020.

[4] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>] Accessed 26 September 2020.

[5] Public Health Authority. [<http://www.uvzsr.sk/>] Accessed 26 September 2020.

[6] United Nations Office at Geneva. Confidence Building Measures. Slovakia. [<https://bwc-ecbm.unog.ch/state/slovakia>]. Accessed 15 October 2020.

[7] VERTIC. BWC Legislation Database. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/s/>]. Accessed 19 October 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

Slovakia has national regulations on the safe and secure transport of infectious substances. At the national level, Act No. 218/2007 on the Prohibition of Biological Weapons and on the Amendment and Supplementation of Certain Acts (adopted 2007, last amended 2018), which regulates the rights and obligations of persons in the field of the development, manufacture, accumulation, possession and use of dangerous biological substances, stipulates strict requirements for how infectious substances must be sealed, packaged, labelled and supervised by a person authorized to handle such substances. More specifically, the Act states that an authorised person must ensure that high-risk biological agents and toxins are transported in packages that are sealed by an individually verifiable seal, so that further handling of the container's contents does not result in the seal(s) breaking. The authorized person must indicate on both the transport packaging and on individual packages the fact that it contains high-risk biological agents and toxins with the appropriate signage. Authorizations are granted by the Public Health Authority. [1] The Act follows the regulations set out in the European Agreement concerning the International Carriage of Dangerous Goods by Road (ADR, to which Slovakia is party and which has been implemented by Slovakia), which covers infectious substances (specifically mentioning categories A and B) and stipulates detailed requirements related mostly to packaging and labelling. [2, 3] Every year, Slovakia reports to the United Nations Office at Geneva (UNOG) for the "Confidence Building Measure Return", which is a reporting mechanism set by the Biological Weapons Convention, and each report includes data on Biosafety Level (BSL) facilities, their standards, organizational structure, activity and other related information. [4] The 2020 and 2019 reports both indicate that legislation on the export and import of dangerous pathogens and toxins is in place, but neither report provides further information. [5, 6]

[1] National Council of Slovakia. Act No. 218/2007, of 7 May 2007. "On the Prohibition of Biological Weapons and on the Amendment and Supplementation of Certain Acts (o zákaze biologických zbraní a o zmene a doplnení niektorých zákonov)". [<http://www.zakonypreludi.sk/zz/2007-218>]. Accessed 21 September 2020.

[2] Minister of Foreign Affairs of Czechoslovakia. Decree of 26 May 1987. "On the European Agreement concerning the International Carriage of Dangerous Goods by Road (ADR) (o Európskej dohode o medzinárodnej cestnej preprave nebezpečných vecí (ADR))". [<https://www.zakonypreludi.sk/zz/1987-64>]. Accessed 21 September 2020.

[3] United Nations (UN). 2016. European Agreement concerning the International Carriage of Dangerous Goods by Road (ADR), applicable as from 1 January 2017. [https://www.unece.org/fileadmin/DAM/trans/danger/publi/adr/adr2017/ADR2017E_web.pdf]. Accessed 21 September 2020.

[4] United Nations Office at Geneva. Confidence Building Measures. Slovakia. [<https://bwc-ecbm.unog.ch/state/slovakia>]. Accessed 21 September 2020.

[5] United Nations Office at Geneva. Confidence Building Measures. Slovakia. CBM Report, 2020. [<https://bwc->

ecbm.unog.ch/system/files/form-pdf/bwc_cbm_2020_slovakia.pdf]. Accessed 21 September 2020.

[6] United Nations Office at Geneva. Confidence Building Measures. Slovakia. CBM Report, 2019. [https://bwc-ecbm.unog.ch/system/files/form-pdf/bwc_cbm_2019_slovakia.pdf]. Accessed 21 September 2020.

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 national legislation in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins and pathogens with pandemic potential. Act No. 218/2007 on the Prohibition of Biological Weapons and on the Amendment and Supplementation of Certain Acts (adopted 2007, last amended 2018), which regulates the rights and obligations of persons in the field of the development, manufacture, accumulation, possession and use of dangerous biological substances, explicitly states that authorisation must be granted for the export or import of high-risk biological agents and toxins, and that this may only be issued on the basis of a favourable opinion. [1] Authorization is granted by the Ministry of Economy, which is the central governmental authority for the control of export, transport and brokering of dual-use items. [2] This is according to Act No. 39/2011 on Dual-Use Items (adopted 2011, last amended 2018), which establishes the authority of the state administration to control the export, transport and transit of dual-use items, as well as regulating export and obligations of personnel involved in such processes. Act No. 39/2011 refers to Annex no. I of the European Union's Regulation No 428/2009, on Setting up a Community Regime for the Control of Exports, Transfer, Brokering and Transit of Dual-Use Items, for the list of dual-use items covered by Act No. 39/2011. [2] According to Act No. 39/2011, before a licence is granted for the export of dual-use items, the authority checks the countries to which the dual-use item is to be exported, the purpose of the dual-use item, and the end user if it is known at the time of the application. [2] End-user screening is also mandated by the European Union's Regulation (EC) No. 428/2009. In its list of items covered by the term "dual-use", the regulation includes 91 pathogens and toxins including those associated with cholera, encephalitis, ebola, dengue fever and anthrax, but it omits some major infectious diseases, such as influenza and tuberculosis. The regulation states that export authorization is subject to identification of the end-user and intended use. [3] Every year, Slovakia reports to the United Nations Office at Geneva (UNOG) for the "Confidence Building Measure Return", which is a reporting mechanism set by the Biological Weapons Convention, and each report includes data on Biosafety Level (BSL) facilities, their standards, organisational structure, activity and other related information. [4] The 2020 and 2019 reports both indicate that legislation on the export and import of dangerous pathogens and toxins is in place, however neither report provides further information. [5, 6]

[1] National Council of Slovakia. Act No. 218/2007, of 7 May 2007. "On the Prohibition of Biological Weapons and on the Amendment and Supplementation of Certain Acts (o zákaze biologických zbraní a o zmene a doplnení niektorých zákonov)". [<http://www.zakonypreludi.sk/zz/2007-218>]. Accessed 21 September 2020.

[2] National Council of Slovakia. Act No. 39/2011 of 26 February 2011. "The Dual-Use Items Act and the amendment to the Act of the National Council of the Slovak Republic no. 145/1995 on Administrative Fees, as amended (Zákon o položkách s dvojakým použitím a o zmene zákona Národnej rady Slovenskej republiky č. 145/1995 Z. z. o správnych poplatkoch v znení neskorších predpisov)". [<http://www.zakonypreludi.sk/zz/2011-39>]. Accessed 21 September 2020.

[3] European Council. 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 21 September 2020.

[4] United Nations Office at Geneva. Confidence Building Measures. Slovakia. [<https://bwc-ecbm.unog.ch/state/slovakia>]. Accessed 21 September 2020.

[5] United Nations Office at Geneva. Confidence Building Measures. Slovakia. CBM Report, 2020. [https://bwc-ecbm.unog.ch/system/files/form-pdf/bwc_cbm_2020_slovakia.pdf]. Accessed 21 September 2020.

[6] United Nations Office at Geneva. Confidence Building Measures. Slovakia. CBM Report, 2019. [https://bwc-ecbm.unog.ch/system/files/form-pdf/bwc_cbm_2019_slovakia.pdf]. Accessed 21 September 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

Slovakia has in place national biosafety regulations. Government Regulation No. 83/2013 on the Protection of the Health of Workers Against the Risks Associated with Exposure to Biological Factors at Work (adopted 2013, last amended 2013) comprehensively sets out risk assessment processes for exposure to biological materials, the application of these processes, measures toward reducing the risk of exposure, information and training of employees with access to biological materials, and necessary communication with the public health authority. [1] The Regulation also outlines precautionary principles based on a given list of hazardous biological substances and agents. [1] Furthermore, Decree No. 274/2019 implementing Act No. 151/2002 on the Use of Genetic Technologies and Genetically Modified Organisms outlines strict clothing and equipment requirements for cases of handling genetically modified organisms in laboratories. This is set out using a 1-4 scale of levels of protection for each specific case of activity with dangerous substances and GMOs within the laboratory. [2] Every year, Slovakia reports to the United Nations Office at Geneva (UNOG) for the "Confidence Building Measure Return", which is a reporting mechanism set by the Biological Weapons Convention, and each report includes data on Biosafety Level (BSL) facilities, their standards, organisational structure, activity and other related information. [3] The 2019 and 2020 reports both indicate that biosafety measures are in place, but no further detail is provided. [4, 5]

[1] Government of Slovakia. Government Regulation No. 83/2013, of 15 April 2013. "On the Protection of the Health of Workers Against the Risks Associated with Exposure to Biological Factors at Work (o ochrane zdravia zamestnancov pred rizikami súvisiacimi s expozíciou biologickým faktorom pri práci)". [<https://www.zakonypreludi.sk/zz/2013-83>]. Accessed 17 September 2020.

[2] Ministry of the Environment of the Slovak Republic. Decree No. 399/2005, of 15 September 2019. "Implementing Act No. 151/2002 on the Use of Genetic Technologies and Genetically Modified Organisms, as amended (ktorou sa vykonáva zákon č. 151/2002 Z. z. o používaní genetických technológií a geneticky modifikovaných organizmov v znení neskorších predpisov)". [<https://www.zakonypreludi.sk/zz/2019-274>]. Accessed 17 September 2020.

[3] United Nations Office at Geneva. Confidence Building Measures. Slovakia. [<https://bwc-ecbm.unog.ch/state/slovakia>]. Accessed 17 September 2020.

[4] United Nations Office at Geneva. Confidence Building Measures. Slovakia. CBM Report, 2020. [https://bwc-ecbm.unog.ch/system/files/form-pdf/bwc_cbm_2020_slovakia.pdf]. Accessed 17 September 2020.

[5] United Nations Office at Geneva. Confidence Building Measures. Slovakia. CBM Report, 2019. [https://bwc-ecbm.unog.ch/system/files/form-pdf/bwc_cbm_2019_slovakia.pdf]. Accessed 17 September 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

Slovakia has an established agency that is responsible for the enforcement of biosafety regulations. Act No. 218/2007 on the Prohibition of Biological Weapons and on the Amendment and Supplementation of Certain Acts (adopted 2007, last amended 2018), which regulates the rights and obligations of persons in the field of the development, manufacture, accumulation, possession and use of dangerous biological substances, explicitly describes the role of the Regional Public Health Authority in conducting regular (often unannounced) inspections of facilities and premises used for work with biological substances and to conduct reports on the safety and management of such facilities, including the appropriate operation of employees at these facilities. [1] The country's biosafety regulation – Government Regulation No. 83/2013 on the Protection of the Health of Workers Against the Risks Associated with Exposure to Biological Factors at Work (adopted 2013, last amended 2013), which sets out risk assessment processes for exposure to biological materials, measures toward reducing the risk of exposure and information and training of employees with access to biological materials – does not explicitly mention which authority is responsible. The regulations merely state that risk assessments and reports must be submitted to the "relevant health authorities". [2] Every year, Slovakia reports to the United Nations Office at Geneva (UNOG) for the "Confidence Building Measure Return", which is a reporting mechanism set by the Biological Weapons Convention, and each report includes data on Biosafety Level (BSL) facilities, their standards, organizational structure, activity and other related information. [3] However, neither the 2019 report nor the 2020 report includes information on an agency responsible for the enforcement of biosafety regulations. [4, 5]

[1] National Council of Slovakia. Act No. 218/2007, of 7 May 2007. "On the Prohibition of Biological Weapons and on the Amendment and Supplementation of Certain Acts (o zákaze biologických zbraní a o zmene a doplnení niektorých zákonov)". [<http://www.zakonypreludi.sk/zz/2007-218>]. Accessed 17 September 2020.

[2] Government of Slovakia. Government Regulation No. 83/2013, of 15 April 2013. "On the Protection of the Health of Workers Against the Risks Associated with Exposure to Biological Factors at Work (o ochrane zdravia zamestnancov pred rizikami súvisiacimi s expozíciou biologickým faktorom pri práci)". [<https://www.zakonypreludi.sk/zz/2013-83>]. Accessed 17 September 2020.

[3] United Nations Office at Geneva. Confidence Building Measures. Slovakia. [<https://bwc-ecbm.unog.ch/state/slovakia>]. Accessed 17 September 2020.

[4] United Nations Office at Geneva. Confidence Building Measures. Slovakia. CBM Report, 2020. [https://bwc-ecbm.unog.ch/system/files/form-pdf/bwc_cbm_2020_slovakia.pdf]. Accessed 17 September 2020.

[5] United Nations Office at Geneva. Confidence Building Measures. Slovakia. CBM Report, 2019. [https://bwc-ecbm.unog.ch/system/files/form-pdf/bwc_cbm_2019_slovakia.pdf]. Accessed 17 September 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 train-the-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 that Slovakia requires biosafety training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential. Government Regulation No. 83/2013, on the Protection of the Health of Workers Against the Risks Associated with Exposure to Biological Factors at Work, outlines risk assessment processes for exposure to biological substances, the application of these processes, how to reduce the risk of exposure, and the required information and training of employees with access to biological materials [1]. However, whilst this Regulation (specifically Section 10, dedicated to the training of employees) stipulates that the employer is obliged to ensure that employees and employees' representatives for occupational safety and health are adequately and appropriately trained on the basis of all available information in relation to biosafety, it goes on to state that the employer must conduct this training by "adapting to the new risk from exposure to biological agents or changes in that risk" and "repeat as necessary" [1]. There is no explicit reference to a standardized approach, a common curriculum nor a train-the-trainer program [1]. Furthermore, the Regulation states that each employer that deals with biological materials must draw up the method and frequency of staff training themselves [1]. Further details of required biosafety training, a standardized approach, a common curriculum, or a train-the-trainer program in relation to dangerous pathogens or biological materials is lacking from the websites of the Ministry of Health, Ministry of Agriculture and Rural Development, the Public Health Authority and relevant Slovak information pages on GMOs [2] [3] [4] [5]. Every year, Slovakia reports to the United Nations Office at Geneva (UNOG) for the "Confidence Building Measure Return", which is a reporting mechanism set by the Biological Weapons Convention, and each report includes data on Biosafety Level (BSL) facilities, their standards, organizational structure, activity and other related information [7]. However, neither the 2019 report nor the 2020 report includes details on the requirement of biosafety training, or similar, for personnel working in facilities housing or working with especially dangerous pathogens, toxins or biological materials with pandemic potential [6]. Act No. 218/2007 on the Prohibition of Biological Weapons and on the Amendment and Supplementation of Certain Acts (adopted 2007, last amended 2018), which regulates the rights and obligations of persons in the field of the development, manufacture, accumulation, possession and use of dangerous biological substances, does not state that biosafety training for personnel is required [8]. There is also no evidence of such a biosafety training requirement on the VERTIC database. [9]

[1] Government of Slovakia. 15.4.2013. Government Regulation No. 83/2013, on the Protection of the Health of Workers Against the Risks Associated with Exposure to Biological Factors at Work (o ochrane zdravia zamestnancov pred rizikami súvisiacimi s expozíciou biologickým faktorom pri práci). [<http://www.epi.sk/zz/2013-83#p10>] Accessed 26 September 2020.

[2] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>] Accessed 26 September 2020.

[3] Ministry of Agriculture and Rural Development of Slovakia. [<http://www.mpsr.sk/>] Accessed 26 September 2020.

[4] Public Health Authority. [<http://www.uvzsr.sk/en/>] Accessed 26 September 2020.

[5] Genetically Modified Organisms. "Training for new project leaders" ("školenie pre nových vedúcich projektov").

[<http://www.gmo.sk/sk/?page=162>] Accessed 26 September 2020.

[6] United Nations Office at Geneva. Confidence Building Measures. Slovakia. [<https://bwc-ecbm.unog.ch/state/slovakia>]. Accessed 26 September 2020.

[8] National Council of Slovakia. Act No. 218/2007, of 7 May 2007. "On the Prohibition of Biological Weapons and on the Amendment and Supplementation of Certain Acts (o zákaze biologických zbraní a o zmene a doplnení niektorých zákonov)". [<http://www.zakonypreludi.sk/zz/2007-218>]. Accessed 15 October 2020.

[9] VERTIC. BWC Legislation Database. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/s/>]. Accessed 19 October 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: 0

There is no publicly available evidence that Slovakia has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential, or other dual use research. Such evidence is absent from the websites of the Ministry of Health, Ministry of Defense, Ministry of Agriculture and Rural Development, Public Health Authority and of the National Reference Centers at which such toxins and pathogens are investigated [1, 2, 3, 4, 5]. Act No. 218/2007 (on the Prohibition of Biological Weapons and on the Amendment and Supplementation of Certain Acts), which regulates the rights and obligations of persons in the field of the development, manufacture, accumulation, possession and use of dangerous biological substances, does not state that an assessment of ongoing research on pathogens must be conducted [6]. The implementation of obligations set out under this Act is overseen by the Regional Public Health Authority [6]. Every year, Slovakia reports to the United Nations Office at Geneva (UNOG) for the "Confidence Building Measure Return", which is a reporting mechanism set by the Biological Weapons Convention, and each report includes data on Biosafety Level (BSL) facilities, their standards, organizational structure, activity and other related information [7]. However, neither the 2019 report nor the 2020 report includes information on any assessments to determine whether there is ongoing research on these substances in Slovakia [7]. There is also no evidence on the VERTIC database that Slovakia has conducted such an assessment. [8]

[1] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>] Accessed 27 September 2020.

[2] Ministry of Agriculture and Rural Development of Slovakia. [<http://www.mpsr.sk/>] Accessed 27 September 2020.

[3] Public Health Authority. [<http://www.uvzsr.sk/en/>] Accessed 27 September 2020.

[4] Ministry of Defense of Slovakia. [<https://www.mod.gov.sk/>] Accessed 27 September 2020.

[5] Public Health Authority. "National Reference Centers in Slovakia" ("NRC v SR").

[http://www.uvzsr.sk/index.php?option=com_content&view=article&id=3041&Itemid=136] Accessed 27 September 2020.

[6] National Council of Slovakia. 4.5.2007. Act No. 218/2007 on the Prohibition of Biological Weapons and on the Amendment and Supplementation of Certain Acts (o zákaze biologických zbraní a o zmene a doplnení niektorých zákonov). [<http://www.zakonypreludi.sk/zz/2007-218>] Accessed 27 September 2020.

[7] United Nations Office at Geneva. Confidence Building Measures. Slovakia. [<https://bwc-ecbm.unog.ch/state/slovakia>]. Accessed 27 September 2020.

[8] VERTIC. BWC Legislation Database. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/s/>]. Accessed 19 October 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: 0

There is no evidence that there is a national policy in Slovakia that requires oversight of dual use research, such as research with especially dangerous pathogens, toxins, or pathogens with pandemic potential. Such evidence is absent from the websites of the Ministry of Health, Ministry of Agriculture and Rural Development, Ministry of Defense, Public Health Authority, and of the National Reference Centers at which such toxins and pathogens are investigated. [1, 2, 3, 4, 5] There is also no evidence in Act No. 39/2011 on Dual-Use Items (adopted 2011, last amended 2018). [6] Act No. 218/2007 (on the Prohibition of Biological Weapons and on the Amendment and Supplementation of Certain Acts), which regulates the rights and obligations of persons in the field of the development, manufacture, accumulation, possession and use of dangerous biological substances, states only that the research of biological weapons and bio-weapon devices is strictly forbidden, overseen by the Ministry of Health, and does not cover the oversight of legal research into biological materials [7]. Act No. 218/2007 does state that use of dangerous pathogens (including research with them) requires a license, but does not require the oversight of such research [7]. Every year, Slovakia reports to the United Nations Office at Geneva (UNOG) for the "Confidence Building Measure Return", which is a reporting mechanism set by the Biological Weapons Convention, and each report includes data on Biosafety Level (BSL) facilities, their standards, organizational structure, activity and other related information [8]. However, neither the 2019 report nor the 2020 report includes information on a requirement of oversight of dual use research [8]. There is also no evidence in the VERTIC database of a national policy requiring dual use research oversight. [9]

[1] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>] Accessed 27 September 2020.

[2] Ministry of Agriculture and Rural Development of Slovakia. [<http://www.mpsr.sk/>] Accessed 27 September 2020.

[3] Public Health Authority. [<http://www.uvzsr.sk/en/>] Accessed 27 September 2020.

[4] Ministry of Defense of Slovakia. [<https://www.mod.gov.sk/>] Accessed 27 September 2020.

[5] Public Health Authority. "National Reference Centers in Slovakia" ("NRC v SR").

[http://www.uvzsr.sk/index.php?option=com_content&view=article&id=3041&Itemid=136] Accessed 27 September 2020.

[6] National Council of Slovakia. Act No. 39/2011 of 26 February 2011. "The Dual-Use Items Act and the amendment to the Act of the National Council of the Slovak Republic no. 145/1995 on Administrative Fees, as amended (Zákon o položkách s dvojakým použitím a o zmene zákona Národnej rady Slovenskej republiky č. 145/1995 Z. z. o správnych poplatkoch v znení neskorších predpisov)". [<http://www.zakonypreludi.sk/zz/2011-39>]. Accessed 21 September 2020.

[7] National Council of Slovakia. 4.5.2007. Act No. 218/2007 on the Prohibition of Biological Weapons and on the Amendment and Supplementation of Certain Acts (o zákaze biologických zbraní a o zmene a doplnení niektorých zákonov). [<http://www.zakonypreludi.sk/zz/2007-218>] Accessed 27 September 2020.

[8] United Nations Office at Geneva. Confidence Building Measures. Slovakia. [<https://bwc-ecbm.unog.ch/state/slovakia>]. Accessed 27 September 2020.

[9] VERTIC. BWC Legislation Database. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/s/>]. Accessed 19 October 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: 0

There is no evidence of an agency responsible for oversight of research with especially dangerous pathogens, pathogens with pandemic potential, and/or other dual use research in Slovakia. Such evidence is absent from the websites of the Ministry of Health, Ministry of Agriculture and Rural Development, Ministry of Defense, Public Health Authority, and of the National

Reference Centers at which such toxins and pathogens are investigated [1, 2, 3, 4, 5]. There is also no evidence in Act No. 39/2011 on Dual-Use Items (adopted 2011, last amended 2018). [6] Act No. 218/2007 (on the Prohibition of Biological Weapons and on the Amendment and Supplementation of Certain Acts), which regulates the rights and obligations of persons in the field of the development, manufacture, accumulation, possession and use of dangerous biological substances, states only that the research of biological weapons and bio-weapon devices is strictly forbidden, overseen by the Ministry of Health, and does not cover the oversight of legal research into biological materials [7]. Act No. 218/2007 does state that use of dangerous pathogens (including research with them) requires a license, but it does not explicitly require the oversight of such research [7]. Every year, Slovakia reports to the United Nations Office at Geneva (UNOG) for the "Confidence Building Measure Return", which is a reporting mechanism set by the Biological Weapons Convention, and each report includes data on Biosafety Level (BSL) facilities, their standards, organizational structure, activity and other related information [8]. However, neither the 2019 report nor the 2020 report includes information on an agency responsible for oversight of dual use research [8]. The VERTIC database does not include evidence of a Slovak agency responsible for oversight of such research. [9]

[1] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>] Accessed 27 September 2020.

[2] Ministry of Agriculture and Rural Development of Slovakia. [<http://www.mpsr.sk/>] Accessed 27 September 2020.

[3] Public Health Authority. [<http://www.uvzsr.sk/en/>] Accessed 27 September 2020.

[4] Ministry of Defense of Slovakia. [<https://www.mod.gov.sk/>] Accessed 27 September 2020.

[5] Public Health Authority. "National Reference Centers in Slovakia" ("NRC v SR").

[http://www.uvzsr.sk/index.php?option=com_content&view=article&id=3041&Itemid=136] Accessed 27 September 2020.

[6] National Council of Slovakia. Act No. 39/2011 of 26 February 2011. "The Dual-Use Items Act and the amendment to the Act of the National Council of the Slovak Republic no. 145/1995 on Administrative Fees, as amended (Zákon o položkách s dvojakým použitím a o zmene zákona Národnej rady Slovenskej republiky č. 145/1995 Z. z. o správnych poplatkoch v znení neskorších predpisov)". [<http://www.zakonypreludi.sk/zz/2011-39>]. Accessed 21 September 2020.

[7] National Council of Slovakia. 4.5.2007. Act No. 218/2007 on the Prohibition of Biological Weapons and on the Amendment and Supplementation of Certain Acts (o zákaze biologických zbraní a o zmene a doplnení niektorých zákonov). [<http://www.zakonypreludi.sk/zz/2007-218>] Accessed 27 September 2020.

[8] United Nations Office at Geneva. Confidence Building Measures. Slovakia. [<https://bwc-ecbm.unog.ch/state/slovakia>]. Accessed 27 September 2020.

[9] VERTIC. BWC Legislation Database. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/s/>]. Accessed 19 October 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 of national legislation requiring the reading of the DNA code of synthesized DNA products before they are sold. Decree No.399/2005 states that the non-pathogenicity of a genetically modified micro-organism must be documented by, inter alia, indicators that the constructs from DNA vectors, derived from viruses in host cell cultures, do not contain or produce an infectious virus [1]. This is included in the section of the decree that outlines necessary safety documentation of genetically modified micro-organisms which are to be put on the market. The decree and its stipulated requirements also explicitly include provisions for animals and humans [1]. An application must be written to the Ministry of

the Environment with all necessary documentation, including labelling and full details of the organism or DNA. The Ministry then acknowledges receipt of the application in writing to the applicant and forwards the dossier summary to the authorities of European Union member states and the European Commission [2]. The Ministry of the Environment will then draw up, within 90 days of the date on which the application is complete, an assessment report, which shall be delivered to the applicant at the earliest opportunity – the evaluation report always concludes whether or not the product is to be placed on the market [2]. However, there is no explicit requirement that the product's DNA code is read in this process, neither in the legislation nor on the websites of the Ministry of Health, Ministry of Agriculture and Rural Development or Ministry of Environment [3, 4, 5]. Every year, Slovakia reports to the United Nations Office at Geneva (UNOG) for the "Confidence Building Measure Return", which is a reporting mechanism set by the Biological Weapons Convention, and each report includes data on Biosafety Level (BSL) facilities, their standards, organizational structure, activity and other related information [6]. However, neither the 2019 report nor the 2020 report indicates that Slovakia has legislation requiring the screening of DNA before sale [6]. The VERTIC database does not include any national legislation on the selling of DNA code of synthesized DNA products [7].

[1] Ministry of the Environment of Slovakia. 9.9.2005. Decree No. 399/2005, Decree of the Ministry of the Environment of the Slovak Republic implementing Act no. 151/2002 Coll. on the Use of Genetic Technologies and Genetically Modified Organisms, as amended (Vyhláška Ministerstva životného prostredia Slovenskej republiky, ktorou sa vykonáva zákon č. 151/2002 Z. z. o používaní genetických technológií a geneticky modifikovaných organizmov v znení neskorších predpisov). [<http://www.zakonypreludi.sk/zz/2005-399>] Accessed 27 September 2020.

[2] National Council of Slovakia. 27.3.2002. Act No. 151/2002 Coll. on the Use of Genetic Technologies and Genetically Modified Organisms (Zákon o používaní genetických technológií a geneticky modifikovaných organizmov). [<http://www.zakonypreludi.sk/zz/2002-151>] Accessed 27 September 2020.

[3] Ministry of Agriculture and Rural Development. [<http://www.mpsr.sk/>]. Accessed 27 September 2020.

[4] Ministry of Health. [<http://www.health.gov.sk/Titulka>]. Accessed 27 September 2020.

[5] Ministry of Environment. [<https://www.minzp.sk/>]. Accessed 27 September 2020.

[6] United Nations Office at Geneva. Confidence Building Measures. Slovakia. [<https://bwc-ecbm.unog.ch/state/slovakia>]. Accessed 27 September 2020.

[7] Verification Research, Training and Information Centre. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/s/>]. Accessed 15 October 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: 2

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

Slovakia's national laboratory system has the capacity to conduct diagnostic tests for at least 5 of the 10 WHO-defined core tests. The National Reference Centres (NRC), under the Public Health Authority, conduct PCR testing for Influenza, virus culture for poliovirus, rapid diagnostic testing for malaria, bacterial culture testing for Salmonella, microscopy for tuberculosis, and serology for HIV. [1, 2, 3] Each of these diseases are covered by individually dedicated NRCs – for example, the NRC for Poliovirus. [1] Neither the Public Health Authority nor the Ministry of Health indicates what Slovakia's four country-specific tests are. [1, 2, 4, 5]

[1] Public Health Authority. March 2020. "Annual Report on the National Reference Centres under the Public Health Authority and the Regional Public Health Authority of the Slovak Republic for the year 2019" ("Výročná správa Národných referenčných centier zriadených na báze ÚVZ SR a RÚVZ v SR za rok 2019").

[https://www.uvzsr.sk/docs/vs/Vyroczna_sprava_NRC_2019.pdf]. Accessed 4 October 2020.

[2] Ministry of Health of Slovakia. 30.12.2008. Decree No. 473/2008 of 30 December 2018. On the epidemiological alert system for selected infections (Vyhláška o systéme epidemiologickej bdžlosti pro vybrané infekce)".

[http://www.epi.sk/zscr/2008-473]. Accessed 4 October 2020.

[3] Regional Public Health Authority in Dolny Kubin. "HIV/AIDS Advisory Office" ("PORADŇA HIV/AIDS").

[http://www.ruvzdk.sk/?page_id=486]. Accessed 4 October 2020.

[4] Ministry of Health of Slovakia. [http://www.health.gov.sk/Titulka]. Accessed 4 October 2020.

[5] Public Health Authority. [http://www.uvzsr.sk/]. Accessed 4 October 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

Slovakia has a national strategy for conducting testing during a public health emergency, but there is no publicly available evidence of a national plan, strategy or similar document that includes considerations for testing for novel pathogens.

In October 2020, the Slovak government introduced a national testing strategy for COVID-19, which aimed to implement a nationwide mass testing procedure for the inhabitants of Slovakia. The first mass testing procedure was to be conducted on 31 October and 1 November 2020, prior to which the government planned to test the logistics of the procedure in the regions where the number of COVID-19 cases was particularly high. The mass testing would take place in a similar way to voting at polling stations. The government's strategy stated that there would be almost 6,000 testing stations set up across Slovakia and approximately 7 people working at sample collection points, including soldiers and police officers. A resolution was adopted on 18 October 2020 to enable the authorization of the Armed Forces to support the implementation of the mass testing strategy. People living outside their permanent residence were instructed to go to the nearest sample collection point to avoid unnecessary travel, with an identity card sufficient for sample collection. The testing process would use antigen tests, with the government ordering 13 million test pieces. The aim of the strategy was to ensure the testing of a large proportion of the population with a fast turnaround of results (15 minutes). [1]

Although participation in the mass testing was to be voluntary, those who chose not to participate were obligated to remain in quarantine for 10 days. As part of the strategy, the Minister of Health Marek Krajčí called on health professionals and students of medical faculties and nursing programs to apply for assisting in the logistics, and the strategy expected to enlist approximately 20,000 assistants in total. [2] Following a successful operation, another round of mass testing was planned for 7 and 8 November 2020, with testing carried out in 45 districts where the proportion of positive test results reached 0.7% in the first mass testing operation. An additional mass testing round was also planned for 21 and 22 November in a further 458 cities and towns where the proportion of positive test results reached 1% in the first mass testing operation. [3]

The Pandemic Plan in the Case of a Pandemic in the Slovak Republic, adopted on 11 August 2020 to guide the country's response to pandemics of respiratory diseases, does not include a plan for testing, and there is also no evidence of a testing plan on the websites of the Ministry of Health, the Public Health Authority, the Ministry of the Interior or the Ministry of Agriculture and Rural Development. [4, 5, 6, 7, 8]

[1] Noviny.sk. 17 October 2020. "Slovakia will launch nationwide coronavirus testing. If it doesn't work out, Matovič will resign". ("Slovensko spustí celoplošné testovanie na koronavírus. Ak to nevyjde, Matovič podá demisiu"). [<https://www.noviny.sk/slovensko/562266-matovicov-tajny-plan-celoplosne-testovanie-slovenska-na-koronavirus-uz-o-niekolko-dni>]. Accessed on 9 April 2021.

[2] Ministry of the Interior of Slovakia. 20 October 2020. "Comprehensive testing of the population for the presence of COVID-19 will be voluntary". ("Plošné testovanie obyvateľstva na prítomnosť COVID-19 bude dobrovoľné"). [<https://www.minv.sk/?tlacove-spravy&sprava=plosne-testovanie-obyvateľstva-na-pritomnost-covid-19-bude-dobrovolne>]. Accessed on 9 April 2021.

[3] Government of Slovakia. "Full area and area testing for COVID-19". ("Celoplošné a plošné testovanie na COVID-19"). [<https://korona.gov.sk/celoplosne-plosne-testovanie-na-covid-19/>]. Accessed on 9 April 2021.

[4] Pandemic Commission of the Government of the Slovak Republic. 2020. "Pandemic plan in the case of a pandemic in

Slovakia". ("Pandemického plánu pre prípad pandémie v Slovenskej republik").

[http://www.uvzsr.sk/docs/info/covid19/Pandemicky_plan_pre_pripad_pandemie_v_Slovenskej_republike.pdf]. Accessed 3 October 2020.

[5] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>]. Accessed 3 October 2020.

[6] Public Health Authority. [<http://www.uvzsr.sk/>] Accessed 3 October 2020.

[7] Ministry of Agriculture and Rural Development of Slovakia. [<http://www.mpsr.sk/>]. Accessed 3 October 2020.

[8] Ministry of the Interior of Slovakia. [<https://www.minv.sk/>]. Accessed 3 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

There are several national laboratories that serve as reference facilities and are accredited. According to the Public Health Authority's latest annual report (2019), several of Slovakia's National Reference Center laboratories (NRCs) – a network of reference laboratories spread across Slovakia under the Public Health Authority – are accredited to the STN EN ISO/IEC 17025:2005 standard. [1] The Slovak National Accreditation Service (SNAS) website stipulates that accredited laboratories must have the results of their measurements established in an acceptable way in accordance with Art. 5.6 of ISO / IEC 17025: 2005. [2] The International Organization for Standardization states that ISO/IEC 17025:2005 carries "general requirements for the competence to carry out tests and/or calibrations, including sampling", and covers "testing and calibration performed using standard methods, non-standard methods, and laboratory-developed methods". [3]

[1] Public Health Authority. March 2020. "Annual Report on the National Reference Centres under the Public Health Authority and Regional Health Authority for the year 2019". ("Výročná správa národných referenčných centier zriadených na báze ÚVZ SR a RÚVZ v SR"). [http://www.uvzsr.sk/docs/vs/Vyrocná_sprava_NRC_2019.pdf]. Accessed 21 September 2020.

[2] Slovak National Accreditation Service (SNAS). "Measurement in the areas of testing and calibration". ("Nadväznosť meraní v oblasti skúšania a kalibrácií"). [<http://www.snas.sk/index.php?l=sk&p=23>]. Accessed 21 September 2020.

[3] International Organization of Standardization. "ISO/IEC 17025:2005 - General requirements for the competence of testing and calibration laboratories". [<https://www.iso.org/standard/39883.html>]. Accessed 21 September 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

There are national laboratories that serve as reference facilities that are subject to external quality assurance (EQA) review. At least one of Slovakia's National Reference Center (NRC) laboratories – a network of reference laboratories spread across Slovakia under the Public Health Authority – is subject to EQA review. For example, as published in the Public Health Authority's latest annual report (2019), in 2018 the NRC for meningococci underwent an EQA review as part of the United Kingdom National External Quality Assessment Schemes (NEQAS) external quality control— an inter-laboratory comparison of the quality of the tests performed. The NRC passed with a score of 100% and received a certificate of completion in 2019.

Also in 2018, the NRC for AMR was subject to an international check EQA-3 AST DK for Salmonella spp. [1]

[1] Public Health Authority. March 2020. "Annual Report on the National Reference Centres under the Public Health Authority and Regional Health Authority for the year 2019". ("Výročná správa národných referenčných centier zriadených na báze ÚVZ SR a RÚVZ v SR"). [http://www.uvzsr.sk/docs/vs/Vyrocnna_sprava_NRC_2019.pdf]. Accessed 21 September 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: 0

There is no evidence of a nationwide specimen transport system in Slovakia. The legal basis for the transport of dangerous goods is the European Agreement concerning the International Carriage of Dangerous Goods by Road (ADR), to which Slovakia is a party and which covers infectious substances, as well as Act No. 218/2007 on the Prohibition of Biological Weapons and on the Amendment and Supplementation of Certain Acts (adopted 2007, last amended 2018), which regulates the rights and obligations of persons in the field of the development, manufacture, accumulation, possession and use of dangerous biological substances. [1, 2, 3] The ADR and Act 218/2007 stipulate strict requirements for how a specimen must be sealed, packaged, labelled and supervised by a person authorised to handle such substances. [1, 3] These rules are reflected in the specimen transportation policies of various medical faculties, hospitals and private laboratories (such as of Comenius University, Saint Elizabeth Oncological Institute, Synlab, Analytx), published on their websites. [4, 5, 6, 7] However, the Act stops short of prescribing a specific courier system to be used for transporting specimens nationwide, nor is such guidance available through the Public Health Authority, the Ministry of Health, or the Ministry of Agriculture and Rural Development. [1, 8, 9, 10]

[1] National Council of Slovakia. Act No. 218/2007, of 7 May 2007. "On the Prohibition of Biological Weapons and on the Amendment and Supplementation of Certain Acts (o zákaze biologických zbraní a o zmene a doplnení niektorých zákonov)". [<http://www.zakonypreludi.sk/zz/2007-218>]. Accessed 30 September 2020.

[2] Minister of Foreign Affairs of Czechoslovakia. Decree of 26 May 1987 of 26 May 1987. "On the European Agreement concerning the International Carriage of Dangerous Goods by Road (ADR) (o Európskej dohode o medzinárodnej cestnej preprave nebezpečných vecí (ADR))". [<https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/1987/64/19870701.html>]. Accessed 30 September 2020.

[3] United Nations (UN). 2016. European Agreement concerning the International Carriage of Dangerous Goods by Road (ADR), applicable from 1 January 2017. [https://www.unece.org/fileadmin/DAM/trans/danger/publi/adr/adr2017/ADR2017E_web.pdf]. Accessed 30 September 2020.

[4] Saint Elizabeth Oncological Institute. "Requirements for the collection and delivery of samples of biological material". ("Požiadavky na odber a doručenie vzoriek biologického materiálu"). [<http://www.ousa.sk/sk/klienti-a-pacienti/ustav-patologie-szu-a-ousa/poziadavky-na-odber-a-dorucenie-biologickeho-mater>]. Accessed 30 September 2020.

[5] Comenius University in Bratislava, Jessenius Faculty of Medicine in Martin. "Sampling and sending off of biological materials for inspection". ("ODBER A ODOSIELANIE BIOLOGICKÉHO MATERIÁLU NA VÝŠETRENIE"). [<https://portal.jfmed.uniba.sk/download.php?fid=272>]. Accessed 30 September 2020.

[6] Analytx. "Collection of biological material for bacteriological examinations". ("Odbery biologického materiálu na

bakteriologické vyšetrenia"). [<http://www.analytx.sk/mikrobiologia.aspx>]. Accessed 30 September 2020.

[7] Saint Elizabeth Oncological Institute. "Guidelines for correct sampling and transport of samples". ("Pokyny pre správny odber a transport vzoriek"). [http://www.ousa.sk/_img/Documents/okb/Pokyny_pre_odber_OKB.pdf]. Accessed 30 September 2020.

[8] Public Health Authority. [<http://www.uvzsr.sk/>]. Accessed 30 September 2020.

[9] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>]. Accessed 30 September 2020.

[10] Ministry of Agriculture and Rural Development of Slovakia. [<http://www.mpsr.sk>]. Accessed 30 September 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: 0

There is no publicly available evidence of a plan to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale up testing during an outbreak. There is no evidence of a published plan on the websites of the Ministry of Health or the Public Health Authority, or in relevant legislation – namely Act No. 387/2002 on State Governance in Crisis Situations Out of Time of War and War Condition (adopted 2002, last amended 2015), which establishes the powers of the public authorities in the management of crisis situations, as well as the rights and obligations of persons in the preparation for crisis situations; and Act No. 355/2007 on the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (adopted 2007, last amended 2020), which establishes the organisation and protection of public health, as well as necessary procedures in response to emergencies that seriously endanger public health, such as evacuation, long-term relocation of people, warning the population and supervising the area of contamination to ensure there is no further spread. [1, 2, 3, 4] However, in March 2020, the Public Health Authority did announce the retrofitting of laboratories to expand diagnostic capacity and the extension of state laboratory testing capacity to the private sector in response to the COVID-19 outbreak. [5]

[1] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>]. Accessed 4 October 2020.

[2] Public Health Authority. [<http://www.uvzsr.sk/>]. Accessed 4 October 2020.

[3] National Council of Slovakia. Act No. 355/2007 of 31 July 2007. "On the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (o ochrane, podpore a rozvoji verejného zdravia a o zmene a doplnení niektorých zákonov)". [<https://www.zakonypreludi.sk/zz/2007-355>]. Accessed 4 October 2020.

[4] National Council of Slovakia. Act No. 387/2002 of 18 July 2002. "On State Governance in Crisis Situations Out of Time of War and War Condition (o riadení štátu v krízových situáciách mimo času vojny a vojnového stavu)". [<http://www.zakonypreludi.sk/zz/2002-387>]. Accessed 4 October 2020.

[5] Public Health Authority. 27 March 2020. "Testing capacities at COVID-19 are expanding, also thanks to the enormous efforts of ÚVZ SR". ("Testovacie kapacity na COVID-19 sa rozširujú, aj vďaka enormnému úsiliu ÚVZ SR").

[https://www.uvzsr.sk/index.php?option=com_content&view=article&id=4144:testovacie-kapacity-na-covid-19-sa-roziruju-aj-vaka-enormnemu-usiliu-uvz-sr&catid=250:koronavirus-2019-ncov&Itemid=153]. Accessed 4 October 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: 0

There is no publicly available evidence that Slovakia is conducting ongoing event-based surveillance and analysis for infectious disease. There is no evidence of such surveillance on the websites of the Ministry of Health, the Public Health Authority, the Ministry of Defence, or the Ministry of Agriculture and Rural Development. [1, 2, 3, 4, 5] There is also no indication of its requirement or implementation in relevant legislation – namely Act No. 129/2002 on the Integrated Rescue System (adopted 2002, last amended 2017), which regulates the organization of the integrated rescue system, the scope and role of the state administration and rescue services within the framework of the integrated rescue system; Act No. 387/2002 on State Governance in Crisis Situations Out of Time of War and War Condition (adopted 2002, last amended 2015), which establishes the powers of the public authorities in the management of crisis situations, as well as the rights and obligations of persons in the preparation for crisis situations; and Act No. 355/2007 on the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (adopted 2007, last amended 2020), which establishes the organisation and protection of public health, as well as necessary procedures in response to emergencies that seriously endanger public health, such as evacuation, long-term relocation of people, warning the population and supervising the area of contamination to ensure there is no further spread. [6, 7, 8]

[1] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>] Accessed 29 September 2020.

[2] Public Health Authority. [<http://www.uvzsr.sk/>] Accessed 29 September 2020.

[3] Ministry of Defence of Slovakia. [<https://www.mod.gov.sk/>] Accessed 29 September 2020.

[4] Ministry of Agriculture and Rural Development. [<http://www.mpsr.sk/>]. Accessed 29 September 2020.

[5] Ministry of the Interior of Slovakia. [<https://www.minv.sk/>]. Accessed 29 September 2020.

[6] National Council of Slovakia. Act No. 129/2002 of 21 March 2002. "On the Integrated Rescue System (o integrovanom záchrannom systéme)". [<http://www.zakonypreludi.sk/zz/2002-129>]. Accessed 29 September 2020.

[7] National Council of Slovakia. Act No. 355/2007 of 31 July 2007. "On the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (o ochrane, podpore a rozvoji verejného zdravia a o zmene a doplnení niektorých zákonov)". [<https://www.zakonypreludi.sk/zz/2007-355>]. Accessed 29 September 2020.

[8] National Council of Slovakia. Act No. 387/2002 of 18 July 2002. "On State Governance in Crisis Situations Out of Time of War and War Condition (o riadení štátu v krízových situáciách mimo času vojny a vojnového stavu)". [<http://www.zakonypreludi.sk/zz/2002-387>]. Accessed 29 September 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 publicly available evidence that Slovakia has reported a potential public health emergency of international concern (PHEIC) to the WHO within the last two years. There is no evidence that Slovakia reported a PHEIC or reported COVID-19 as a PHEIC on the World Health Organisation's Disease Outbreak News pages, country pages or regional pages, nor is there an indication that Slovakia has reported a potential PHEIC to the WHO on the website of the Slovak Ministry of Health, Ministry of Interior or the Public Health Authority. [1, 2, 3, 4, 5, 6, 7]

- [1] World Health Organisation. "Emergency, preparedness, response: Slovakia".
[<https://www.who.int/csr/don/archive/country/svk/en/>]. Accessed 23 September 2020.
- [2] World Health Organisation. "Emergency, preparedness, response: 2020".
[<https://www.who.int/csr/don/archive/year/2020/en/>]. Accessed 23 September 2020.
- [3] World Health Organisation. "Emergency, preparedness, response: 2019".
[<https://www.who.int/csr/don/archive/year/2019/en/>]. Accessed 23 September 2020.
- [4] World Health Organisation. Slovakia. [<https://www.euro.who.int/en/countries/slovakia>]. Accessed 23 September 2020.
- [5] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>]. Accessed 23 September 2020.
- [6] Public Health Authority. [<http://www.uvzsr.sk/>]. Accessed 23 September 2020.
- [7] Ministry of Interior of Slovakia. [<https://www.minv.sk/>]. Accessed 23 September 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: 1

Slovakia's government operates an electronic reporting surveillance system at both national and sub-national level. The Epidemiological Information System (EPIS), managed by the Public Health Authority, is Slovakia's chief electronic reporting surveillance system for infectious diseases. [1] Data are obtained from reports of individual cases of infectious diseases by health workers and based on active surveillance by epidemiologists of the Public Health Authority. This is done electronically at the sub-national level, rather than by telephone, fax, paper message or web interface. [2] The EPIS website publishes characteristics and incidence of individual infectious diseases, as well as information on their prevention, including vaccinations and precaution. [1] Information on the incidence of infectious diseases is updated on an ongoing basis. [1] Additionally, the Slovak National Antimicrobial Resistance Surveillance System (SNARS), also managed by the Public Health Authority, provides data on the treatment of Slovak citizens, disaggregated by pathogen, region and type of patient. [3]

- [1] Epidemiological Information System. [<http://www.epis.sk/>]. Accessed 21 September 2020.
- [2] Epidemiological Information System. "Automatic data transfer". ("Automatický prenos údajov").
[<http://www.epis.sk/SystemHlasenia/Automaticky-prenos-udajov.aspx>]. Accessed 21 September 2020.
- [3] Slovak National Antimicrobial Resistance Surveillance System. [<https://www.snars.sk/>]. Accessed 21 September 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 insufficient evidence that Slovakia's Epidemiological Information System (EPIS) collects ongoing/real-time laboratory data. EPIS, which is Slovakia's chief electronic reporting surveillance system for infectious diseases and is managed by the Public Health Authority, explicitly states on its website that "information on the incidence of infectious diseases is updated on an ongoing basis". [1] Data are obtained from reports of individual cases of infectious diseases, which are submitted electronically by health workers and are based on active surveillance by epidemiologists of the Public Health Authority. [1, 2] However, there is no further information regarding the timeframe for ongoing surveillance.

[1] Epidemiological Information System. [<http://www.epis.sk/>]. Accessed 21 September 2020.

[2] Epidemiological Information System. "Automatic data transfer". ("Automatický prenos údajov").

[<http://www.epis.sk/SystemHlasenia/Automaticky-prenos-udajov.aspx>]. Accessed 21 September 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 in Slovakia. According to an article published by the Slovak news outlet Webnoviny in November 2019, 75% of healthcare providers were connected to the Slovak e-health system, in which the electronic health records are central. Up to November 2019, healthcare providers in Slovakia had inputted more than 31 million examination records and prescribed almost 96 million electronic prescriptions through the e-health system. [1]

[1] Webnoviny. 14 November 2019. "Award-winning eHealth: three quarters of providers are already connected". ("Ocenené eZdravie: pripojené sú už tri štvrtiny poskytovateľov"). [<https://www.webnoviny.sk/vzdravotnictve/ocenene-ezdravie-pripojene-su-uz-tri-stvrtiny-poskytovatelov/>]. Accessed 19 October 2020.

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

Slovakia's national public health system has access to electronic health records of individuals in the country. This is facilitated by the "Electronic Health Book" (EZK), which is the patient's medical documentation in electronic form. For the sake of security and protection of their records, the patient accesses the Electronic Health Book (EZK) through an electronic identity document or eDoPP through the National Health Portal. The EZK contains records created by healthcare professionals about their patients, and each record contains the identification data of the healthcare professional who created it and its electronic signature. It also includes data from the insurer and patient records. The chief public health authorities (Ministry of Health and Public Health Authority) and personnel working under these authorities have access to the EZK. Healthcare providers require special e-health authorization cards, as well as personal identification numbers, that grant them access to the system. When providing medical care, the physician may access the patient's entire medical records in the EZK, except those created by a physician in the field of psychiatry or clinical psychology. A healthcare specialist has only partial access to

EZK records, unless the specialist has the patient's consent to view all records. [1, 2, 3] The EZK was launched in 2018 and is operated by the National Center for Health Information (NCZI) – a state-subsidized organization founded by the Ministry of Health. [4, 5]

[1] ezdravie. "Electronic Health Book". ("Elektronická zdravotná knižka"). [<https://www.ezdravotnictvo.sk/sk/elektronicka-zdravotna-knizka>]. Accessed 23 September 2020.

[2] ezdravie. "Contents of the EZK". ("Obsah EZK"). [<https://www.ezdravotnictvo.sk/sk/-/ezk-obsah>]. Accessed 23 September 2020.

[3] ezdravie. "Access to the Electronic Health Book". "Prístup do elektronickej zdravotnej knižky". [<https://www.ezdravotnictvo.sk/sk/-/pristup-do-elektronickej-zdravotnej-knizky>]. Accessed 23 September 2020.

[4] ezdravie. "About us". "O nás". [<https://www.ezdravotnictvo.sk/sk/o-nas>]. Accessed 23 September 2020.

[5] ezdravie. "Strategic documents". "Strategické dokumenty". [<https://www.ezdravotnictvo.sk/sk/-/strategicke-dokumenty>]. Accessed 23 September 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

There is publicly available evidence that there are data standards to ensure comparability of data in electronic health records. Slovakia's electronic health record system ("Electronic Health Book", EZK) is operated by the National Center for Health Information (NCZI), a state-subsidized organization founded by the Ministry of Health, but neither the NCZI webpages nor those of the e-health system explicitly indicate that ISO standards for data comparability have been adopted. [1, 2] The NCZI does state that it has a contract with the Slovak Institute of Technical Standardization (SÚTN), on the basis of which it performs expert activities in the field of health informatics standards, including in line with ISO TC 215. [3] These standards, however, are stated as facilitating the "capture, interchange and use of health-related data, information, and knowledge to support and enable all aspects of the health system." [4] There is also no evidence of ISO standards for data comparability in relation to the EZK on the websites of the Ministry of Health or the Public Health Authority. [5, 6]

[1] National Center for Health Information. [<http://www.nczisk.sk/Pages/default.aspx>]. Accessed 29 September 2020.

[2] ezdravie. [<https://www.ezdravotnictvo.sk/sk/>]. Accessed 29 September 2020.

[3] National Center for Health Information. "Standardization organization and activities". ("Štandardizačné organizácie a aktivity"). [<http://www.nczisk.sk/Standardy-v-zdravotnictve/Pages/Standardizacne-organizacie-a-aktivita.aspx>]. Accessed 29 September 2020.

[4] International Organization for Standardization. "ISO/TC 215: Health informatics". [<https://www.iso.org/committee/54960.html>]. Accessed 29 September 2020.

[5] Ministry of Health of Slovakia. [<https://www.health.gov.sk/Titulka>]. Accessed 29 September 2020.

[6] Public Health Authority. [<https://www.uvzsr.sk/>]. Accessed 29 September 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: 0

There is no publicly available evidence of established mechanisms at the relevant ministries responsible for animal, human, and wildlife surveillance to share data. There is no evidence of such a mechanism on the websites of the Ministry of Health, the Ministry of Agriculture and Rural Development, the Ministry of the Environment, the State Veterinary and Food Administration or the Public Health Authority. [1, 2, 3, 4, 5]

[1] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>]. Accessed 4 October 2020.

[2] Ministry of Agriculture and Rural Development of Slovakia. [<http://www.mpsr.sk/>]. Accessed 4 October 2020.

[3] Ministry of the Environment of Slovakia. [<https://www.minzp.sk/>]. Accessed 4 October 2020.

[4] Public Health Authority. [<http://www.uvzsr.sk/>]. Accessed 4 October 2020.

[5] State Veterinary and Food Administration. [<https://www.svps.sk/>]. Accessed 4 October 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: 0

Slovakia makes de-identified health surveillance data on disease outbreaks publicly available via reports on government websites, but there is a lag time of more than one month before publication.

These data sets are available through the country's National Health Registers, which are hosted by the portal of Slovakia's National Health Information Center (NCZI). The National Health Registers are specific information systems that create an environment for collecting, processing and analyzing data on community-based and socially significant disease groups in Slovakia. According to the NCZI website, the objective of the registers is to monitor, in particular, the development of the number of newly diagnosed patients per year (incidence), and, in selected registers, the development of the total number of persons with the given disease (prevalence) in the population. [1]

Slovakia also has an Epidemiology Information System (EPIS), which collects, processes and provides de-identified data on diseases such as influenza and respiratory diseases through its website. Data for this particular system are obtained on the basis of reports of individual cases of infectious diseases by health workers and based on active searches by epidemiologists of public health authorities in the Slovakia. [2] The Public Health Authority publishes data from EPIS in reports on diseases outbreaks and developments on its own website – for example, most recently as of time of research, on 26 June 2020, the Authority published updated data on the incidence of acute respiratory diseases, influenza and influenza-like illnesses, including charts, graphs and tables. However, this data is not published regularly. [3] Although during the COVID-19 pandemic the Ministry of Health has been publishing de-identified health surveillance data daily, such data was not being published with a lag time of less than one month prior to the COVID-19 pandemic. [4]

[1] National Health Information Centre. "National Health Registers". ("Národné zdravotné registre").

[<http://www.nczisk.sk/Registre/Narodne-zdravotne-registre/Pages/default.aspx>]. Accessed 25 September 2020.

[2] Epidemiology Information System. [<http://www.epis.sk/>]. Accessed 25 September 2020.

[3] Public Health Authority. "Information on the incidence of acute respiratory diseases and influenza and influenza-like

illnesses in the Slovak Republic in the 26th calendar week 2020". ("Informácia o výskyte akútnych respiračných ochorení a chrípky a chrípke podobných ochorení v Slovenskej republike za 26. kalendárny týždeň 2020").

[http://www.uvzsr.sk/index.php?option=com_content&view=article&id=4371:informacia-onvyskyte-akutnych-respiranych-ochoreni-anchripky-anchripke-podobnych-ochoreni-v-slovenskej-republike-za-26-kalendarny-tyde-2020&catid=58:epidemiologicka-situacia&Itemid=64]. Accessed 25 September 2020.

[4] Ministry of Health of Slovakia. "Press releases". "Tlačové správy". [<https://www.health.gov.sk/Clanky?tlacove-spravy&stranka=1>]. Accessed 19 October 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

Slovakia makes de-identified COVID-19 surveillance data available via daily reports on government websites. In March 2020, the National Health Information Center (under the Ministry of Health) launched a dedicated website, korona.gov.sk, on which all coronavirus-related information is consolidated. The site is operated by the Ministry of Investment, Regional Development and Informatization of the Slovak Republic and provides a daily case count, test count, hospitalization count and mortality rate. [1, 2] These data are also offered in the form of graphs, maps (showing cases in each region) and more detailed analysis by Regional Public Health Authorities. [3]

[1] Ministry of Investment, Regional Development and Informatization of the Slovak Republic. Coronavirus and Slovakia (Koronavírus a Slovensko). [<https://korona.gov.sk/>]. Accessed 24 September 2020.

[2] National Health Information Center. "NCZI has launched a website with up-to-date information on coronavirus in Slovakia". ("NCZI spustilo web s aktuálnymi informáciami o koronavíruse na Slovensku"). [<http://www.nczisk.sk/Aktuality/Pages/NCZI-spustilo-web-s-aktualnymi-informaciami-o-koronaviruse-na-Slovensku.aspx>]. Accessed 24 September 2020.

[3] Ministry of Investment, Regional Development and Informatization of the Slovak Republic. "Coronavirus in Slovakia in numbers". ("Koronavírus na Slovensku v číslach"). [<https://korona.gov.sk/koronavirus-na-slovensku-v-cislach/>]. Accessed 24 September 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 and regulations in Slovakia that safeguard the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities. Slovakia's National Health Information Center (NCZI), which is a portal of registers and information systems that collect, process, analyze and publish data on diseases and their outbreaks in Slovakia, states explicitly that data collected comply with strict criteria for the protection of personal data in information systems, as defined in Act No. 122/2013 on the Protection of Personal Data and on Amendments to Certain Acts. [1, 2] Act No. 122/2013 was replaced by Act No. 18/2018 on the Protection of Personal Data and on Amendments to Certain Acts

(adopted 2018, last amended 2019), regulating the protection of the rights of persons against the unauthorized processing of their personal data, the rights, duties and responsibilities of the processors of personal data, and the status, scope and organization of the Office for the Protection of Personal Data of the Slovak Republic, and is largely unchanged from Act No. 122/2013. [3] The NCZI website states that only data on the occurrence of the disease in question can be published from the registers, but in no case the individual patient's data. It further states that the personal data in the register shall be treated as a medical file in accordance with Act No. 576/2004 on Health Care, Services Related to the Provision of Health Care and on Amendments and Supplements to Certain Laws (adopted 2004, last amended 2020). [1, 3] The NCZI also sets out data privacy guidelines for medical professionals seeking access to data on diseases in Slovakia, according to which the data available for use by healthcare professionals is never individual data on the health status of individuals stored in the national health registers, unless it concerns the particular patients of that physician or the doctor who reported the original disease case to the registry. [1, 4] Furthermore, the confidentiality of identifiable health information for individuals is safeguarded by the European Union's General Data Protection Regulation, which came into force in May 2018. [6]

[1] National Health Information Centre. "National Health Registers". ("Národné zdravotné registre").

[<http://www.nczisk.sk/Registre/Narodne-zdravotne-registre/Pages/default.aspx>]. Accessed 25 September 2020.

[2] National Council of Slovakia. Act No. 122/2013 of 28 May 2013. "On the Protection of Personal Data and on Amendments to Certain Acts (o ochrane osobných údajov a o zmene a doplnení niektorých zákonov)".

[<http://www.zakonypreludi.sk/zz/2013-122>]. Accessed 25 September 2020.

[3] National Council of Slovakia. Act No. 18/2018 of 25 May 2018. "On the Protection of Personal Data and on Amendments to Certain Acts (o ochrane osobných údajov a o zmene a doplnení niektorých zákonov)".

[<http://www.zakonypreludi.sk/zz/2018-18>]. Accessed 25 September 2020.

[4] National Council of Slovakia. Act No. 576/2004 of 1 November 2004. "On health care, services related to provision of health care and amending and supplementing some laws (o zdravotnej starostlivosti, službách súvisiacich s poskytovaním zdravotnej starostlivosti a o zmene a doplnení niektorých zákonov)". [<http://www.zakonypreludi.sk/zz/2004-576>]. Accessed 25 September 2020.

[5] National Health Information Centre. "Access to National Health Register Data for Healthcare Workers". ("Prístup k údajom z národných zdravotných registrov pre zdravotníckych pracovníkov"). [<http://www.nczisk.sk/Registre/Narodne-zdravotne-registre/Pages/Pristup-k-udajom-z-narodnych-zdravotnych-registrov-pre-zdravotnickych-pracovnikov.aspx>]. Accessed 25 September 2020.

[6] European Parliament and Council of the European Union. Regulation (EU) of 2016/679 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 25 September 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

Slovakia's legislation on cyber security safeguards the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities. Act No. 69/2018, the Cyber Security Act (adopted 2018, last amended 2018), which regulates the organization, scope and responsibilities of public authorities in cyber security, the national cyber security strategy and a single cyber security information system, lists sectors in which the government ministries and national security authorities are responsible for the protection of data. This includes data handled by healthcare providers,

administrators and network and information system operators that are part of the infrastructure of the healthcare system. [1] In addition, 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. [2]

[1] National Council of Slovakia. Act No. 69/2018 of 25 May 2018. "The Cyber Security Act and on Amendments to Certain Acts (Zákon o kybernetickej bezpečnosti a o zmene a doplnení niektorých zákonov)". [<http://www.zakonypreludi.sk/zz/2018-69>]. Accessed 25 September 2020.

[2] European Parliament and Council of the European Union. Regulation (EU) of 2016/679 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 25 September 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

Slovakia's government has made a commitment via legislation to share surveillance data during a public health emergency with other countries in the region, and the commitments are for more than one disease.

Decree No. 473/2008 on the Epidemiological Alert System for Selected Infections (adopted 2008, last amended 2011) explicitly states that the Public Health Authority will ensure that surveillance data is communicated to the European Commission's Early Warning System in case of the spread of infectious diseases in Slovakia. [1] As a member of the European Union (EU), Slovakia is part of the European Centre for Disease Prevention and Control's Early Warning and Response System (EWRS). The EWRS is a platform to "allow exchange of information on risk assessment and risk management for more timely, efficient and coordinated public health action," which is "used for notifications on outbreaks, exchanging information and decisions about the coordination of measures among Member States." [2] Over the years, it has played an important role in responding to health crises related to severe acute respiratory syndrome (SARS), ebola, avian influenza in humans and other communicable diseases [2].

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." [3] Slovakia's new national public health emergency response plan – the Pandemic Plan in the Case of a Pandemic in the Slovak Republic, adopted by the Pandemic Commission of the Government of Slovakia on 11 August 2020 – has committed that laboratory-confirmed cases of acute respiratory diseases will be reported daily to the European Surveillance System (TESSy). [4]

[1] Ministry of Health of Slovakia. Decree No. 473/2008 of 30 December 2008. "On the epidemiological alert system for selected infections (o systému epidemiologické bdělosti pro vybrané infekce)". [<http://www.epi.sk/zzcr/2008-473>]. Accessed 23 September 2020.

[2] European Centre for Disease Prevention and Control. "Early Warning and Response System (EWRS)." [<https://ecdc.europa.eu/en/early-warning-and-response-system-ewrs>]. Accessed 23 September 2020.

[3] European Parliament and Council of the European Union. Decision No. 1082/2013/EU 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 23 September 2020.

[4] Pandemic Commission of the Government of the Slovak Republic. 2020. "Pandemic plan in the case of a pandemic in Slovakia". ("Pandemického plánu pre prípad pandémie v Slovenskej republik"). [http://www.uvzsr.sk/docs/info/covid19/Pandemicky_plan_pre_pripad_pandemie_v_Slovenskej_republike.pdf]. Accessed 23 September 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 publicly available evidence that Slovakia has a national system in place to provide support at the sub-national level to conduct contact tracing in preparation for future public health emergencies or in response to an active public health emergency.

There is no such evidence on the websites of the Ministry of Health, the Ministry of the Interior, the Public Health Authority or in relevant documents and legislation – namely the Pandemic Plan in the Case of a Pandemic in Slovakia, which was adopted on 11 August 2011 to guide Slovakia's future response to pandemics of respiratory diseases; Act No. 387/2002 on State Governance in Crisis Situations Out of Time of War and War Condition (adopted 2002, last amended 2015), which establishes the powers of the public authorities in the management of crisis situations, as well as the rights and obligations of persons in the preparation for crisis situations; and Act No. 355/2007 on the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (adopted 2007, last amended 2020), which establishes the organisation and protection of public health, as well as necessary procedures in response to emergencies that seriously endanger public health, such as evacuation, long-term relocation of people, warning the population and supervising the area of contamination to ensure there is no further spread. [1, 2, 3, 4, 5, 6]

[1] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>]. Accessed 4 October 2020.

[2] Public Health Authority. [<http://www.uvzsr.sk/>]. Accessed 4 October 2020.

[3] Ministry of the Interior of Slovakia. [<https://www.minv.sk/>]. Accessed 4 October 2020.

[4] National Council of Slovakia. Act No. 355/2007 of 31 July 2007. "On the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (o ochrane, podpore a rozvoji verejného zdravia a o zmene a doplnení niektorých

zákonov)". [<https://www.zakonypreludi.sk/zz/2007-355>]. Accessed 4 October 2020.

[5] National Council of Slovakia. Act No. 387/2002 of 18 July 2002. "On State Governance in Crisis Situations Out of Time of War and War Condition (o riadení štátu v krízových situáciách mimo času vojny a vojnového stavu)".

[<http://www.zakonypreludi.sk/zz/2002-387>]. Accessed 4 October 2020.

[6] Pandemic Commission of the Government of the Slovak Republic. 2020. "Pandemic plan in the case of a pandemic in Slovakia". ("Pandemického plánu pre prípad pandémie v Slovenskej republike").

[http://www.uvzsr.sk/docs/info/covid19/Pandemicky_plan_pre_pripad_pandemie_v_Slovenskej_republike.pdf]. Accessed 4 October 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: 0

There is no evidence that Slovakia provides 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.

There is no evidence of such a structure being in place on the websites of the Ministry of Health, the Ministry of the Interior, the Public Health Authority or in relevant legislation – namely, Act No. 387/2002 on State Governance in Crisis Situations Out of Time of War and War Condition (adopted 2002, last amended 2015), which establishes the powers of the public authorities in the management of crisis situations, as well as the rights and obligations of persons in the preparation for crisis situations; Act No. 355/2007 on the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (adopted 2007, last amended 2020), which establishes the organisation and protection of public health, as well as necessary procedures in response to emergencies that seriously endanger public health, such as evacuation, long-term relocation of people, warning the population and supervising the area of contamination to ensure there is no further spread; and Act No. 576/2004 on health care, services related to the provision of health care and on the amendment of certain laws (adopted 2004, last amended 2020). [1, 2, 3, 4, 5, 6]

The Detailed Plan of Action in the Event of an Influenza Pandemic in Slovakia, published by the Ministry of Health and Public Health Authority and last updated in September 2012, states that, in the case of an outbreak, ministries will cooperate to provide social security for people who are required to quarantine - in the form of social support, social insurance, childcare support and psychosocial assistance - and will also assign doctors to care for patients who cannot be placed in institutional health care facilities. However, there are no further specific details or clear measures set out in terms of economic support. [7]

[1] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>]. Accessed 19 October 2020.

[2] Public Health Authority. [<http://www.uvzsr.sk/>]. Accessed 19 October 2020.

[3] Ministry of the Interior of Slovakia. [<https://www.minv.sk/>]. Accessed 19 October 2020.

[4] National Council of Slovakia. Act No. 355/2007 of 31 July 2007. "On the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (o ochrane, podpore a rozvoji verejného zdravia a o zmene a doplnení niektorých zákonov)". [<https://www.zakonypreludi.sk/zz/2007-355>]. Accessed 19 October 2020.

[5] National Council of Slovakia. Act No. 387/2002 of 18 July 2002. "On State Governance in Crisis Situations Out of Time of War and War Condition (o riadení štátu v krízových situáciách mimo času vojny a vojnového stavu)".

[<http://www.zakonypreludi.sk/zz/2002-387>]. Accessed 19 October 2020.

[6] National Council of Slovakia. Act No. 576/2004 of 21 October 2004. "On health care, services related to the provision of health care and on the amendment of certain laws (o zdravotnej starostlivosti, službách súvisiacich s poskytovaním zdravotnej starostlivosti a o zmene a doplnení niektorých zákonov)". [<https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/2004/576/>]. Accessed 19 October 2020.

[7] Ministry of Health of Slovakia and the Public Health Authority. September 2012. "Detailed Plan of Action in the Event of an Influenza Pandemic in Slovakia". ("Podrobný plán opatrení pre prípad pandémie chrípky v Slovenskej republike"). [https://www.uvzsr.sk/docs/info/epida/pandemicky_plan.pdf]. Accessed 19 October 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

Slovakia makes de-identified data on contact tracing efforts for COVID-19 available via regular reports but there is insufficient evidence that this is done on a daily basis. Each month, the Public Health Authority (under the Ministry of Health) publishes a document with updated data and analysis of COVID-19 cases in Slovakia on the basis of epidemiological surveillance by regional public health authorities. These reports contain aggregate data on the number of cases identified through contact tracing. For example, the latest edition revealed that in August 2020, a total of 9,321 people were identified through contact tracing efforts. [1] In July 2020, 4,956 people were identified through contact tracing. [2]

[1] Public Health Authority. September 2020. "COVID-19 in Slovakia: Analysis of cases of COVID-19 on the basis of epidemiological investigation by regional public health authorities in the Slovak Republic for the period from 1.8.2020 to 31.8.2020". ("COVID-19 na Slovensku: Analýza prípadov ochorení COVID-19 na základe epidemiologického vyšetovania regionálnymi úradmi verejného zdravotníctva v SR za obdobie od 1.8.2020 do 31.8.2020"). [https://korona.gov.sk/wp-content/uploads/2020/09/analyza_covid_august_final_media-1.pdf]. Accessed 28 September 2020.

[2] Public Health Authority. August 2020. "COVID-19 in Slovakia: Analysis of cases of COVID-19 on the basis of epidemiological investigation by regional public health authorities in the Slovak Republic for the period from 1.7.2020 to 31.7.2020". ("COVID-19 na Slovensku: Analýza prípadov ochorení COVID-19 na základe epidemiologického vyšetovania regionálnymi úradmi verejného zdravotníctva v SR za obdobie od 1.7.2020 do 31.7.2020"). [https://www.bielykostol.sk/evt_file.php?file=1850]. Accessed 28 September 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 no evidence of a joint plan or cooperative agreement between Slovakia's public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in an

active or future public health emergency.

Whilst Slovakia's Public Health Authority has published monthly reports during the COVID-19 pandemic, in which it states that, as part of preventive measures, persons returning from abroad, specifically from high-risk countries (those with a particularly high number of cases or rate of infection), are registered, monitored and ordered to isolate until they can attend a testing facility, there is no evidence of a broader cooperative agreement in the event of any public health emergency on the websites of the Ministry of Health, the Ministry of the Interior, the Public Health Authority or in relevant legislation - namely, Act No. 387/2002 on State Governance in Crisis Situations Out of Time of War and War Condition (adopted 2002, last amended 2015), which establishes the powers of the public authorities in the management of crisis situations, as well as the rights and obligations of persons in the preparation for crisis situations; Act No. 355/2007 on the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (adopted 2007, last amended 2020), which establishes the organisation and protection of public health, as well as necessary procedures in response to emergencies that seriously endanger public health, such as evacuation, long-term relocation of people, warning the population and supervising the area of contamination to ensure there is no further spread; and Act No. 576/2004 on health care, services related to the provision of health care and on the amendment of certain laws (adopted 2004, last amended 2020). [1, 2, 3, 4, 5, 6, 7, 8]

[1] Public Health Authority. September 2020. "COVID-19 in Slovakia: Analysis of cases of COVID-19 on the basis of epidemiological investigation by regional public health authorities in the Slovak Republic for the period from 1.8.2020 to 31.8.2020". ("COVID-19 na Slovensku: Analýza prípadov ochorení COVID-19 na základe epidemiologického vyšetrovania regionálnymi úradmi verejného zdravotníctva v SR za obdobie od 1.8.2020 do 31.8.2020"). [https://korona.gov.sk/wp-content/uploads/2020/09/analyza_covid_august_final_media-1.pdf]. Accessed 19 October 2020.

[2] Public Health Authority. August 2020. "COVID-19 in Slovakia: Analysis of cases of COVID-19 on the basis of epidemiological investigation by regional public health authorities in the Slovak Republic for the period from 1.7.2020 to 31.7.2020". ("COVID-19 na Slovensku: Analýza prípadov ochorení COVID-19 na základe epidemiologického vyšetrovania regionálnymi úradmi verejného zdravotníctva v SR za obdobie od 1.7.2020 do 31.7.2020"). [https://www.bielykostol.sk/evt_file.php?file=1850]. Accessed 19 October 2020.

[3] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>]. Accessed 19 October 2020.

[4] Public Health Authority. [<http://www.uvzs.sk/>]. Accessed 19 October 2020.

[5] Ministry of the Interior of Slovakia. [<https://www.minv.sk/>]. Accessed 19 October 2020.

[6] National Council of Slovakia. Act No. 355/2007 of 31 July 2007. "On the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (o ochrane, podpore a rozvoji verejného zdravia a o zmene a doplnení niektorých zákonov)". [<https://www.zakonypreludi.sk/zz/2007-355>]. Accessed 19 October 2020.

[7] National Council of Slovakia. Act No. 387/2002 of 18 July 2002. "On State Governance in Crisis Situations Out of Time of War and War Condition (o riadení štátu v krízových situáciách mimo času vojny a vojnového stavu)". [<http://www.zakonypreludi.sk/zz/2002-387>]. Accessed 19 October 2020.

[8] National Council of Slovakia. Act No. 576/2004 of 21 October 2004. "On health care, services related to the provision of health care and on the amendment of certain laws (o zdravotnej starostlivosti, službách súvisiacich s poskytovaním zdravotnej starostlivosti a o zmene a doplnení niektorých zákonov)". [<https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/2004/576/>]. Accessed 19 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 is available in Slovakia, but there is no publicly available evidence that the Slovak government provides resources to send citizens to another country to participate in applied epidemiology training programs. According to TEPHINET's "Member Programs" document, published in May 2019, Slovakia offers advanced EPIET and EUPHEM training. [1] The TEPHINET website states that Slovakia is a member of EPIET and EUPHEM and Slovakia's Public Health Authority is listed as "EPIET acknowledged" on the European Centre for Disease Prevention and Control (ECDC) pages. [2, 3] However, the Public Health Authority was not chosen for the 2020 cohort of training sites, and the allocation process for training sites for the 2021 cohort takes place from August to November 2020, with the results to be published in December 2020. [2] There is no evidence that Slovakia has provided resources to send citizens to another country to participate in applied epidemiology training programmes on the websites of the ECDC, TEPHINET, the Ministry of Health or the Public Health Authority. [4, 5, 6, 7]

[1] TEPHINET. May 2019. "Member programs". [<https://www.tephinet.org/sites/tephinet/files/content/attachment/2019-05-10/TEPHINET%20Member%20Programs%20at%20a%20Glance.pdf>]. Accessed 3 October 2020.

[2] European Centre for Disease Prevention and Control. "Institutes/training sites". [[https://ecdc.europa.eu/en/epiet-euphem/institutes?SortDir=Asc&SortField=Acknowledged by EPIE&View=%7Baa2e5f1a-b5f4-4285-9d49-22b5dba8691b%7D&pdf=yes&preview=yes](https://ecdc.europa.eu/en/epiet-euphem/institutes?SortDir=Asc&SortField=Acknowledged%20by%20EPIE&View=%7Baa2e5f1a-b5f4-4285-9d49-22b5dba8691b%7D&pdf=yes&preview=yes)]. 3 October 2020.

[3] TEPHINET. "Training Programs". [<https://www.tephinet.org/training-programs>]. Accessed 3 October 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

Slovakia offers advanced EPIET training, which is inclusive of veterinary professionals. According to TEPHINET's "Member Programs" document, published in May 2019, Slovakia offers advanced EPIET and EUPHEM training. [1] The TEPHINET website states that Slovakia is a member of EPIET and EUPHEM and Slovakia's Public Health Authority is listed as "EPIET acknowledged" on the European Centre for Disease Prevention and Control (ECDC) pages. [2, 3] However, the Public Health Authority was not chosen for the 2020 cohort of training sites, and the allocation process for training sites for the 2021 cohort takes place from August to November 2020, with the results published in December 2020. [2] According to the ECDC

website, EPIET training includes veterinary professionals. [4]

[1] TEPHINET. May 2019. "Member programs". [<https://www.tephinet.org/sites/tephinet/files/content/attachment/2019-05-10/TEPHINET%20Member%20Programs%20at%20a%20Glance.pdf>]. Accessed 3 October 2020.

[2] European Centre for Disease Prevention and Control. "Institutes/training sites". [[https://ecdc.europa.eu/en/epiet-euphem/institutes?SortDir=Asc&SortField=Acknowledged by EPIE&View=%7Baa2e5f1a-b5f4-4285-9d49-22b5dba8691b%7D&pdf=yes&preview=yes](https://ecdc.europa.eu/en/epiet-euphem/institutes?SortDir=Asc&SortField=Acknowledged%20by%20EPIE&View=%7Baa2e5f1a-b5f4-4285-9d49-22b5dba8691b%7D&pdf=yes&preview=yes)]. 3 October 2020.

[3] TEPHINET. "Training Programs". [<https://www.tephinet.org/training-programs>]. Accessed 3 October 2020.

[4] European Centre for Disease Prevention and Control. "Call for application for cohort 2021 ECDC Fellowship Programme EPIET and EUPHEM paths, EU-track". [<https://www.ecdc.europa.eu/en/about-us/work-us/call-application-cohort-2021-ecdc-fellowship-programme-epiet-and-euphem-paths-eu>]. Accessed 4 October 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: 0

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

Slovakia has an overarching national public health emergency response plan in place, which addresses planning for multiple communicable diseases with epidemic or pandemic potential. On 11 August 2020, the Pandemic Commission of the Government of Slovakia, under the leadership of the health minister, Marek Krajčí, adopted a national public health emergency response plan called the Pandemic Plan in the Case of a Pandemic in the Slovak Republic. The plan aims to:

ensure Slovakia's preparedness for a pandemic of any acute respiratory disease; ease the health and economic burdens on the population in the case of such as pandemic; and set out the responsibilities of the state administration and professional bodies which manage, ensure and perform activities related to public health protection. Although the new plan was created in response to the COVID-19 pandemic and in preparation for COVID-19's potential further impact, the plan has been explicitly broadened for a pandemic of any type of acute respiratory disease. [1, 2] Slovakia also has disease-specific plans, such as national and sub-national pandemic response plans for influenza. [3, 4]

[1] Ministry of Health of Slovakia. 11 August 2020. "Slovakia has a new Pandemic Plan for the second wave of the COVID-19 pandemic". "[<https://www.health.gov.sk/Clanok?covid-19-komisia-pandemicka-plan>]. Accessed 23 September 2020.

[2] Pandemic Commission of the Government of the Slovak Republic. 2020. "Pandemic plan in the case of a pandemic in Slovakia". ("Pandemického plánu pre prípad pandémie v Slovenskej republik").

[http://www.uvzsr.sk/docs/info/covid19/Pandemicky_plan_pre_pripad_pandemie_v_Slovenskej_republike.pdf]. Accessed 23 September 2020.

[3] Ministry of Health of Slovakia and the Public Health Authority. 12 September 2012. "Detailed plan of measures in the case of an influenza pandemic in the Slovak Republic". ("Podrobný plán opatrení pre prípad pandémie chrípky v Slovenskej republike"). [https://www.health.gov.sk/Zdroje?/Sources/dokumenty/okm/legislativa/Pandemicky_plan_SR_21-11-12.rtf]. Accessed 4 October 2020.

[4] Regional Public Health Authority in Prešov. "Crisis plan of the Regional Public Health Authority in Prešov for the case of an influenza pandemic in the Prešov region". ("Krizový plán RÚVZ so sídlom v Prešove pre prípad pandémie chrípky v Prešovskom kraji"). [<http://www.ruvzpo.sk/dokumenty/Krizovy%20plan%20pre%20pripad%20pandemie%20chripky.pdf>]. Accessed 4 October 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

Slovakia's national public health emergency response plan has been updated within the last three years. The Pandemic Plan in the Case of a Pandemic in the Slovak Republic was adopted on 11 August 2020 by the Pandemic Commission of the Government of Slovakia, under the leadership of the health minister, Marek Krajčí. The plan aims to: ensure Slovakia's preparedness for a pandemic of any acute respiratory disease; ease the health and economic burdens on the population in the case of such as pandemic; and set out the responsibilities of the state administration and professional bodies which manage, ensure and perform activities related to public health protection. Although the new plan was created in response to the COVID-19 pandemic and in preparation for COVID-19's potential further impact, the plan has been explicitly broadened for a pandemic of any type of acute respiratory disease. [1, 2] Slovakia also has disease-specific plans, such as national and sub-national pandemic response plans for influenza. [3, 4] Whilst the influenza plans have not been updated within the last three years, others, such as the National contingency plan in case of suspicion and occurrence of certain transmissible spongiform encephalopathies (TSEs) in the Slovak Republic, have been updated within the last three years. [5]

[1] Ministry of Health of Slovakia. 11 August 2020. "Slovakia has a new Pandemic Plan for the second wave of the COVID-19 pandemic". "[<https://www.health.gov.sk/Clanok?covid-19-komisia-pandemicka-plan>]. Accessed 23 September 2020.

[2] Pandemic Commission of the Government of the Slovak Republic. 2020. "Pandemic plan in the case of a pandemic in Slovakia". ("Pandemického plánu pre prípad pandémie v Slovenskej republik").

[http://www.uvzsr.sk/docs/info/covid19/Pandemicky_plan_pre_pripad_pandemie_v_Slovenskej_republike.pdf]. Accessed 23 September 2020.

[3] Ministry of Health of Slovakia and the Public Health Authority. 12 September 2012. "Detailed plan of measures in the

case of an influenza pandemic in the Slovak Republic". ("Podrobný plán opatrení pre prípad pandémie chrípky v Slovenskej republike"). [https://www.health.gov.sk/Zdroje?/Sources/dokumenty/okm/legislativa/Pandemicky_plan_SR_21-11-12.rtf]. Accessed 4 October 2020.

[4] Regional Public Health Authority in Prešov. "Crisis plan of the Regional Public Health Authority in Prešov for the case of an influenza pandemic in the Prešov region". ("Krizový plán RÚVZ so sídlom v Prešove pre prípad pandémie chrípky v Prešovskom kraji"). [<http://www.ruvzpo.sk/dokumenty/Krizovy%20plan%20pre%20prípád%20pandemie%20chripky.pdf>]. Accessed 4 October 2020.

[5] State Veterinary and Food Administration of Slovakia. Journals (Vestníky).

[<https://www.mpsr.sk/index.php?navID=6&navID2=6&slD=23&year=2018&ofs1=13>]. Accessed 4 October 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

Slovakia's overarching national public health emergency response plan includes considerations for vulnerable populations. The Pandemic Plan in the Case of a Pandemic in the Slovak Republic, adopted on 11 August 2020 to guide Slovakia's national response to pandemics of respiratory diseases, states, with the contextual example of the COVID-19 pandemic, that the vaccine must be made available primarily to people over the age of 65 living in community-based residential facilities, followed by all people over the age of 65 and patients with serious illnesses. Only after this should the vaccine be provided to the general population, with children last to receive the vaccine, depending on the phases of clinical trials. An exception to this rule may be in cases when clinical trials have shown the vaccine to have an upper age limit. No further considerations for vulnerable or pediatric populations are outlined in the plan. [1]

[1] Pandemic Commission of the Government of the Slovak Republic. 2020. "Pandemic plan in the case of a pandemic in Slovakia". ("Pandemického plánu pre prípad pandémie v Slovenskej republik").

[http://www.uvzsr.sk/docs/info/covid19/Pandemicky_plan_pre_pripad_pandemie_v_Slovenskej_republike.pdf]. Accessed 2 October 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: 1

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

There is no publicly available evidence that Slovakia has a specific mechanism for engaging with the private sector to assist with outbreak emergency preparedness and response. There is no such evidence in the Pandemic Plan in the Case of a Pandemic in Slovakia (adopted on 11 August 2020 to guide the country's future response to pandemics of respiratory diseases), though the plan does outline how PPE and other medical devices will be supplied to non-state outpatient care providers. There is also no evidence of such a mechanism on the websites of the Ministry of Health, the Ministry of the Interior, the Ministry of Defence, the Public Health Authority, or in relevant legislation – namely Act No. 387/2002 on State Governance in Crisis Situations Out of Time of War and War Condition (adopted 2002, last amended 2015), which establishes the powers of public authorities in the management of the state in crisis situations, and establishes the rights and obligations of persons in the preparation for crisis situations; Act No. 355/2007 on the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (adopted 2007, last amended 2020), which establishes the organisation and protection of public health, as well as necessary procedures in response to emergencies that seriously endanger public health, such as evacuation, long-term relocation of people, warning the population and supervising the area of contamination to ensure there is no further spread; and Act No. 576/2004 on Health Care, Services Related to the Provision of Health Care and on Amendments and Supplements to Certain Laws (adopted 2004, last amended 2020). [1, 2, 3, 4, 5, 6, 7]

[1] Pandemic Commission of the Government of the Slovak Republic. 2020. "Pandemic plan in the case of a pandemic in Slovakia". ("Pandemického plánu pre prípad pandémie v Slovenskej republik").

[http://www.uvzsr.sk/docs/info/covid19/Pandemicky_plan_pre_pripad_pandemie_v_Slovenskej_republike.pdf]. Accessed 4 October 2020.

[2] National Council of Slovakia. Act No. 576/2004 of 1 November 2004. "On health care, services related to provision of health care and amending and supplementing some laws (o zdravotnej starostlivosti, službách súvisiacich s poskytovaním zdravotnej starostlivosti a o zmene a doplnení niektorých zákonov)". [<http://www.zakonypreludi.sk/zz/2004-576>]. Accessed 4 October 2020.

[3] National Council of Slovakia. Act No. 387/2002 of 18 July 2002. "On State Governance in Crisis Situations Out of Time of War and War Condition (o riadení štátu v krízových situáciách mimo času vojny a vojnového stavu).

[<http://www.zakonypreludi.sk/zz/2002-387>]. Accessed 4 October 2020.

[4] National Council of Slovakia. Act No. 355/2007 of 31 July 2007. "On the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (o ochrane, podpore a rozvoji verejného zdravia a o zmene a doplnení niektorých zákonov)". [<https://www.zakonypreludi.sk/zz/2007-355>]. Accessed 4 October 2020.

[5] Ministry of Health of Slovakia. [<https://www.health.gov.sk/Titulka>]. Accessed 4 October 2020.

[6] Public Health Authority. [<https://www.uvzsr.sk/>]. Accessed 4 October 2020.

[7] Ministry of Defence of Slovakia. [<https://www.mosr.sk/>]. Accessed 4 October 2020.

[8] Ministry of the Interior of Slovakia. [<https://www.minv.sk/>]. Accessed 4 October 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

Slovakia has a plan in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic, and the plan is for more than one disease.

The Pandemic Plan in the Case of a Pandemic in the Slovak Republic (which was adopted on 11 August 2020 by the Pandemic Commission of the Government of Slovakia) sets out phases of development that a respiratory disease outbreak should meet for specific NPIs to be implemented. For example, in the initial phase of such a pandemic, the plan prescribes hand washing, augmented personal and respiratory hygiene, self-isolation and quarantine measures, social distancing measures, travel advice and contact detection and tracking. In the second phase of an outbreak, the plan adds to the list the proactive closure of schools and the closure of some social services.

The plan has 5 phases and describes specific conditions of each phase. [1] Phase 0 is described as when there are a small number of individual cases of the disease in the country or none at all. Phase 1 is when the number of identified cases is gradually rising and the number of related hospitalizations in infectious disease clinics and wards is rising, with one or more cases imported from abroad or related with import from abroad. Phase 2 is when over 50% capacity of beds in infectious diseases clinics and wards has been filled, with an increase in imported cases and the infection is spreading to groups of the population. Phase 3 is when a state of emergency is declared, the available capacity of beds in infectious disease clinics and wards is less than 25%, healthcare personnel are becoming infected, parts of the country are ordered to quarantine due to severe local outbreaks, and the spread of the disease has become uncontrollable. Phase 4 is when the country moves gradually to a period "between pandemics", with routine and systematic testing of samples from people with respiratory illness. [1]

[1] Pandemic Commission of the Government of the Slovak Republic. 2020. "Pandemic plan in the case of a pandemic in Slovakia". ("Pandemického plánu pre prípad pandémie v Slovenskej republik"). [http://www.uvzsr.sk/docs/info/covid19/Pandemicky_plan_pre_pripad_pandemie_v_Slovenskej_republike.pdf]. Accessed 25 September 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

Slovakia has activated its national emergency response plan for an infectious disease outbreak in the past year, but there is no publicly available evidence that Slovakia has completed a national-level biological threat-focused exercise in the past year.

On 11 August 2020, the Pandemic Commission of the Government of Slovakia, under the leadership of the minister of health, Marek Krajčí, adopted the Pandemic Plan in the Case of a Pandemic in the Slovak Republic, which the government has since used and will continue to use to guide Slovakia's response to the development of the COVID-19 outbreak. [1] The plan

includes guidelines that cover much of what the government has already enacted and is ongoing in relation to the COVID-19 outbreak, such as self-isolation rules, social distancing measures and travel advice, and the government has indicated that the plan serves as a guide for decisions thenceforth. [1, 2] There is no evidence that Slovakia has completed a national-level biological threat-focused exercise on the websites of the World Health Organisation, the Ministry of Health, the Ministry of Agriculture, the Ministry of the Interior, the Ministry of Defence or the Public Health Authority. [3, 4, 5, 6, 7, 8]

- [1] Pandemic Commission of the Government of the Slovak Republic. 2020. "Pandemic plan in the case of a pandemic in Slovakia". ("Pandemického plánu pre prípad pandémie v Slovenskej republika"). [http://www.uvzsr.sk/docs/info/covid19/Pandemicky_plan_pre_pripad_pandemie_v_Slovenskej_republike.pdf]. Accessed 25 September 2020.
- [2] Ministry of Health of Slovakia. 11 August 2020. "Slovakia has a new Pandemic Plan for the second wave of the COVID-19 pandemic". "[<https://www.health.gov.sk/Clanok?covid-19-komisia-pandemicka-plan>]. Accessed 25 September 2020.
- [3] World Health Organisation. "Simulation Exercise". [<https://extranet.who.int/sph/simulation-exercise>]. Accessed 25 September 2020.
- [4] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>]. Accessed 25 September 2020.
- [5] Ministry of Agriculture and Rural Development of Slovakia. [<https://www.mpsr.sk/>]. Accessed 25 September 2020.
- [6] Ministry of the Interior of Slovakia. [<https://www.minv.sk/>]. Accessed 25 September 2020.
- [7] Ministry of Defence of Slovakia. [<https://www.mod.gov.sk/>]. Accessed 25 September 2020.
- [8] Public Health Authority. [<http://www.uvzsr.sk/>]. Accessed 25 September 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 no publicly available evidence that Slovakia has in the past year identified a list of gaps and best practices in response and developed a plan to improve response capabilities. Whilst Slovakia's Ministry of Health and Public Health Authority reviewed the initial impact of the COVID-19 pandemic in Slovakia and the government's response thereto, and published a Pandemic Plan to guide future responses to respiratory diseases, the plan does not include a list of identified gaps in response to the pandemic. [1, 2] There is no such evidence on the websites of the Ministry of Health, the Public Health Authority, or on the World Health Organisation's After Action Review web pages, its country pages or regional pages. [3, 4, 5, 6, 7]

- [1] Ministry of Health of Slovakia. 11 August 2020. "Slovakia has a new Pandemic Plan for the second wave of the COVID-19 pandemic". "[<https://www.health.gov.sk/Clanok?covid-19-komisia-pandemicka-plan>]. Accessed 23 September 2020.
- [2] Pandemic Commission of the Government of the Slovak Republic. 2020. "Pandemic plan in the case of a pandemic in Slovakia". ("Pandemického plánu pre prípad pandémie v Slovenskej republika"). [http://www.uvzsr.sk/docs/info/covid19/Pandemicky_plan_pre_pripad_pandemie_v_Slovenskej_republike.pdf]. Accessed 23 September 2020.
- [3] Ministry of Health of Slovakia. [<https://www.health.gov.sk/Titulka>]. Accessed 19 October 2020.
- [4] Public Health Authority. [<https://www.uvzsr.sk/>]. Accessed 19 October 2020.
- [5] World Health Organisation. After Action Review. [<https://www.who.int/ihr/procedures/after-action-review/en/>]. Accessed 19 October 2020.

[6] World Health Organisation. Europe. [<https://www.euro.who.int/en/home>]. Accessed 19 October 2020.

[7] World Health Organisation. Slovakia. [<https://www.euro.who.int/en/countries/slovakia>]. Accessed 19 October 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 publicly available evidence that in the past year Slovakia has undergone a national-level biological threat-focused exercise that has included private sector representatives. No such evidence was found on the World Health Organisation extranet, the WHO's simulation exercise page, its country or regional webpages, or on the websites of the Ministry of Health, the Ministry of the Interior, the Ministry of Defense, the Public Health Authority, or the Ministry of Agriculture and Rural Development. [1, 2, 3, 4, 5, 6, 7, 8, 9]

[1] World Health Organisation. "After action review". [<https://extranet.who.int/sph/after-action-review>]. Accessed 29 September 2020.

[2] World Health Organisation. Simulation Exercise. [<https://extranet.who.int/sph/simulation-exercise>]. Accessed 19 October 2020.

[3] World Health Organisation. Europe. [<https://www.euro.who.int/en/home>]. Accessed 29 September 2020.

[4] World Health Organisation. Slovakia. [<https://www.euro.who.int/en/countries/slovakia>]. Accessed 29 September 2020.

[5] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>]. Accessed 29 September 2020.

[6] Ministry of the Interior of Slovakia. [<https://www.minv.sk/>]. Accessed 29 September 2020.

[7] Ministry of Defence of Slovakia. [<https://www.mosr.sk/>]. Accessed 29 September 2020.

[8] Public Health Authority of Slovakia. [<https://www.uvzsr.sk/>]. Accessed 29 September 2020.

[9] Ministry of Agriculture and Rural Development of Slovakia. [<https://www.mpsr.sk/>]. Accessed 29 September 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

Slovakia has an emergency operations center in place. The Coordination Center of the Integrated Rescue System is established to coordinate responses to emergencies that endanger public health on both small and large scales, directing all branches of the Integrated Rescue System (medical teams, police service, fire rescue service, the army, and others). The Coordination Center's scope of responsibility is to coordinate response to emergencies that endanger public health, including large-scale public health emergencies. In the event of a public health emergency, the Coordination Center provides warnings to the population, informs state administration bodies and other legal entities which provide tasks related to rescue efforts in such cases of extraordinary events, and also participates in the rescue efforts on the basis of a decision by the Ministry of Interior and Ministry of Health. The Integrated Rescue System (IZS) itself is a network of rescue divisions, including public

health emergency services, which provide prompt medical, technical, and other necessary emergency assistance as a matter of urgency, following instructions from the Coordination Center. [1]

[1] National Council of Slovakia. Act No. 129/2002 of 21 March 2002. "On the Integrated Rescue System (o integrovanom záchrannom systéme)". [<http://www.zakonypreludi.sk/zz/2002-129>]. Accessed 22 September 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

There is no publicly available evidence that Slovakia's emergency operations center (EOC) is required to conduct a drill for a public health emergency scenario at least once per year nor that it conducts drills at least once a year.

Act No. 129/2002 on the Integrated Rescue System (adopted 2002, last amended 2017) requires that training of rescue services of the Integrated Rescue System includes organizing and ensuring the functioning of the EOC, but does not mention the training's frequency. [1] Whilst there is evidence that regional components of the Integrated Rescue System do conduct drills at least once per year, it is not explicitly stated that the EOC is involved in each of these. [2, 3] There is no evidence of the EOC's involvement in training or a requirement for annual drills on the web pages of the Ministry of Health, Ministry of Interior, Ministry of Defence or the Public Health Authority. [4, 5, 6, 7]

[1] National Council of Slovakia. Act No. 129/2002 of 21 March 2002. "On the Integrated Rescue System (o integrovanom záchrannom systéme)". [<https://www.zakonypreludi.sk/zz/2002-129>]. Accessed 23 September 2020.

[2] Ministry of Interior of Slovakia. "Training". "Cvičenia". [<http://www.minv.sk/?tc-cvicenia>]. Accessed 23 September 2020.

[3] Ministry of Interior of Slovakia. "Interventions and trainings" ("Zásahová činnosť a cvičenia").

[<https://www.minv.sk/?zasahova-cinnost-a-cvicenia>]. Accessed 23 September 2020.

[4] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>]. Accessed 23 September 2020.

[5] Ministry of Defence of Slovakia. [<https://www.mod.gov.sk/>]. Accessed 23 September 2020.

[6] Public Health Authority. [<http://www.uvzsr.sk/>]. Accessed 23 September 2020.

[7] Ministry of Interior of Slovakia. [<https://www.minv.sk/>]. Accessed 23 September 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

There is no publicly available evidence that Slovakia's emergency operations center 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 or scenario. There is no such evidence on the websites of the Ministry of Health, the Ministry of Interior, the Ministry of Defense or the Public Health Authority. [1, 2, 3, 4]

[1] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>]. Accessed 23 September 2020.

[2] Ministry of Defence of Slovakia. [<https://www.mosr.sk/>]. Accessed 23 September 2020.

[3] Public Health Authority. [<http://www.uvzsr.sk/>]. Accessed 23 September 2020.

[4] Ministry of Interior of Slovakia. [<https://www.minv.sk/>]. Accessed 23 September 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: 0

There is no clear evidence that Slovakia's public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event, nor are there publicly available standard operating procedures, guidelines, memoranda of understanding or other agreements between the public health and security authorities to respond to a potential deliberate biological event. Slovakia's Integrated Rescue System (IZS) is a network of rescue divisions that includes public health emergency services and national security authorities, but its mandate – laid out in Act No. 129/2002, on the Integrated Rescue System – does not explicitly include bioterrorism [1]. Some components of the IZS have recently conducted response exercises, but there is no evidence that these were related to deliberate biological events [2, 3]. Such evidence is absent from information provided by the Ministry of Interior on training and exercises conducted by the Integrated Rescue System (IZS), from the Crisis Management pages of the Ministry of Health, and from the websites of the Ministry of Defense and Public Health Authority [2, 3, 4, 5, 6].

[1] National Council of Slovakia. 21.3.2002. Act No. 129/2002, on the Integrated Rescue System (o integrovanom záchrannom systéme). [<http://www.zakonypreludi.sk/zz/2002-129>] Accessed 27 September 2020.

[2] Ministry of Interior of Slovakia. "Trainings" ("Cvičenia"). [<http://www.minv.sk/?tc-cvicenia>] Accessed 27 September 2020.

[3] Ministry of Interior of Slovakia. "Interventions and trainings" ("Zásahová činnosť a cvičenia").

[<https://www.minv.sk/?zasahova-cinnost-a-cvicenia>] Accessed 27 September 2020.

[4] Ministry of Health of Slovakia. "OKM Exercises and Conferences on Disaster Medicine" ("Cvičenia OKM a konferencie medicíny katastrof"). [<http://www.health.gov.sk/?cvicenia-okm>] Accessed 27 September 2020.

[5] Ministry of Defense of Slovakia. [<https://www.mod.gov.sk/>] Accessed 27 September 2020.

[6] Public Health Authority. [<http://www.uvzsr.sk/>] Accessed 27 September 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

Slovakia has in its new public health emergency plan a section detailing a risk communication plan that is specifically intended for use during a public health emergency. The Pandemic Plan in the Case of a Pandemic in the Slovak Republic, which the Pandemic Commission of the Government of Slovakia adopted on 11 August 2020 as a plan for pandemics of acute respiratory diseases, sets out how the country's plans to communicate with the public specifically in regard to infectious disease. It states that, in the event of a pandemic, communication with the public is provided by the Ministry of Health, the National Center for Health Information (NCZI) and the Regional Public Health Authority, via their websites, social networks, and communication and press departments. The plan also states that selected experts will inform and update the public through media outlets (radio, television) and social networks about the situation, as well as about measures taken and proposed. The plan stipulates that special leaflets and information materials will be printed and distributed for specific groups such as tourists, children, seniors and marginalized communities. [1]

[1] Pandemic Commission of the Government of the Slovak Republic. 2020. "Pandemic plan in the case of a pandemic in Slovakia". ("Pandemického plánu pre prípad pandémie v Slovenskej republik").

[http://www.uvzsr.sk/docs/info/covid19/Pandemicky_plan_pre_pripad_pandemie_v_Slovenskej_republike.pdf]. Accessed 23 September 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

Slovakia's new national public health response plan outlines how messages will reach populations and sectors with different communications needs. The Pandemic Plan in the Case of a Pandemic in the Slovak Republic, which the Pandemic Commission of the Government of Slovakia adopted on 11 August 2020 as a plan for pandemics of acute respiratory diseases, sets out how the country plans to communicate with the public specifically in regard to infectious disease. It states that special leaflets and information materials will be printed and distributed for specific groups such as tourists, children, seniors and marginalized communities. No further detail is provided on what these materials will consist of or how they will be distributed. Otherwise, communication with the general public will be provided by the Ministry of Health, the National Center for Health Information (NCZI) and the Regional Public Health Authority, via their websites, social networks, and communication and press departments. The plan also states that selected experts will inform and update the public through media outlets (radio, television) and social networks about the situation, as well as about measures taken and proposed.

There are no further details on how specific sectors of the population will be reached. [1]

[1] Pandemic Commission of the Government of the Slovak Republic. 2020. "Pandemic plan in the case of a pandemic in Slovakia". ("Pandemického plánu pre prípad pandémie v Slovenskej republik").

[http://www.uvzsr.sk/docs/info/covid19/Pandemicky_plan_pre_pripad_pandemie_v_Slovenskej_republike.pdf]. Accessed 23 September 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: 0

There is no publicly available evidence in the risk communication plan or in other legislation, regulations or strategy documents used to guide national public health response that a specific position within the government is designated to serve as the primary spokesperson to the public during a public health emergency. There is no such evidence in Slovakia's Pandemic Plan in the Case of a Pandemic in Slovakia (which guides Slovakia's national response to pandemics of respiratory diseases), or in relevant legislation – namely Act No. 387/2002 on State Governance in Crisis Situations Out of Time of War and War Condition (adopted 2002, last amended 2015), which establishes the powers of public authorities in the management of the state in crisis situations, and establishes the rights and obligations of persons in the preparation for crisis situations; Act No. 355/2007 on the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (adopted 2007, last amended 2020), which establishes the organisation and protection of public health, as well as necessary procedures in response to emergencies that seriously endanger public health, such as evacuation, long-term relocation of people, warning the population and supervising the area of contamination to ensure there is no further spread. [1, 2, 3, 4] There is no relevant information on the websites of the Ministry of Health, the Ministry of the Interior, the Office of the Government or the Public Health Authority. [5, 6, 7, 8]

[1] Pandemic Commission of the Government of the Slovak Republic. 2020. "Pandemic plan in the case of a pandemic in Slovakia". ("Pandemického plánu pre prípad pandémie v Slovenskej republik").

[http://www.uvzsr.sk/docs/info/covid19/Pandemicky_plan_pre_pripad_pandemie_v_Slovenskej_republike.pdf]. Accessed 2 October 2020.

[2] National Council of Slovakia. Act No. 362/2011 of 1 October 2011. "On Medicines and Medical Devices and on Amendments to Certain Acts (o liekoch a zdravotníckych pomôckach a o zmene a doplnení niektorých zákonov)".

[<http://www.zakonypreludi.sk/zz/2011-362>]. Accessed 2 October 2020.

[3] National Council of Slovakia. Act No. 387/2002 of 18 July 2002. "On State Governance in Crisis Situations Out of Time of War and War Condition (o riadení štátu v krízových situáciách mimo času vojny a vojnového stavu).

[<http://www.zakonypreludi.sk/zz/2002-387>]. Accessed 2 October 2020.

[4] National Council of Slovakia. Act No. 355/2007 of 31 July 2007. "On the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (o ochrane, podpore a rozvoji verejného zdravia a o zmene a doplnení niektorých zákonov)". [<https://www.zakonypreludi.sk/zz/2007-355>]. Accessed 2 October 2020.

[5] Ministry of the Interior of Slovakia. [<https://www.minv.sk/>]. Accessed 2 October 2020.

[6] Ministry of Health of Slovakia. [<https://www.health.gov.sk/Titulka>]. Accessed 2 October 2020.

[7] Public Health Authority. [<https://www.uvzsr.sk/>]. Accessed 2 October 2020.

[8] Office of the Government of Slovakia. [<https://rokovania.gov.sk/>]. Accessed 2 October 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: 1

There is evidence that in the past year Slovakia's public health system has actively shared messages via online media platforms to inform the public about ongoing public health concerns and dispel rumors, misinformation or disinformation during active emergencies, but does not regularly use online media platforms outside of emergencies. Since the outbreak of COVID-19 in Slovakia in March 2020, the government has provided regular updates through official websites (primarily the Ministry of Health, Ministry of the Interior, Public Health Authority) and social media platforms, such as Facebook, on the development of the outbreak, the nature of the disease and related risks, data on cases and location of cases, information about prevention and safety, and details on restrictions introduced by the government. [1, 2, 3, 4] The Ministry of Health uses its Facebook page to debunk COVID-19 misinformation. [5] In March 2020, the National Health Information Center, under the Ministry of Health, set up a dedicated website, korona.gov.sk, on which all coronavirus-related information is consolidated. The dedicated website is operated by the Ministry of Investment, Regional Development and Informatization of the Slovak Republic. [6] However, prior to the COVID-19 pandemic, the Ministry of Health did not regularly utilize online media platforms to inform the public about public health concerns. While the Public Health Authority did publish material on public health concerns prior to the COVID-19 pandemic, this was not done regularly. [7, 8]

[1] Ministry of Health of Slovakia. "All information about coronavirus Covid-19". ("Všetky informácie o koronavírusu COVID-19"). [<https://www.health.gov.sk/Clanok?Hlavna-sprava-COVID-19>]. Accessed 24 September 2020.

[2] Ministry of the Interior of Slovakia. "Coronavirus". ("Koronavírus"). [<https://www.minv.sk/?tlacove-spravy&sprava=koronavirus>]. Accessed 24 September 2020.

[3] Public Health Authority. [<http://www.uvzsr.sk/>]. Accessed 24 September 2020.

[4] Facebook. Ministry of Health of Slovakia. [<https://www.facebook.com/MinisterstvoZdravotnictvaSR/>]. Accessed 24 September 2020.

[5] Facebook. Ministry of Health of Slovakia.

[<https://www.facebook.com/MinisterstvoZdravotnictvaSR/photos/a.282048765997240/688851438650302/>]. Accessed 28 September 2020.

[6] Ministry of Investment, Regional Development and Informatization of the Slovak Republic. Coronavirus and Slovakia (Koronavirus a Slovensko). [<https://korona.gov.sk/>]. Accessed 24 September 2020.

[7] Ministry of Health of Slovakia. [<https://www.health.gov.sk/Titulka>]. Accessed 19 October 2020.

[8] Public Health Authority. [<https://www.uvzsr.sk/>]. Accessed 19 October 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 evidence that Slovakia's senior leaders have shared misinformation or disinformation on infectious diseases in the past two years. In March 2020, two high-profile Slovak politicians shared false or misleading claims that relate to the situation surrounding the COVID-19 pandemic, but not to the disease itself. The Deputy Chairman of the Slovak National Party (SNS), Jaroslav Paška, published a claim on social media that German authorities had wrongfully seized a container containing personal protective equipment (PPE) that was intended for Slovakian hospitals and medical facilities treating COVID-19 patients, while Slovakia had critical PPE shortages. [1, 2, 3] Meanwhile Slovak MEP Milan Uhrík claimed that United States troops were covertly moving to Europe under the guise of a response to the COVID-19 pandemic, despite their arrival having been announced as part of a planned NATO exercise. [4] There is no evidence of other significant misinformation or disinformation related to infectious diseases in the last two years. [5, 6, 7, 8, 9, 10]

[1] SME. 11 March 2020. "A container with pandemic aids was not seized. According to the ministry, Paška is spreading an alarming message". ("Kontajner s pomôckami pre zdravotníkov nezhabali. Paška podľa ministerstva šíri poplašnú správu"). [<https://domov.sme.sk/c/22356196/kontajner-s-pomockami-pre-zdravotnikov-nezhabali-paska-podla-ministerstva-siri-poplasnu-spravu.html>]. Accessed 28 September 2020.

[2] Antipropaganda.sk. 10 March 2020. "Jaroslav Paška from SNS accused Merkel of stealing respirators". (Jaroslav Paška z SNS obvinil Merkelovú z krádeže respirátorov"). [<http://antipropaganda.sk/jaroslav-paska-z-sns-obvinil-merkelovu-z-kradeze-respiratorov/>]. Accessed 28 September 2020.

[3] Omediach.com. 9 March 2020. "The Ministry of Foreign Affairs refers the Vice-President of the SNS: Dissemination of an alarming message is considered a criminal offense". ("MZV odkazuje podpredsedovi SNS: Šírenie poplačnej správy sa považuje za trestný čin"). [<https://www.omediach.com/hoaxy/17369-siriaci-sa-status-podpredsedu-sns-ze-merkelova-zhabala-ruska-pre-slovakov-je-dezinformacia>]. Accessed 28 September 2020.

[4] Antipropaganda.sk. 15 March 2020. "The coronavirus reveals how the state fails to communicate". ("Koronavírus odhaľuje, ako štát zlyháva v komunikácii"). [<http://antipropaganda.sk/koronavirus-odhaluje-ako-stat-zlyhava-v-komunikacii/>]. Accessed 28 September 2020.

[5] Pravda. [<https://www.pravda.sk/>]. Accessed 28 September 2020.

[6] Hospodárske Noviny. [<https://hnonline.sk/>]. Accessed 28 September 2020.

[7] DennikN. [<https://dennikn.sk/>]. Accessed 28 September 2020.

[8] Reuters. [<https://www.reuters.com/>]. Accessed 28 September 2020.

[9] Euronews. [<https://www.euronews.com/>]. Accessed 28 September 2020.

[10] BBC News. [<https://www.bbc.co.uk/news>]. Accessed 28 September 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: 82.85

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: 135.6

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: 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: 2.0

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

In the past year, Slovakia has issued a restriction, without international/bilateral support, on the export of medical goods due to the outbreak of COVID-19. On 25 March 2020, in connection with measures taken in response to COVID-19, Slovakia's

Ministry of Health banned the export of medicines, medical devices and diagnostic medical devices abroad (except for producers fulfilling pre-existing orders from another state). [1] The minister of health, Marek Krajčí, said at the time that the decision was taken to prevent a possible risk of shortage in medicine available to patients in Slovakia. [1] On 13 May 2020, Slovakia lifted the export ban on personal protective equipment, antibacterial soaps, gels and disinfectants, and devices for artificial lung ventilation. [2] Restrictions on the export of some medicines remain in place indefinitely, though the scope of the restrictions has changed several times since the introduction of the ban. [3]

In addition, on 14 March 2020 the European Union (EU), of which Slovakia is a member, adopted Regulation 2020/402, under which special authorization was required to export personal protective equipment (masks, gloves, goggles, face shields and overalls) out of the EU. [4] On 23 April 2020 this was superseded by a new regulation, numbered 2020/568, under which authorization was required to export personal protective equipment out of the EU, except to Albania, Andorra, Bosnia, the Faroe Islands, Gibraltar, Iceland, Kosovo, Liechtenstein, Montenegro, Norway, North Macedonia, San Marino, Serbia and Switzerland. [5] On 26 May 2020 this rule expired. [5]

[1] Ministry of Health of Slovakia. 25 March 2020. "COVID-19: Ban on exports of medicines and medical devices". "COVID-19: Zákaz vývozu liekov a zdravotníckych pomôcok". [<https://www.health.gov.sk/Clanok?covid-19-zakaz-vyvozu-liekov>]. Accessed 24 September 2020.

[2] Ministry of Economy of Slovakia. "Export - permits and prohibitions". ("Export – povolenia a zákazy"). [<https://podnikame.mhsr.sk/index.php/2020/05/povolenia-na-export-opp/>]. Accessed 4 October 2020.

[3] Ministry of Health of Slovakia. "All information on the coronavirus crisis COVID-19". ("Všetky informácie o KORONAVÍRUSE COVID-19"). [<https://www.health.gov.sk/Clanok?Hlavna-sprava-COVID-19>]. Accessed 4 October 2020.

[4] European Commission. Commission Implementing Regulation (EU) 2020/402 of 14 March 2020. "Making the exportation of certain products subject to the production of an export authorisation." [<https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32020R0402>]. Accessed 7 August 2020.

[5] European Commission. 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/?uri=CELEX%3A32020R0568>]. Accessed 7 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

There is no publicly available evidence that in the past year, Slovakia has issued a restriction, without international/bilateral support, on the export/import of non-medical goods due to an infectious disease outbreak. No such evidence was found on the websites of the Ministry of Health, the Ministry of Agriculture and Rural Development, the Ministry of the Interior, the Ministry of Economy, the Ministry of Foreign and European Affairs, or the Slovak Investment and Trade Development Agency. [1, 2, 3, 4, 5, 6]

[1] Ministry of Health of Slovakia. [<https://www.health.gov.sk/Titulka>]. Accessed 24 September 2020.

[2] Ministry of Agriculture and Rural Development of Slovakia. [<https://www.mpsr.sk/>]. Accessed 24 September 2020.

[3] Ministry of the Interior of Slovakia. [<https://www.minv.sk/>]. Accessed 24 September 2020.

[4] Ministry of Economy of Slovakia. [<https://www.economy.gov.sk/>]. Accessed 24 September 2020.

[5] Ministry of Foreign and European Affairs of Slovakia. [<https://www.mzv.sk/web/sk>]. Accessed 24 September 2020.

[6] Slovak Investment and Trade Development Agency. [<https://www.sario.sk/sk>]. Accessed 24 September 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, Slovakia has implemented a ban, without international/bilateral support, on travelers arriving from abroad due to an infectious disease outbreak.

On 12 March 2020 Minister of the Interior Denisa Saková announced that, starting from the following day, no-one was allowed to enter the country from abroad, except from Poland, unless they were a citizen or resident of Slovakia, or a close relative thereof. [1, 2] Many legal experts, journalists and others have questioned the legality of this ban. [2, 3, 4, 5] On 4 June, restrictions were lifted on the Czech border, allowing non-citizens and non-residents to enter Slovakia from Czechia. On 5 June, these restrictions were also lifted for travelers entering from Austria and Hungary. [6] The restrictions have since been also lifted for travelers entering from some other countries, with requirements upon entry depending on the epidemiological situation in each country.

In addition, 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). [7] Since then the EU ban has been periodically reviewed, and entry has been allowed from certain countries. [8]

[1] Government Office of the Slovak Republic. 12 March 2020. "Prime Minister: Airports will be closed, temporary border controls will be introduced". ("Premiér: Letiská budú zatvorené, zavádzajú sa dočasné hraničné kontroly").

[<https://www.vlada.gov.sk/premier-letiska-budu-zatvorene-zavadzaju-sa-docasne-hranicne-kontroly/>]. Accessed 24 September 2020.

[2] Številová, Z. and Plavákov, L. "Crossing the borders of the Slovak Republic and the right to enter during a pandemic".

"Prekračovanie hraníc SR a právo na vstup počas pandémie". [https://euractiv.sk/wp-content/uploads/sites/8/2020/05/Za%CC%81kaz-vstupu-cudzincov_analy%CC%81za.pdf]. Accessed 24 September 2020.

[3] DenníkN. 6 May 2020. "The document prohibiting the entry of aliens will remain secret, and the Ombudsman insists on its publication". "Dokument o zákaze vstupu cudzincov zostane utajený, ombudsmanka trvá na jeho zverejnení").

[<https://dennikn.sk/1883711/dokument-o-zakaze-vstupu-cudzincov-zostane-utajeny-ombudsmanka-trva-na-jeho-zverejneni/?cst=c0a3d6557d1fea9e4d803f996fd3bb35886bef&ref=spravy.progresivne.sk>]. Accessed 24 September 2020.

[4] Euractiv.com. 7 May 2020. "BRATISLAVA – Minister defends border regime".

[https://www.euractiv.com/section/politics/short_news/bratislava-minister-defends-border-regime/]. Accessed 24 September 2020.

[5] Euractiv.com. 13 March 2020 (updated 9 July 2020). "Slovakia's health minister: no second wave yet".

[https://www.euractiv.com/section/health-consumers/short_news/slovakia-covid-19-update/]. Accessed 24 September 2020.

[6] Schengenvisa.info. 6 June 2020. "Slovakia Lifts Entry Restrictions With Austria and Hungary".

[<https://www.schengenvisa.info/news/slovakia-lifts-entry-restrictions-with-austria-and-hungary/?fbclid=IwAR0o2whimb8V9pbszjWZC9sULTzDoVbRbPdqmRblqs3-OVtaUlvmpIky03s>]. Accessed 4 October 2020.

[7] 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.

[8] 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: 341.56

2017

WHO; national sources

4.1.1b

Nurses and midwives per 100,000 people

Input number

Current Year Score: 606.71

2016

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 no publicly available evidence that Slovakia has a public workforce strategy in place that has identified fields in healthcare where there is an insufficient workforce and provides a strategy to address these shortcomings. There is no evidence of such a strategy on the websites of the Ministry of Health, Ministry of Labour, Social Affairs and Family, and the Public Health Authority. [1, 2, 3] The Slovak government has in recent years expended efforts to ensure adequate labour supply, for example through a National Employment Strategy and workshops on the Analysis of Human Resources Structure in the Slovak Republic and the Employment Forecast until 2020, with support from the European Social Fund. However, these documents do not identify fields in healthcare where there is an insufficient workforce nor do they foresee concrete steps to address such shortcomings. [4, 5]

[1] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>]. Accessed 29 September 2020.

[2] Ministry of Labour, Social Affairs and Family of Slovakia. [<https://www.employment.gov.sk/sk/>]. Accessed 29 September 2020.

[3] Public Health Authority. [<http://www.uvzsr.sk/>]. Accessed 29 September 2020.

[4] Government of Slovakia. 22 July 2014. "Analysis of Human Resources Structure in the Slovak Republic and Employment Forecast by 2020". (Analýza štruktúry ľudských zdrojov v Slovenskej republike a predikcia zamestnanosti do roku 2020"). [https://www.ceit.sk/IVPR/images/IVPR/NSZ/trexima_analyza.pdf]. Accessed 29 September 2020.

[5] Government of Slovakia. 2014. "National employment strategy of the Slovak Republic until 2020". ("Národná stratégia zamestnanosti Slovenskej republiky do roku 2020"). [<https://www.employment.gov.sk/files/slovensky/praca-zamestnanost/podpora-zamestnanosti/narodna-strategia-zamestnanosti-slovenskej-republiky-do-roku-2020.pdf>]. Accessed 29 September 2020.

4.1.2 Facilities capacity

4.1.2a

Hospital beds per 100,000 people

Input number

Current Year Score: 570

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

Slovakia has the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit and isolation facility located within the country.

The Department of Infectology and Geographical Medicine in Bratislava (part of both University Hospital Bratislava and Prague's Charles University) is assigned to receive patients with highly communicable diseases. [1] The Ministry of Health states on its website that if someone in Slovakia is suspected of infection with a highly communicable disease, such as ebola, the patient would be hospitalised and isolated at the Department of Infectology and Geographical Medicine, which meets

the 4th degree of biological safety - BSL 4. It is a specialized workplace that deals with infectious diseases, including imported diseases, and is equipped with a special vacuum unit for hospitalization of patients with highly virulent infections. [2] The Department is equipped to receive people with any infectious disease, including imported infections (for example, malaria), infections in immunocompromised patients, conditions requiring multidisciplinary treatment (brain abscesses, spinal epidural abscesses, fever of unclear aetiology), special neuroinfections, both acute and chronic viral hepatitis, Lyme borreliosis, and high-risk infections (for example, SARS and haemorrhagic fever). [2, 3]

[1] Ministry of Health of Slovakia. "Ebola Virus: Frequently Asked Questions." ("Virus Ebola: Najčastejšie otázky"). [<http://www.health.gov.sk/?ebola-otazky>]. Accessed 27 September 2020.

[2] Komenskeho University, Bratislava. Faculty of Medicine. "Department of Infectology and Geographical Medicine, Faculty of Medicine of Charles University, Univeristy Hospital Bratislava". ("Klinika infektológie a geografickej medicíny LF UK a UN Bratislava"). [<https://www.fmed.uniba.sk/pracoviska/klinicke-pracoviska/klinika/>]. Accessed 27 September 2020.

[3] University Hospital Bratislava. "Department of Infectology and Geographical Medicine, Faculty of Medicine of Charles University, Univeristy Hospital Bratislava". ("Klinika infektológie a geografickej medicíny LF UK a UN Bratislava"). [<http://www.unb.sk/klinika-infektologie-a-geografickej-mediciny-lf-uk-szu-a-unb/>]. Accessed 27 September 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

Slovakia has demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak in the past two years, and there is evidence that Slovakia has also developed a plan to expand isolation capacity in response to an infectious disease outbreak in the past two years.

Throughout the COVID-19 pandemic, Slovakia has demonstrated capacity to expand isolation: in March 2020, the Ministry of Health stated that while there were only 500 isolation beds in the country at the time, almost 4,000 beds could be immediately reprofiled to isolate COVID-19 patients. [1] Isolation capacity has been gradually increased with bed reprofiling as the pandemic has developed. [2] Several phases of increasing isolation capacity were set out in Slovakia's "Pandemic plan in the case of a pandemic", which was developed and published by the Ministry of Health's Pandemic Commission in August 2020. The phases were based on COVID-19 infection and hospitalization rates in the country. [3]

[1] Ministry of Health. 25 March 2020. "Hospitals are preparing for coronavirus". ("Nemocnice sa pripravujú na koronavírus"). [<https://www.health.gov.sk/Clanok?nemocnice-sa-pripravuju-na-koronavirus>]. Accessed 9 April 2021.

[2] Ministry of Health. 23 July 2020. "The Ministry of Health is ready for a possible second wave of the COVID-19 pandemic". ("Rezort zdravotníctva je na prípadnú druhú vlnu pandémie COVID-19 pripravený"). [<https://www.health.gov.sk/Clanok?covid-19-23-07-2020-pandemicka-komisia-plan>]. Accessed 9 April 2021.

[3] Ministry of Health. 11 August 2020. "Slovakia has a new Pandemic Plan for the second wave of the COVID-19 pandemic". ("Pre druhú vlnu pandémie COVID-19 má Slovensko nový Pandemický plán"). [<https://www.health.gov.sk/Clanok?covid-19-komisia-pandemicka-plan>]. Accessed 9 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

Slovakia has a national procurement protocol that can be utilised by the Ministry of Health and Ministry of Agriculture for the acquisition of laboratory needs and medical supply needs.

The Ministry of Health opens public tenders for all contracts, regardless of value, and publishes on its website those over a value of EUR 1,000 (US\$ 1,170). The public procurement system requires the Ministry of Health and Public Health Authority to "shop" with a clear definition of their needs and to search for goods and services according to criteria set for the quality of patient care (rather than necessarily the lowest bidder). [1, 2] The Ministry of Health publishes on its website all of its procurement contracts, which are gained through public tenders, for all aspects involved in the running of the health service, including for the provision of medical devices and equipment. [3] The Public Health Authority also publishes details of its orders and procurement contracts for laboratory supplies (and others) on its website. [4] The Ministry of Agriculture and Rural Development also follows this protocol and publishes its procurement contracts on its website. [5]

[1] Ministry of Health of Slovakia. "Low Value Contracts (Section 102 of Act No. 25/2006 Coll.)" ("Zákazky s nízkou hodnotou (paragraf 102 zákona č. 25/2006 Z.z.)"). [<http://www.health.gov.sk/?zakazky-s-nizkou-hodnotou>] Accessed 4 October 2020.

[2] VZdravotníctve. 18 April 2016. "SK-MED: Public procurement may become more efficient" ("SK-MED: Verejné obstarávanie sa môže zefektívniť"). [<https://vzdravotnictve.sk/sk-med-verejne-obstaravanie-sa-moze-zefektivnit/>]. Accessed 4 October 2020.

[3] Ministry of Health of Slovakia. Public procurement contracts: "Contracts valid and effective as of 9 July 2010, including commitment appropriations for their implementation in II. semester 2010" (Zmluvy platné a účinné k 9. júlu 2010 vrátane viazaných rozpočtových prostriedkov na ich plnenie v II. polroku 2010"). [<http://www.health.gov.sk/?zmluvy-platne-a-ucinne-k-9-julu-2010-vratane-viazanych-rozpocetovych-prostriedkov-na-ich-plnenie-v-ii-polroku-2010>]. Accessed 4 October 2020.

[4] Public Health Authority. "Contracts, invoices, orders". ("Zmluvy, faktúry, objednávky").

[http://www.uvzsr.sk/index.php?option=com_content&view=section&id=11&Itemid=93]. Accessed 4 October 2020.

[5] Ministry of Agriculture and Rural Development of Slovakia. "Procurement". ("Verejné obstarávanie").

[<http://www.mpsr.sk/sk/index.php?navID=240>]. Accessed 4 October 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

Slovakia has a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency.

According to the Pandemic Plan in the Case of a Pandemic in Slovakia (adopted on 11 August 2020 to guide Slovakia's response to pandemics of respiratory diseases), the Administration of State Material Reserves of Slovakia (SŠHR SR) ensures that reserves of medical supplies and personal protective equipment (PPE) are in place for national use by the Ministry of Health in the event of a public health emergency. SŠHR SR processes requests by the Ministry of Health for the replenishment of PPE stocks, submitting proposals to the government for the allocation of financial resources necessary for the acquisition and purchase of PPE. This process is supported by the Ministry of Health. [1] Whilst the SŠHR SR does publish invoices evidencing its acquisition of items, detailed information on the specific type and volume of items is not published. [2] However, on 10 March 2020, it was reported in the media that the SŠHR SR had stocked surgical drapes (surgical masks), surgical gloves, shoe covers, 10,000 liters of disinfectant solution, and other medical items. [3] There is no indication that the SŠHR SR also maintains a stockpile of medical countermeasures for national use during a public health emergency, nor is there evidence of such a stockpile on the websites of the Ministry of Health, the Public Health Authority, the State Institute for Drug Control, the Ministry of Interior, the Administration of State Material Reserves of Slovakia or in local or international media. [4, 5, 6, 7, 8]

[1] Pandemic Commission of the Government of the Slovak Republic. 2020. "Pandemic plan in the case of a pandemic in Slovakia". ("Pandemického plánu pre prípad pandémie v Slovenskej republik").

[http://www.uvzsr.sk/docs/info/covid19/Pandemicky_plan_pre_pripad_pandemie_v_Slovenskej_republike.pdf]. Accessed 23 September 2020.

[2] Administration of State Material Reserves of Slovakia. [https://www.reserves.gov.sk/]. Accessed 24 September 2020.

[3] Mediweb. 10 March 2020. "The State Material Reserves Administration already has surgical drapes". ("Správa štátnych hmotných rezerv už disponuje chirurgickými rúškami"). [https://mediweb.hnonline.sk/spravy/aktualne/sprava-statnych-hmotnych-rezerv-uz-disponuje-chirurgickymi-ruskami]. Accessed 4 October 2020.

[4] Ministry of Health of Slovakia. [https://www.health.gov.sk/Titulka]. Accessed 25 September 2020.

[5] Public Health Authority. [http://www.uvzsr.sk/]. Accessed 25 September 2020.

[6] State Institute for Drug Control. [https://www.sukl.sk/]. Accessed 25 September 2020.

[7] Ministry of Interior of Slovakia. [https://www.minv.sk/]. Accessed 25 September 2020.

[8] Administration of State Material Reserves of Slovakia. [https://www.reserves.gov.sk/]. Accessed 25 September 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: 0

There is no publicly available evidence that Slovakia has a stockpile of laboratory supplies for national use during a public health emergency. No such evidence was found on the websites of the Ministry of Health, the Public Health Authority, the Ministry of Interior, the Administration of State Material Reserves of Slovakia, or in local or international media. [1, 2, 3, 4]

[1] Ministry of Health of Slovakia. [https://www.health.gov.sk/Titulka]. Accessed 24 September 2020.

[2] Public Health Authority. [http://www.uvzsr.sk/]. Accessed 24 September 2020.

[3] Ministry of Interior of Slovakia. [https://www.minv.sk/]. Accessed 24 September 2020.

[4] Administration of State Material Reserves of Slovakia. [<https://www.reserves.gov.sk/>]. Accessed 24 September 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: 1

There is a requirement for an annual review of Slovakia's national stockpile to ensure the supply is sufficient for a public health emergency. The Administration of State Material Reserves of Slovakia has published a set of directives that include the requirement that stockpiles of medical items and healthcare-related material are checked annually in an inventory to ensure that certain quantities of such materials are held. The requirement is stated in Directive 9/2002, published by the SŠHR SR in September 2002. [1]

[1] Administration of the State Material Reserves of Slovakia. Directive 9/2002. [https://www.reserves.gov.sk/wp-content/uploads/2019/08/Smernica-2002_9-%C3%A9Abytky-na-z%C3%A1sob%C3%A1ch-MR-zdravotn%C3%ADctvo.pdf]. Accessed 9 April 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

Slovakia has a plan to procure medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency, but there is no evidence that it has an agreement to leverage domestic manufacturing capacity to produce medical supplies for national use during a public health emergency.

The Pandemic Plan in the Case of a Pandemic in the Slovak Republic, adopted on 11 August 2020 to guide future responses to respiratory disease outbreaks, sets out how the Administration of State Material Reserves (SŠHR SR) will work with the Ministry of Health, the Public Health Authority and the Pandemic Commission of the Government of Slovakia to procure medical supplies during a pandemic. For example, the SŠHR SR will submit requests to the government for the acquisition of medical supplies, stipulating procurement requirements and price calculations for the allocation of funds in order to procure the necessary amount of sampling and diagnostic sets, PPE and disinfectants during the pandemic. Furthermore, according to the plan, in the event of a pandemic, the Ministry of Foreign and European Affairs will obtain procurement channels for PPE for Slovakia from abroad, through Slovak embassies. [1] Furthermore, Slovakia is part of the European Union's Joint Procurement Agreement, which aims to "secure more equitable access to specific medical countermeasures and an improved security of supply, together with more balanced prices for the participating EU countries", by ensuring the availability to acquire vaccines, antivirals and medical countermeasures for serious cross-border threats to health. [2]

There is no publicly available evidence that Slovakia has a plan or agreement in place to leverage domestic manufacturing capacity to produce medical supplies for national use during a public health emergency on the websites of the Ministry of Health, the Ministry of Defense, the Public Health Authority, the Administration of State Material Reserves or the State Institute for Drug Control, as well as in relevant legislation – namely Act No. 387/2002 on State Governance in Crisis Situations Out of Time of War and War Condition (adopted 2002, last amended 2015), which establishes the powers of public authorities in the management of the state in crisis situations, and establishes the rights and obligations of persons in the preparation for crisis situations; Act No. 355/2007 on the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (adopted 2007, last amended 2020), which establishes the organisation and protection of public health, as well as necessary procedures in response to emergencies that seriously endanger public health, such as evacuation, long-term relocation of people, warning the population and supervising the area of contamination to ensure there is no further spread; and Act No. 362/2011 on Medicines and Medical Devices and on Amendments to Certain Acts (adopted 2011, last amended 2020), which regulates the production, use, sale and testing of medicine in Slovakia. [3, 4, 5, 6, 7, 8, 9, 10]

[1] Pandemic Commission of the Government of the Slovak Republic. 2020. "Pandemic plan in the case of a pandemic in Slovakia". ("Pandemického plánu pre prípad pandémie v Slovenskej republik").
[http://www.uvzsr.sk/docs/info/covid19/Pandemicky_plan_pre_pripad_pandemie_v_Slovenskej_republike.pdf]. Accessed 29 September 2020.

[2] European Commission. "Joint Procurement of medical countermeasures".

[https://ec.europa.eu/health/preparedness_response/joint_procurement_en]. Accessed 29 September 2020.

[3] National Council of Slovakia. Act No. 362/2011 of 1 October 2011. "On Medicines and Medical Devices and on Amendments to Certain Acts (o liekoch a zdravotníckych pomôckach a o zmene a doplnení niektorých zákonov)".

[<http://www.zakonypreludi.sk/zz/2011-362>]. Accessed 29 September 2020.

[4] State Institute for Drug Control. [<https://www.sukl.sk/>]. Accessed 29 September 2020.

[5] National Council of Slovakia. Act No. 387/2002 of 18 July 2002. "On State Governance in Crisis Situations Out of Time of War and War Condition (o riadení štátu v krízových situáciách mimo času vojny a vojnového stavu).

[<http://www.zakonypreludi.sk/zz/2002-387>]. Accessed 29 September 2020.

[6] National Council of Slovakia. Act No. 355/2007 of 31 July 2007. "On the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (o ochrane, podpore a rozvoji verejného zdravia a o zmene a doplnení niektorých zákonov)". [<https://www.zakonypreludi.sk/zz/2007-355>]. Accessed 29 September 2020.

[7] Ministry of Health of Slovakia. [<https://www.health.gov.sk/Titulka>]. Accessed 29 September 2020.

[8] Public Health Authority. [<https://www.uvzsr.sk/>]. Accessed 29 September 2020.

[9] Ministry of Defence of Slovakia. [<https://www.mod.gov.sk/>]. Accessed 29 September 2020.

[10] Administration of State Material Reserves. [<https://www.reserves.gov.sk/>]. Accessed 29 September 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 no publicly available evidence of a plan or agreement to leverage domestic manufacturing capacity to produce laboratory supplies for national use during a public health emergency, nor is there evidence of a plan/mechanism to procure

laboratory supplies in such an event. There is such evidence on the websites of the Ministry of Health, the Ministry of Defence, the Public Health Authority, the Administration of State Material Reserves or the State Institute for Drug Control, or in relevant legislation – namely Act No. 387/2002 on State Governance in Crisis Situations Out of Time of War and War Condition (adopted 2002, last amended 2015), which establishes the powers of public authorities in the management of the state in crisis situations, and establishes the rights and obligations of persons in the preparation for crisis situations; Act No. 355/2007 on the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (adopted 2007, last amended 2020), which establishes the organisation and protection of public health, as well as necessary procedures in response to emergencies that seriously endanger public health, such as evacuation, long-term relocation of people, warning the population and supervising the area of contamination to ensure there is no further spread; and Act No. 362/2011 on Medicines and Medical Devices and on Amendments to Certain Acts (adopted 2011, last amended 2020), which regulates the production, use, sale and testing of medicine in Slovakia. [1, 2, 3, 4, 5, 6, 7, 8]

[1] Administration of State Material Reserves. [<https://www.reserves.gov.sk/>]. Accessed 29 September 2020.

[2] National Council of Slovakia. Act No. 362/2011 of 1 October 2011. "On Medicines and Medical Devices and on Amendments to Certain Acts (o liekoch a zdravotníckych pomôckach a o zmene a doplnení niektorých zákonov)". [<http://www.zakonypreludi.sk/zz/2011-362>]. Accessed 29 September 2020.

[3] State Institute for Drug Control. [<https://www.sukl.sk/>]. Accessed 29 September 2020.

[4] National Council of Slovakia. Act No. 387/2002 of 18 July 2002. "On State Governance in Crisis Situations Out of Time of War and War Condition (o riadení štátu v krízových situáciách mimo času vojny a vojnového stavu)". [<http://www.zakonypreludi.sk/zz/2002-387>]. Accessed 29 September 2020.

[5] National Council of Slovakia. Act No. 355/2007 of 31 July 2007. "On the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (o ochrane, podpore a rozvoji verejného zdravia a o zmene a doplnení niektorých zákonov)". [<https://www.zakonypreludi.sk/zz/2007-355>]. Accessed 29 September 2020.

[6] Ministry of Health of Slovakia. [<https://www.health.gov.sk/Titulka>]. Accessed 29 September 2020.

[7] Public Health Authority. [<https://www.uvzsr.sk/>]. Accessed 29 September 2020.

[8] Ministry of Defence of Slovakia. [<https://www.mod.gov.sk/>]. Accessed 29 September 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: 0

There is no publicly available evidence that Slovakia has a plan, program, or guidelines in place for dispensing medical countermeasures (MCM) for national use during a public health emergency. There is no such evidence on the websites of the Ministry of Health, the Ministry of Defence, the Public Health Authority or the State Institute for Drug Control, in relevant documents – such as the Pandemic Plan in the Case of a Pandemic in Slovakia (which guides Slovakia's response to pandemics of respiratory diseases) – or in relevant legislation – namely Act No. 387/2002 on State Governance in Crisis Situations Out of Time of War and War Condition (adopted 2002, last amended 2015), which establishes the powers of public authorities in the management of the state in crisis situations, and establishes the rights and obligations of persons in the preparation for crisis situations; Act No. 355/2007 on the Protection, Promotion and Development of Public Health and on

Amendments to Certain Acts (adopted 2007, last amended 2020), which establishes the organisation and protection of public health, as well as necessary procedures in response to emergencies that seriously endanger public health, such as evacuation, long-term relocation of people, warning the population and supervising the area of contamination to ensure there is no further spread; and Act No. 362/2011 on Medicines and Medical Devices and on Amendments to Certain Acts (adopted 2011, last amended 2020), which regulates the production, use, sale and testing of medicine in Slovakia. [1, 2, 3, 4, 5, 6, 7, 8]

- [1] National Council of Slovakia. Act No. 362/2011 of 1 October 2011. "On Medicines and Medical Devices and on Amendments to Certain Acts (o liekoch a zdravotníckych pomôckach a o zmene a doplnení niektorých zákonov)". [<http://www.zakonypreludi.sk/zz/2011-362>]. Accessed 29 September 2020.
- [2] State Institute for Drug Control. [<https://www.sukl.sk/>]. Accessed 29 September 2020.
- [3] National Council of Slovakia. Act No. 387/2002 of 18 July 2002. "On State Governance in Crisis Situations Out of Time of War and War Condition (o riadení štátu v krízových situáciách mimo času vojny a vojnového stavu)". [<http://www.zakonypreludi.sk/zz/2002-387>]. Accessed 29 September 2020.
- [4] National Council of Slovakia. Act No. 355/2007 of 31 July 2007. "On the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (o ochrane, podpore a rozvoji verejného zdravia a o zmene a doplnení niektorých zákonov)". [<https://www.zakonypreludi.sk/zz/2007-355>]. Accessed 29 September 2020.
- [5] Ministry of Health of Slovakia. [<https://www.health.gov.sk/Titulka>]. Accessed 29 September 2020.
- [6] Public Health Authority. [<https://www.uvzsr.sk/>]. Accessed 29 September 2020.
- [7] Ministry of Defence of Slovakia. [<https://www.mod.gov.sk/>]. Accessed 29 September 2020.
- [8] Pandemic Commission of the Government of the Slovak Republic. 2020. "Pandemic plan in the case of a pandemic in Slovakia". ("Pandemického plánu pre prípad pandémie v Slovenskej republike"). [http://www.uvzsr.sk/docs/info/covid19/Pandemicky_plan_pre_pripad_pandemie_v_Slovenskej_republike.pdf]. Accessed 29 September 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 evidence that there is a public plan in place to receive health personnel from other countries to respond to a public health emergency. Slovakia 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 outlines procedures for border crossings and the import and export of emergency supplies needed by response teams for the sake of emergency response. [1] Additionally, as a member of the European Union, Slovakia has access to the European Centre for Disease Prevention and Control, which, among other things, provides support during public health emergencies. [2, 3] The country may also request health personnel from the European Medical Corps, which includes emergency medical teams, public health teams, mobile biosafety laboratories, and medical assessment and coordination experts. [4] However, there is no evidence of a plan that accounts for how Slovakia plans to facilitate the arrival and movement of foreign personnel during an emergency on the websites of the Ministry of Health, the Ministry of Defense or the Public Health Authority. [5, 6, 7] There is also no indication of such a plan in relevant legislation – namely Act No. 387/2002 on State Governance in Crisis Situations Out of Time of War and War Condition (adopted 2002, last amended 2015), which establishes the powers of public authorities in the

management of the state in crisis situations, and establishes the rights and obligations of persons in the preparation for crisis situations; and Act No. 355/2007 on the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (adopted 2007, last amended 2020), which establishes the organisation and protection of public health, as well as necessary procedures in response to emergencies that seriously endanger public health, such as evacuation, long-term relocation of people, warning the population and supervising the area of contamination to ensure there is no further spread. [8, 9]

- [1] National Council of Austria. 1998. "Agreement between the Republic of Austria and the Slovak Republic on mutual assistance with disasters or serious accidents". ("VERTRAG ZWISCHEN DER REPUBLIK ÖSTERREICH UND DER SLOWAKISCHEN REPUBLIK ÜBER DIE ZUSAMMENARBEIT UND DIE GEGENSEITIGE HILFELEISTUNG BEI KATASTROPHEN.") [https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10011136]. Accessed 8 August 2020.
- [2] European Centre for Disease Prevention and Control. "Surveillance and Response Support." [https://ecdc.europa.eu/en/about-us/who-we-are/units/surveillance-and-response-support]. Accessed 3 October 2020.
- [3] European Centre for Disease Prevention and Control. "Preparedness." [https://ecdc.europa.eu/en/about-us/what-we-do/preparedness]. Accessed 3 October 2020.
- [4] European Commission. "European Medical Corps". [ec.europa.eu/echo/files/aid/countries/factsheets/thematic/European_Medical_Corps_en.pdf]. Accessed 3 October 2020.
- [5] Ministry of Health of Slovakia. [https://www.health.gov.sk/]. Accessed 3 October 2020.
- [6] Ministry of Defence of Slovakia. [https://www.mosr.sk/]. Accessed 3 October 2020.
- [7] Public Health Authority. [https://www.uvzsr.sk/]. Accessed 3 October 2020.
- [8] National Council of Slovakia. Act No. 387/2002 of 18 July 2002. "On State Governance in Crisis Situations Out of Time of War and War Condition (o riadení štátu v krízových situáciách mimo času vojny a vojnového stavu). [http://www.zakonypreludi.sk/zz/2002-387]. Accessed 3 October 2020.
- [9] National Council of Slovakia. Act No. 355/2007 of 31 July 2007. "On the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (o ochrane, podpore a rozvoji verejného zdravia a o zmene a doplnení niektorých zákonov)". [https://www.zakonypreludi.sk/zz/2007-355]. Accessed 3 October 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: 98.5

2014

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: 408.73

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 publicly available evidence that Slovakia's government has 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. There is no such evidence in the Pandemic Plan in the Case of a Pandemic in Slovakia (which guides Slovakia's national response to pandemics of respiratory diseases), or in relevant legislation – namely Act No. 387/2002 on State Governance in Crisis Situations Out of Time of War and War Condition (adopted 2002, last amended 2015), which establishes the powers of public authorities in the management of the state in crisis situations, and establishes the rights and obligations of persons in the preparation for crisis situations; Act No. 355/2007 on the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (adopted 2007, last amended 2020), which establishes the organisation and protection of public health, as well as necessary procedures in response to emergencies that seriously endanger public health, such as evacuation, long-term relocation of people, warning the population and supervising the area

of contamination to ensure there is no further spread. [1, 2, 3, 4] There is no relevant information on the websites of the Ministry of Health, the Ministry of the Interior or the Public Health Authority. [5, 6, 7]

- [1] Pandemic Commission of the Government of the Slovak Republic. 2020. "Pandemic plan in the case of a pandemic in Slovakia". ("Pandemického plánu pre prípad pandémie v Slovenskej republike").
[http://www.uvzsr.sk/docs/info/covid19/Pandemicky_plan_pre_pripad_pandemie_v_Slovenskej_republike.pdf]. Accessed 3 October 2020.
- [2] National Council of Slovakia. Act No. 362/2011 of 1 October 2011. "On Medicines and Medical Devices and on Amendments to Certain Acts (o liekoch a zdravotníckych pomôckach a o zmene a doplnení niektorých zákonov)".
[<http://www.zakonypreludi.sk/zz/2011-362>]. Accessed 3 October 2020.
- [3] National Council of Slovakia. Act No. 387/2002 of 18 July 2002. "On State Governance in Crisis Situations Out of Time of War and War Condition (o riadení štátu v krízových situáciách mimo času vojny a vojnového stavu).
[<http://www.zakonypreludi.sk/zz/2002-387>]. Accessed 3 October 2020.
- [4] National Council of Slovakia. Act No. 355/2007 of 31 July 2007. "On the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (o ochrane, podpore a rozvoji verejného zdravia a o zmene a doplnení niektorých zákonov)". [<https://www.zakonypreludi.sk/zz/2007-355>]. Accessed 2 October 2020.
- [5] Ministry of the Interior of Slovakia. [<https://www.minv.sk/>]. Accessed 3 October 2020.
- [6] Ministry of Health of Slovakia. [<https://www.health.gov.sk/Titulka>]. Accessed 3 October 2020.
- [7] Public Health Authority. [<https://www.uvzsr.sk/>]. Accessed 3 October 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 Slovakia.

According to Act No. 129/2002 on the Integrated Rescue System (adopted 2002, last amended 2017), in the event of a public health emergency, Slovakia's emergency operations center (EOC) is required to ensure voice and data transmission of information by telecommunication networks and telecommunication facilities between all components of the Integrated Rescue System: emergency call operation centers in the territorial district of the region, other coordination centers, the Ministry of the Interior, the Ministry of Health, and rescue teams (ambulance and emergency healthcare workers, firefighters, police, army). If an emergency call center is not established in the territorial district of the region, then the EOC sets up the communication line with an emergency call center designated by the Ministry of the Interior. [1]

- [1] National Council of Slovakia. Act No. 129/2002 of 21 March 2002. "On the Integrated Rescue System (o integrovanom záchrannom systéme)". [<http://www.zakonypreludi.sk/zz/2002-129>]. Accessed 29 September 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 evidence that the system for Slovakia's public health officials and healthcare workers to communicate during an emergency encompasses healthcare workers in both the public and private sectors.

According to Act No. 129/2002 on the Integrated Rescue System (adopted 2002, last amended 2017), in the event of a public health emergency, Slovakia's emergency operations center (EOC) is required to ensure voice and data transmission of information by telecommunication networks and telecommunication facilities between all components of the Integrated Rescue System: emergency call operation centers in the territorial district of the region, other coordination centers, the Ministry of the Interior, the Ministry of Health, and rescue teams (ambulance and emergency healthcare workers, firefighters, police, army). If an emergency call center is not established in the territorial district of the region, then the EOC sets up the communication line with an emergency call center designated by the Ministry of the Interior. [1] However, there is no mention of the private sector and there is no evidence that the private sector is included in the communication system on the websites of the Ministry of Health, the Ministry of the Interior or the Public Health Authority. [2, 3, 4]

[1] National Council of Slovakia. Act No. 129/2002 of 21 March 2002. "On the Integrated Rescue System (o integrovanom záchrannom systéme)". [<http://www.zakonypreludi.sk/zz/2002-129>]. Accessed 3 October 2020.

[2] Ministry of Health of Slovakia. [<https://www.health.gov.sk/Titulka>]. Accessed 3 October 2020.

[3] Public Health Authority. [<http://www.uvzsr.sk/>]. Accessed 3 October 2020.

[4] Ministry of Interior of Slovakia. [<https://www.minv.sk/>]. Accessed 3 October 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

There is evidence that Slovakia's national public health system monitors and tracks for healthcare-associated infections.

Slovakia's Epidemiological Information System (EPIS), which is the main electronic reporting surveillance system for infectious diseases, managed by the Public Health Authority, collects data on nosocomial infections. Its website explicitly states that, within the network of infectious disease surveillance, it monitors the occurrence of serious nosocomial infections and epidemic outbreaks of nosocomial infections, monitors investigations into infectious etiology of occupational diseases for healthcare workers, and that the epidemiological department of the Public Health Authority participates in consultancy and methodological activities in fighting nosocomial diseases of endogenous and exogenous natures, connected with hygiene

standards in healthcare facilities. [1]

[1] EPIS. Information section (Informačná časť). [<http://www.epis.sk/InformacnaCast.aspx>]. Accessed 3 October 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 is a national requirement for ethical review before beginning a clinical trial in Slovakia. Act No. 362/2011 on Medicines and Medical Devices (adopted 2011, last amended 2020) explicitly stipulates that a clinical trial may only be performed once the Ethics Committee has issued a favourable opinion on the trial. According to the Act, the Ethics Committee takes into account, inter alia, the soundness of the trial, the expected benefits and risks, the professional competence of the examiner and co-workers, the equipment, and the method of selecting participants. The Ethics Committee is then expected to provide the applicant with an opinion in writing within 60 days of receipt of the request, or, in some cases, within 35 days. [1] There is a national Ethics Committee for the Ministry of Health, and each region also has its own Ethics Committee. [2, 3] Furthermore, private hospitals have their own Ethics Committees, which abide by the national legislation on the clinical trial process. [4]

[1] National Council of Slovakia. Act No. 362/2011 of 1 October 2011. "On Medicines and Medical Devices and on Amendments to Certain Acts (o liekoch a zdravotníckych pomôckach a o zmene a doplnení niektorých zákonov)". [<http://www.zakonypreludi.sk/zz/2011-362>]. Accessed 22 September 2020.

[2] Ministry of Health of Slovakia. 1 February 2019. "List of members of the Ethics Commission of the Ministry of Health of the SR". ("Zoznam členov Etickej komisie MZ SR"). [<http://www.health.gov.sk/Clanok?zoznam-clenov-etickej-komisie-mzsr>]. Accessed 22 September 2020.

[3] Ministry of Health of Slovakia. 13 April 2017. "Ethics Commissions of Self-Governing Regions". ("Etické komisie samosprávnych krajov"). [<http://www.health.gov.sk/Clanok?eticke-komisie-samospravnych-krajov>]. Accessed 22 September 2020.

[4] Kosice-Saca Hospital. "Statute on the Ethics Commission". ("Štatút etickej komisie").

[<https://www.nemocnicasaca.sk/odbornici/eticka-komisija/statut-etickej-komisie.html>]. Accessed 22 September 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 insufficient evidence of an expedited process for approving clinical trials for unregistered medical countermeasures (MCM) to treat ongoing epidemics in Slovakia. Act No. 362/2011 on Medicinal Products and Medical Devices and on Amendments to Certain Acts (adopted 2011, last amended 2020) does not outline a process or requirements for accelerating the approval of clinical trials for unregistered countermeasures, but an expedited process was introduced from March 2020 by the State Institute for Drug Control (SUKL), in response to the COVID-19 pandemic. [1, 2] For clinical trials for patients with COVID-19, SUKL has stated that it will exceptionally respond to applications for authorization of the clinical trial within one working day. It commits to assessing such applications as a matter of priority and "as soon as possible". SUKL also recommends that the applicant submit the necessary documentation to the relevant Ethics Committee concomitantly, to speed up the process of approving the clinical trial. [2] However, this appears only to apply to clinical trials related to COVID-19.

[1] National Council of Slovakia. Act No. 362/2011 of 1 October 2011. "On Medicines and Medical Devices and on Amendments to Certain Acts (o liekoch a zdravotníckych pomôckach a o zmene a doplnení niektorých zákonov)". [<http://www.zakonypreludi.sk/zz/2011-362>]. Accessed 25 September 2020.

[2] State Institute for Drug Control. "Covid-19: Priority assessment of registrations and clinical trials". ("COVID-19: Prioritné posudzovanie registrácií a klinických skúšaní"). [https://www.sukl.sk/hlavna-stranka/slovenska-verzia/klinicke-skusanie-liekov/pokyny/covid-19/covid-19-prioritne-posudzovanie-registracii-a-klinicky-skusani?page_id=5410]. Accessed 25 September 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

Slovakia has a government agency responsible for approving new medical countermeasures for humans. According to Act No. 362/2011 on Medicines and Medical Devices (adopted 2011, last amended 2020), the State Institute for Drug Control (SUKL) is responsible for the authorization of the manufacture of human medicines, the distribution of human medicinal products, and the manufacture of tested products and investigational medicinal products for human use. Although the Act does not explicitly mention medical countermeasures, medicinal products under this legislation are defined as any "drug or a mixture of drugs and excipients that are processed into a pharmaceutical form and are intended to protect against diseases, to diagnose diseases, treat diseases or to affect physiological functions", thereby covering vaccines. An application to SUKL for such authorization must be inclusive of, but not limited to: basic details of the applicant; the nature and extent of the treatment of the medicinal products; the details of the time and license of the place of use; proof of professional competence; and favourable opinions from independent experts. SUKL's decision on authorization should be made within 90 days from the receipt of the application, and, in certain cases, within 30 days. [1] SUKL's website provides detailed information on the process of approving new countermeasures. [2]

[1] National Council of Slovakia. Act No. 362/2011 of 1 October 2011. "On Medicines and Medical Devices and on Amendments to Certain Acts (o liekoch a zdravotníckych pomôckach a o zmene a doplnení niektorých zákonov)". [<http://www.zakonypreludi.sk/zz/2011-362>]. Accessed 25 September 2020.

[2] State Institute for Drug Control. [<https://www.sukl.sk/>]. Accessed 25 September 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: 0

There is insufficient evidence that Slovakia has an expedited process for approving medical countermeasures (MCM) for human use during public health emergencies beyond the COVID-19 pandemic. Act No. 362/2011 on Medicinal Products and Medical Devices and on Amendments to Certain Acts (adopted 2011, last amended 2020) does not outline a process or requirements for accelerating the approval of medical countermeasures, but an expedited process was introduced from March 2020 by the State Institute for Drug Control (SUKL), in response to the COVID-19 pandemic. [1, 2] For the registration of medicinal products for human use in the treatment of COVID-19, SUKL has stated that it will respond to applications within one working day with a decision on whether the application will be accelerated, based on considerations such as demand in the market. If the medicine is already registered in the European Union (EU), SUKL will assess applications as a matter of priority and in the shortest possible time (up to 7 days). If the medicine is not registered in the EU, SUKL commits to assessing the application within 30 days of its receipt. [2]

[1] National Council of Slovakia. Act No. 362/2011 of 1 October 2011. "On Medicines and Medical Devices and on Amendments to Certain Acts (o liekoch a zdravotníckych pomôckach a o zmene a doplnení niektorých zákonov)". [<http://www.zakonypreludi.sk/zz/2011-362>]. Accessed 25 September 2020.

[2] State Institute for Drug Control. "Covid-19: Priority assessment of registrations and clinical trials". ("COVID-19: Prioritné posudzovanie registrácií a klinických skúšaní"). [https://www.sukl.sk/hlavna-stranka/slovenska-verzia/klinicke-skusanie-liekov/pokyny/covid-19/covid-19-prioritne-posudzovanie-registracii-a-klinicky-skusani?page_id=5410]. Accessed 25 September 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: 1

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: 0

There is no publicly available evidence of a general national risk reduction strategy. Whilst the Ministry of the Interior sets out various Crisis Preparedness Plans that are in place for the country, there is no evidence of a risk reduction strategy. [1] There is no mention of such a strategy in Act No. 387/2002 on State Governance in Crisis Situations Out of Time of War and War Condition (adopted 2002, last amended 2015), which establishes the powers of the public authorities in the management of the state in crisis situations, as well as the rights and obligations of persons in the preparation for crisis situations, or in Act No. 355/2007 on the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (adopted 2007, last amended 2020), which establishes the organisation and protection of public health, as well as necessary procedures in response to emergencies that seriously endanger public health, such as evacuation, long-term relocation of people, warning the population and supervising the area of contamination to ensure there is no further spread. [2, 3] There is no evidence of such a strategy on the websites of the Ministry of Health, the Public Health Authority, the Ministry of Defence, the Ministry of the Interior. [4, 5, 6, 7]

[1] Ministry of the Interior of Slovakia. "Crisis Planning". ("Krizové plánovanie"). [<https://www.minv.sk/?Kp>]. Accessed 28 September 2020.

[2] National Council of Slovakia. Act No. 387/2002 of 18 July 2002. "On State Governance in Crisis Situations Out of Time of War and War Condition (o riadení štátu v krízových situáciách mimo času vojny a vojnového stavu)". [<http://www.zakonypreludi.sk/zz/2002-387>]. Accessed 28 September 2020.

[3] National Council of Slovakia. Act No. 355/2007 of 31 July 2007. "On the Protection, Promotion and Development of Public Health and on Amendments to Certain Acts (o ochrane, podpore a rozvoji verejného zdravia a o zmene a doplnení niektorých zákonov)". [<https://www.zakonypreludi.sk/zz/2007-355>]. Accessed 28 September 2020.

[4] Ministry of Health of Slovakia. "Other materials". ("Ďalšie materiály"). [<http://www.health.gov.sk/?dalsie-materialy>]. Accessed 28 September 2020.

[5] Public Health Authority. "Documents". ("Dokumenty"). [http://www.uvzsr.sk/index.php?option=com_content&view=section&id=4&Itemid=27]. Accessed 28 September 2020.

[6] Ministry of Defence of Slovakia. [<https://www.mod.gov.sk/>]. Accessed 28 September 2020.

[7] Ministry of the Interior of Slovakia. [<https://www.minv.sk/>]. Accessed 28 September 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

Slovakia has a cross-border agreement, as part of a regional group, with regards to public health emergencies, and there is no evidence of gaps in implementation. As a member of the European Union (EU), Slovakia is entitled to receive support from the European Medical Corps (EMC) in the event of a public health emergency. Launched in February 2016, the EMC pools together health emergency assets that are ready for deployment, whilst aiming to increase the availability of doctors and medical equipment in response to emergencies, and to allow for better response planning and preparations. [1] According to the European Commission's EMC web page, the EMC can be mobilized at any time and, when a disaster strikes, emergency medical teams provide direct medical care to people affected by a disaster. Public health teams can be deployed to assess the situation and needs, analyze public health risks, advise on response measures or carry out specific tasks (such as vaccination campaigns and training). Specific types of assistance include mobile biosafety laboratories, medical evacuation capacities (available both for European citizens and humanitarian workers deployed to a crisis area) and logistical support. [1] As an EU member Slovakia is also a stakeholder of the European Centre for Disease Prevention and Control (ECDC). The ECDC, among other responsibilities, provides support to EU member states during public health emergencies. [2] In addition, within the EU, the Health Security Committee (HSC) provides a platform for the health ministries of member states (including Slovakia) to coordinate national responses to cross-border public health emergencies. [3, 4] Slovakia also has bilateral agreements with Russia, Hungary, Austria and Slovenia for cooperation and mutual assistance in the case of disasters. [5] The notice by the Ministry of Foreign Affairs on the agreement with Slovenia (Notice No. 345/2000) defines a disaster as "condition caused by a natural disaster, a technological accident and other civilizational events, with the exception of war, which, in its extraordinary extent, endangers life, health, living conditions, property and the environment". [6]

[1] European Commission. European Civil Protection and Humanitarian Aid Operations. "European Medical Corps".

[http://ec.europa.eu/echo/what-we-do/civil-protection/european-medical-corps_en] Accessed 22 September 2020.

[2] European Centre for Disease Prevention and Control. "ECDC activities on epidemic intelligence and outbreak response".

[<https://www.ecdc.europa.eu/en/about-us/what-we-do/ecdc-activities-epidemic-intelligence-and-outbreak-response>].

Accessed 22 September 2020.

[3] European Commission. "Health Security Committee members".

[https://ec.europa.eu/health/preparedness_response/risk_management/hsc/members_en]. Accessed 22 September 2020.

[4] European Parliament and Council of the European Union. Decision No. 1082/2013/EU of 22 October 2013. "On serious cross-border threats to health and repealing Decision No 2119/98/EC".

[https://ec.europa.eu/health/sites/health/files/preparedness_response/docs/decision_serious_crossborder_threats_22102013_en.pdf]. Accessed 22 September 2020.

[5] Ministry of the Interior of Slovakia. "Contractual system of the Slovak Republic for extraordinary events". ("Zmluvný systém Slovenskej republiky pre mimoriadne udalosti"). [<http://www.minv.sk/?zmluvny-system-slovenskej-republiky-pre-mimoriadne-udalosti>]. Accessed 4 October 2020.

[6] Ministry of Foreign Affairs. Notice No 345/2000 of 16 September 2000. "Announcement of the Ministry of Foreign Affairs of the Slovak Republic on the signing of the Agreement between the Government of the Slovak Republic and the Government of the Republic of Slovenia on cooperation and mutual assistance in natural and other disasters (Oznámenie Ministerstva zahraničných vecí Slovenskej republiky o podpísaní Dohody medzi vládou Slovenskej republiky a vládou Slovenskej republiky o spolupráci a vzájomnej pomoci pri prírodných a iných katastrofách)". [<https://www.zakonypreludi.sk/zz/2000-345>]. Accessed 4 October 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

Slovakia is part of a regional group with regards to animal health emergencies, through which it both supplies support to neighbouring states and can also request support from participating neighbouring states, and there is no evidence of gaps in implementation. As a member of the European Union, Slovakia is included in the coverage of the Veterinary Emergency Team, set up by the European Commission in 2007. For the year 2020, there are two Slovak experts in the Emergency Team. [1, 2] According to the European Commission's website, the Veterinary Emergency Team includes experts in the fields of veterinary sciences, virology, wildlife, laboratory testing, risk management, and other relevant areas. The experts are on standby, ready to respond in animal health situations. [1] From this list of experts, the Commission will select ad hoc team members in the event that a request for assistance is submitted by an EU country or a non-EU country during an animal health emergency. The Commission informs EU countries through the Standing Committee on Plants, Animals, Food and Feed on the activities of the team. [1] The Veterinary Emergency Team has most recently conducted missions in Poland, Hungary and German (all African swine fever in January 2020). The Emergency Team has assisted Slovakia twice: in April 2008 in response to an outbreak of classic swine fever, and in August 2019 after an outbreak of African swine fever. [3]

[1] European Commission. "Veterinary Emergency Team". [https://ec.europa.eu/food/animals/animal-diseases/emergency-team_en]. Accessed 22 September 2020.

[2] European Commission. "EU Veterinary Emergency Team 2020". [https://ec.europa.eu/food/sites/food/files/animals/docs/ad_emergency_cvvet_experts.pdf]. Accessed 22 September 2020.

[3] European Commission. "EU Veterinary Emergency Team missions". [https://ec.europa.eu/food/sites/food/files/animals/docs/ad_emergency_cvvet_experts_missions.pdf]. Accessed 22 September 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: 0

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 no publicly available evidence the Slovakia has allocated national funds to improve capacity to address epidemic threats within the past three years. There is no such evidence on the websites of the Office of the Government, the Ministry of Health, the Ministry of Finance, the President of Slovakia, the Public Health Authority, the state budget website, or in local or international media. [1, 2, 3, 4, 5, 6]

[1] Office of the Government of Slovakia. [<https://www.vlada.gov.sk/>]. Accessed 4 October 2020.

[2] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>]. Accessed 4 October 2020.

[3] Ministry of the Interior of Slovakia. [<https://www.minv.sk/>]. Accessed 4 October 2020.

[4] Ministry of Finance of Slovakia. [<https://www.mfsr.sk/sk/>]. Accessed 4 October 2020.

[5] President of Slovakia. [<https://www.prezident.sk/>]. Accessed 4 October 2020.

[6] Rozpocet.sk. [<https://www.rozpocet.sk/web/#/prehlad>]. Accessed 4 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

There is a publicly identified special emergency public financing mechanism and funds that Slovakia can access in the face of a public health emergency. Act No. 387/2002 on State Governance in Crisis Situations Out of Time of War and War Condition (adopted 2002, last amended 2015), which establishes the powers of the public authorities in the management of the state in crisis situations, as well as the rights and obligations of persons in the preparation for crisis situations, clearly sets out Slovakia's financing security in the form of a multi-emergency fund and the mechanism for financing in the event of a national emergency (which it defines as inclusive of threats to public health). The Act states that the National Bank of Slovakia allocates financial resources each year to ensure preparation for crisis situations, the Ministry of Finance, after consultation with the Ministry of the Interior, proposes a special-purpose reserve of funds for resolving crisis situations and eliminating their consequences, and following parliament's approval of the state budget, the Ministry of Finance shall break down the volume of financial resources as earmarked funds for ensuring preparation for crisis situations. The municipalities and regional units are then financed in the form of state subsidies for the performance of tasks relating to crisis situations. [1]

[1] National Council of Slovakia. Act No. 387/2002 of 18 July 2002. "On State Governance in Crisis Situations Out of Time of War and War Condition (o riadení štátu v krízových situáciách mimo času vojny a vojnového stavu).

[<http://www.zakonypreludi.sk/zz/2002-387>]. Accessed 4 October 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 evidence that Slovakia's senior leaders have, in the past three years, made a public commitment to support other countries to improve capacity to address epidemic threats by providing financing or support or to receive funding or technical support from other countries to improve the Slovakia's domestic capacity to address epidemic threats. Whilst senior leaders, including Prime Minister Igor Matovič, the Minister for Foreign and European Affairs and others have spoken of their willingness to support other countries in times of crises and have made general commitments to help other countries, there is no evidence that they, or their predecessors, have made public commitments in the last three years to support other countries' improvement of capacities to address epidemic threats. Likewise, there is no evidence of a senior leader committing to acquiring funds or technical support from other countries to assist in improving its domestic capacity to address epidemic threats. There is no such evidence on the websites of the Office of the Government, where statements by the prime minister are regularly published, the Ministry of Health, the Ministry of Foreign and European Affairs, the Ministry of the Interior, the Ministry of Finance, or the official pages of the Slovak president. [1, 2, 3, 4, 5, 6]

[1] Office of the Government of Slovakia. [<https://www.vlada.gov.sk/>]. Accessed 4 October 2020.

[2] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>]. Accessed 4 October 2020.

[3] Ministry of Foreign and European Affairs of Slovakia. [<https://www.mzv.sk/>]. Accessed 4 October 2020.

[4] Ministry of the Interior of Slovakia. [<https://www.minv.sk/>]. Accessed 4 October 2020.

[5] Ministry of Finance of Slovakia. [<https://www.mfsr.sk/sk/>]. Accessed 4 October 2020.

[6] President of Slovakia. [<https://www.prezident.sk/>]. Accessed 4 October 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 Slovakia has, in the past three years, received international support to improve its domestic capacity to address epidemic threats, but there is no evidence that Slovakia has invested finances and technical support to other countries to improve capacity to address epidemic threats.

According to the Georgetown Infectious Disease Atlas (GIDA) Global Health Security Tracker, Slovakia received a total of US\$ 1.53 million between 2017 and 2020, of which US\$ 1.52 million was from the WHO towards prevention and detection of epidemic threats in Slovakia, and US\$ 16,900 was from a Dutch non-governmental organization focused on AIDS. [1] However, there is no evidence of funds or technical support provided to other countries for epidemic threat preparedness on Global Health Security Tracker, the websites of the Ministry of Health, the Ministry of the Interior, the Ministry of Foreign and European Affairs, the Public Health Authority, the Ministry of Finance, or the Office of the Government. [2, 3, 4, 5, 6, 7, 8]

[1] Georgetown Infectious Disease Atlas (GIDA) Global Health Security Tracker. Recipient profile: Slovakia. "Total funds received from 2014 to 2020". [<https://tracking.ghscosting.org/details/214/recipient>]. Accessed 30 September 2020.

[2] Georgetown Infectious Disease Atlas (GIDA) Global Health Security Tracker. Funder profile: Slovakia. "Total funds provided

from 2014 to 2020". [<https://tracking.ghscosting.org/details/214/funder>]. Accessed 30 September 2020.

[3] Ministry of Health of Slovakia. [<https://www.health.gov.sk/Titulka>]. Accessed 19 October 2020.

[4] Ministry of the Interior of Slovakia. [<https://www.minv.sk/>]. Accessed 19 October 2020.

[5] Ministry of Foreign and European Affairs of Slovakia. [<https://www.mzv.sk/>]. Accessed 19 October 2020.

[6] Public Health Authority. [<https://www.uvzsr.sk/>]. Accessed 19 October 2020.

[7] Ministry of Finance of Slovakia. [<https://www.mfsr.sk/sk/>]. Accessed 19 October 2020.

[8] Office of the Government. [<https://www.vlada.gov.sk/>]. Accessed 19 October 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 is no 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. There is no evidence of such a plan or policy, past the sharing of epidemiological data, on the websites of the Ministry of Health, the Ministry of the Interior, the Ministry of Agriculture and Rural Development, the Public Health Authority or the Ministry of Education, Science, Research and Sports, or in the Pandemic Plan in the Case of a Pandemic in Slovakia (adopted on 11 August 2020 to guide the country's future response to pandemics of respiratory diseases). [1, 2, 3, 4, 5]

[1] Pandemic Commission of the Government of the Slovak Republic. 2020. "Pandemic plan in the case of a pandemic in Slovakia". ("Pandemického plánu pre prípad pandémie v Slovenskej republik").

[http://www.uvzsr.sk/docs/info/covid19/Pandemicky_plan_pre_pripad_pandemie_v_Slovenskej_republike.pdf]. Accessed 3 October 2020.

[2] Ministry of Health of Slovakia. [<http://www.health.gov.sk/Titulka>]. Accessed 3 October 2020.

[3] Public Health Authority. [<http://www.uvzsr.sk/>] Accessed 3 October 2020.

[4] Ministry of Agriculture and Rural Development of Slovakia. [<http://www.mpsr.sk/>]. Accessed 3 October 2020.

[5] Ministry of Education, Science, Research and Sports of Slovakia. [<https://www.minedu.sk/>]. Accessed 3 October 2020.

[6] Ministry of the Interior of Slovakia. [<https://www.minv.sk/>]. Accessed 3 October 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 publicly available evidence that Slovakia has failed to share samples in accordance with the Pandemic Influenza Preparedness (PIP) framework in the past two years. There is no such evidence on the website of the World Health Organization or in local or international media. [1]

[1] World Health Organisation. Pandemic Influenza Preparedness (PIP) Framework. [<http://www.who.int/influenza/pip/en/>]. Accessed 22 September 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 publicly available evidence that Slovakia has failed to share pandemic pathogen samples during an outbreak in the past two years. Such information has not been published by the World Health Organization or by local or international media outlets. [1] There is also no publicly available evidence that Slovakia has failed to share COVID-19 samples. [1,2,3,4]

[1] World Health Organisation. Virus Sharing. [http://www.who.int/influenza/pip/virus_sharing/en/]. Accessed 22 September 2020.

[2] World Health Organisation. Emergencies preparedness, response: 2020.

[<https://www.who.int/csr/don/archive/year/2020/en/>]. Accessed 22 September 2020.

[3] World Health Organisation. Emergencies preparedness, response: 2019.

[<https://www.who.int/csr/don/archive/year/2019/en/>]. Accessed 22 September 2020.

[4] World Health Organisation. Emergencies preparedness, response: 2018.

[<https://www.who.int/csr/don/archive/year/2018/en/>]. Accessed 22 September 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: 3

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: 2

2020

Economist Intelligence

6.1.1e

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

Input number

Current Year Score: 49

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: 3

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: 3

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: 2

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: 2

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: 2

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: 99.9

2008-2018

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: 0.81

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: 1.2

2016

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 latest available figures indicate that less than 25% of Slovakia's employment is in the informal sector. According to the latest statistics published by the International Labour Organisation in 2018, 16.7% of employment in Slovakia was in the informal sector.

[1] International Labour Organization. 2018. "Women and men in the informal economy: a statistical picture".

[https://ilo.userservices.exlibrisgroup.com/discovery/delivery/41ILO_INST:41ILO_V2/1252879760002676]. Accessed 27 September 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: 1

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: 2

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: 53.73

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: 0.25

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: 77.27

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: 441.8

2019

WHO

6.5.1c

Population ages 65 and above (% of total population)

Input number

Current Year Score: 16.17

2019

World Bank

6.5.1d

Prevalence of current tobacco use (% of adults)

Input number

Current Year Score: 32.3

2018

World Bank

6.5.1e

Prevalence of obesity among adults

Input number

Current Year Score: 20.5

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: 97.94

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: 1727.05

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: 1

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