



SLOVAK NATIONAL CENTRE FOR HUMAN RIGHTS

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INPUT OF THE SLOVAK NATIONAL CENTRE FOR HUMAN RIGHTS TO THE REQUEST OF THE OFFICE OF THE UN HIGH COMMISSIONER FOR HUMAN RIGHTS CONCERNING THE RIGHT OF EVERYONE TO THE ENJOYMENT OF THE HIGHEST ATTAINABLE STANDARD OF PHYSICAL AND MENTAL HEALTH IN THE IMPLEMENTATION OF THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

The Slovak National Centre for Human Rights (the Centre) is a national human rights institution established in the Slovak Republic, accredited with status B by the International Coordinating Committee of National Human Rights Institutions. As an NHRI, the Centre is a member of the European Network of NHRIs (ENNHRI). The Centre was established by the Act of the Slovak National Council No. 308/1993 Coll. on the Establishment of the Slovak National Centre for Human Rights. Pursuant to Act No. 365/2004 Coll. on Equal Treatment in Some Areas and on Protection from Discrimination, and on amendments and supplements of certain acts, as amended (the Anti-discrimination Act) the Centre acts also as the only Slovak equality body. As an NHRI and Equality Body, the Centre performs a wide range of tasks in the area of human rights and fundamental freedoms including the rights of the child and observance of the principle of equal treatment. The Centre among other powers:

- 1) monitors and evaluates the observance of human rights and the observance of the equal treatment principle;*
- 2) conducts research and surveys to provide data in the area of human rights; gathers and distributes information in this area;*
- 3) prepares educational activities and participating in information campaigns aimed at increasing tolerance of the society;*
- 4) provides legal assistance to victims of discrimination and manifestations of intolerance;*
- 5) issues expert opinions on matters of the observance of the equal treatment principle;*
- 6) performs independent inquiries related to discrimination;*
- 7) prepares and publishes reports and recommendations on issues related to discrimination;*
- 8) provides library services and services in the area of human rights.*

1. Current state of health of the population and the healthcare in Slovak Republic

1.1 State of health of the population

The most important priorities of the Slovakia, in regard to the right of everyone to the enjoyment of highest attainable standard of physical and mental health (hereinafter the “right to health”) are (i) to improve the health situation of the population, (ii) to secure the sustainability and quality of food production and (iii) finish the connection of the population to safe sources of drinking water and sewerage.¹

The overall health situation in Slovakia is not satisfactory. The average life expectancy at birth in Slovakia in 2015 was 77.2 years what represents an increase by 4.4 years from 2000 when the average life expectancy at birth was only 73.05 years.² If comes to the average life expectancy at birth of the individual sexes, the substantial gap between the average life expectancy of males and females persists. In average, Slovak women (80.2 years) live more than 7 years longer than Slovak men (73.1 years) do.³ Moreover, the substantial gap in the average life expectancy also appears between the individual socio-economic groups. For instance, persons with lower education (i.e. elementary education) live 10 years less than persons with higher education (i.e. university education).⁴

Cardiovascular diseases are by far a leading death cause for both men and women in Slovakia, followed by cancer. In 2014, some 23 000 people died from cardiovascular disease (accounting to 50% of all deaths among women and 40% of all deaths among men), and 13 600 people died from cancer (24% of all deaths among women and to 29% of all deaths among men).⁵ Compared to the European Union (EU) average, the mortality caused by the cardiovascular diseases in Slovakia is almost twofold. Since 2000, the cause of death in Slovakia has remained the same. The first place belongs to heart diseases followed by stroke, lung cancer and colorectal cancer. According to the Ministry of Health of the Slovak Republic, there are approximately 25 000 new cases of cancer (malignant tumour) reported each year of which more than 70% occurs in the population older than 60 years.

¹ Government Council for the 2030 Agenda for Sustainable Development: “*Starting Points for Preparation of the National Priorities for Implementing the Agenda 2030*” (2018), available online at <https://www.vicpremier.gov.sk/index.php/investicie/agenda-2030/rada-vlady-pre-agendu-2030-pre-udrzatelny-rozvoj/1-zasadnutie-rady-vlady-pre-agendu-2030-pre-udrzatelny-rozvoj/index.html> (Slovak language, accessed on 14 February 2018).

² World Bank Open Data Database: „*Life Expectancy at Birth in the Slovak Republic*“ (2015), available online at <https://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=SK> (accessed on 14 February 2018).

³ *ibid.*

⁴ Organisation for Economic Cooperation and Development /European Observatory on Health Systems and Policies: “*Slovakia: Country Health Profile*” (2017), page 1, available online at <http://www1.oecd.org/publications/slovak-republic-country-health-profile-2017-9789264283541-en.htm> (accessed on 14 February 2018).

⁵ *ibid.*

From 2002 to 2014, the mortality caused by the Alzheimer disease and other forms of dementia doubled.⁶ Apart from population aging as one of the possible factors, the impact of modern diagnostics of higher quality must be also taken into the consideration. The Ministry of Health of the Slovak Republic expects an increase in morbidity in the following years, mostly due to the population aging, social differences and deterioration of the living environment (i.e. air pollution in the city agglomerations). The highest number of sick persons within Slovakia is located in the south of the country.

1.2 State of the healthcare

In the global context, the Slovakia has a favourable number of healthcare professionals. In 2009, there was a total number of 18 000 medical doctors, 2600 dentists, 2900 pharmacists and 32000 nurses. The number of medical doctors in Slovakia is increasing. It can be said that Slovakia has one of the highest number of medical doctors in Europe. However, the actual number of medical doctors is also, to a certain extent, impacted by general population aging and labour migration. Currently, at least 43% of medical doctors are older than 55 years and more than 28% of medical doctors are older than 60 years. The national age average of general practitioners is 57 years. Moreover, the labour migration of Slovak healthcare professionals must be also considered. Slovakia is a country with one of the highest percentage of health care professionals working abroad. In 2014, almost 20% of all medical doctors were working abroad.

Further, an uneven distribution of general healthcare professionals as well as specialists within city and rural areas is considered questionable. The ratio between general practitioners and specialists is unsatisfactory. In 2016, the Ministry of Health of the Slovak Republic reported that Slovakia lacks medical doctors as well as non-medical healthcare professionals; specifically more than 860 medical doctors and 1032 nurses are needed in the Slovak healthcare system.

2. The exercise of the right to health and its legal regulation

2.1 Overview of legal regulations and policies concerning the right to health

The right to health in the Slovak Republic is regulated by multiple legal sources of national as well as international importance. First, the Slovakia has signed and ratified multiple international

⁶ *ibid.*

conventions and treaties regulating the right to health, whether directly or indirectly. As examples may serve, the European Social Charter (Article 11), the International Covenant on Social, Economic and Cultural Rights (Article 12), the Convention on the Rights of the Child (Article 24), the Convention on the Rights of Persons with Disabilities (Article 25-26). Moreover, as a member of the EU, Slovakia is directly bound by the Charter of Fundamental Rights of the European Union (Article 35) and a wide spectre of the EU legislation which concerns various right to health related topics such as ensuring the sustainability of healthcare system; improving patients' safety and quality of care; exercising patients' rights; preventing smoking, overweight and obesity or regulating and monitoring safety of the drugs sold on the EU market.⁷

On national level, the ethos of the right to health is enshrined in the Constitution of the Slovak Republic. Namely, Article 40 of the Constitution of the Slovak Republic states that "Everyone has a right to the protection of his health. Based on public insurance, citizens have the right to free health care and to medical supplies under conditions defined by law."⁸ The conditions under which the healthcare is provided and the right to health is protected are set by multiple legal acts.

If it comes to national policies and action plans, the Strategic Framework for Healthcare 2013 – 2030 is the most important policy instrument determining the midterm and long-term routing of healthcare in the Slovak Republic. The document stipulates priorities in three major areas: (i) integrated ambulance health care, (ii) institutionalised health care carried out by hospitals or other medical facilities and (iii) public health focused on improving the indicators such as average life expectancy or number of years lost by premature morbidity and consequences of various illnesses.⁹

2.2 Exercising the Right to Health in the Slovak Republic

Within the right to health, Slovak citizens are entitled to free healthcare. As the Constitutional Court of Slovak Republic stated in its landmark decision "The right to protection of health as a fundamental human right of citizens is to certain extent, as regulated by the Constitution [of the Slovak Republic] provided free of charge. In accordance with the Constitution [of the Slovak Republic], the scope of free provision of healthcare can be regulated only by law, which is a

⁷ More information about health in the European Union can be find at http://eur-lex.europa.eu/summary/chapter/public_health.html?root_default=SUM_1_CODED%3D29&locale=en (accessed on 13 February 2018).

⁸ Act. No. 460/1992 Coll., the Constitution of the Slovak Republic as amended, Article 40.

⁹ Ministry of Health of the Slovak Republic, "Strategic Framework for Healthcare 2013–2030" (2013), page 20-22, available online at <http://www.health.gov.sk/?strategia-v-zdravotnictve> (Slovak language, accessed on 14 February 2018).

guaranty of legal certainty of a citizen.”¹⁰

The healthcare is defined by the Act on Healthcare and Healthcare-Related Services as a set of actions carried out by healthcare professionals, including provisions of medicines, medical devices and dietetic foods, in order to prolong life of individuals, quality of their life and the healthy development of future generations; healthcare includes prevention, dispensarisation, diagnosis, treatment, biomedical research, nursing care and midwifery.¹¹

The corner-stone of the free healthcare in the Slovakia is a health insurance. Based on the health insurance, citizens exercising right to health, are entitled to free health care, medicines, medical devices and other related services stipulated by law. In accordance with the Act on Health Insurance, every natural person which has a permanent residency in the Slovakia is obliged to have a health insurance (certain exemptions apply).¹² Citizen have right to freely choose health insurance company carrying out the public health insurance. The health insurance is paid in form of salary deduction (in case of employees) or it is paid directly by entrepreneurs (in case of persons doing business) or it is paid by state (i.e. students, mothers on maternity leave, unemployed etc.).

3. Implementation of individual targets as stipulated by the Resolution No. 35/23 adopted by the Human Rights Council on 23 June 2017 (A/HRC/RES/35/23)

Slovakia is actively working on the implementation of all sustainable development goals and targets with a view to contribute to the realisation of the right to health. The Agenda 2030 for Sustainable Development and conducting steps towards the fulfilment of the individual sustainable development goals was delegated to the Deputy Prime Minister's Office for Investments and Informatization. In July 2017, the Government of the Slovak Republic established the Government Council for the 2030 Agenda for Sustainable Development which main role is to ensure that the 2030 Agenda for Sustainable Development becomes an integral part of all public policies in the Slovakia.

First meeting of the Government Council for the 2030 Agenda for Sustainable Development was held in December 2017. At this meeting, two strategic documents were adopted, namely “Starting Points for Preparation of the National Priorities for Implementing the Agenda 2030” and “Proposal on Participation Process of Determining the National Priorities for Implementation of the 2030

¹⁰ Constitutional Court of the Slovak Republic, Findings No. PL ÚS 8/94 dated 6 October 1994.

¹¹ Act No. 546/2004 Coll. on Healthcare and Healthcare-Related Services, as amended, Section 2.

¹² Act No. 580/2004 Coll. on Health Insurance, as amended, Section 3.

Agenda for Sustainable Development”.¹³

According to the Proposal on Participation Process of Determining the National Priorities for Implementation of the 2030 Agenda for Sustainable Development, the main aim of the participation process is to determine five key priorities of the development of the Slovak Republic which will align with the 2030 Agenda for Sustainable Development. In accordance with the open government principle, a wide spectre of stakeholders (including members of civil society and third sector) are expected to participate.

3.1 Targets

Maternal mortality and preventable deaths of new-borns

The Organisation for Economic Cooperation and Development (OECD) has found that in 2015 the maternal mortality ratio in Slovakia was 1.8 per 100 000 live births.¹⁴ Statistical data on maternal and infant mortality in Slovakia clearly show that the maternal mortality in Slovakia has a decreasing tendency and is significantly below the threshold set by the 2030 Agenda for Sustainable Development. It is important to note that in Slovakia, the applicable laws expressly regulate a scope of prenatal care of an expecting mother what can positively contribute to preventing medical complications during the delivery as well as contribute to low maternal mortality ratio.

Currently, following complications occurring during the pregnancy are monitored National Centre for Medical Information: (i) threatening miscarriage (after 28 weeks of pregnancy), (ii) threatening early delivery, (iii) bleeding before the delivery, (iv) preeclampsia, (v) eclampsia, (vi) placenta *praevia*, (vii) *abruptio placentae*, (viii) suspected intrauterine growth retardation and (ix) Rh isoimmunization. The occurrence of the above mentioned complications is also underlined by fact that the average age of expecting mothers (*primiparas*) is increasing. Currently the highest number of expecting mothers fall within the age group 30–34 years old. In 2014, the highest occurrence of the above mentioned complications were diagnosed in mothers being in age group 25 – 29 years old (13,3 % of all mothers in the age category) and in age group 30 – 34 years old (12,3% of all

¹³ More information on the activities of the Government Council for the 2030 Agenda for Sustainable Development can be find at <https://www.vicpremier.gov.sk/index.php/investicie/agenda-2030/index.html> (Slovak language, accessed on 14 February 2018).

¹⁴ Organisation for Economic Cooperation and Development, “*OECD Stats on Health Status – Maternal and Infant Mortality in the Slovak Republic*” available online at <http://stats.oecd.org/index.aspx?queryid=30116#> (accessed on 15 February 2018).

mothers in the age category).¹⁵

If it comes to the infant mortality and preventable deaths of new-borns, the statistical data show that the ratio of the infant mortality (with no minimum threshold of gestation period or birthweight) in the Slovakia is 5.1 per 1000 live births (2015).¹⁶ The data reported by the OECD show that the infant mortality in Slovakia is unstable what can be seen in figures for years 2014 (5.8 per 1000 live births), 2011 (4.9 per 1000 live births).¹⁷

To reduce ratio of the infant mortality, various programmes are in operation in Slovakia (i.e. “Quality of Prenatal Care in the Slovak Republic”) as well as a set of screening examination are carried out within the prenatal care of a child (i.e. ultrasound screening of congenital foetus developmental errors, *morbus* down detection, and other genetic diseases).¹⁸ Moreover, there are 29 “baby friendly hospitals”¹⁹ in operations in Slovakia.

Epidemics of AIDS

For decades, Slovakia has been keeping its status as a country with the lowest occurrence of AIDS in the EU. Despite being AIDS a rare disease in Slovakia, we can observe that the number of new cases of HIV infection has been increasing. As of June 2017, there were 728 cases of HIV infection in Slovakia.²⁰ During last three years, the highest number of new cases of HIV infection was recorded (80 – 90 new cases per year).

If it comes to the occurrence of HIV infection in the Slovakia, there can be two major trends observed. The majority of infected are men (only 20 - 25% of all infected have been women) and the infection has been mostly spread by a sexual intercourse (90% of all cases – 64.6% homosexual intercourse and 23.2% heterosexual intercourse).²¹ Apart from sexual intercourse, more than 2% of all HIV infections in Slovakia have been transmitted by use of drugs.

¹⁵ National Centre of Medical Information, “*Care of Mothers in a Labour and Child in the Slovak Republic*” (2014) available online at <http://www.nczisk.sk/Documents/publikacie/2014/zs1651.pdf> (Slovak language, accessed on 15 February 2018)

¹⁶ *ibid*

¹⁷ *ibid*

¹⁸ Public Health Authority of the Slovak Republic, “*National Programme on Care of Children and Youth in the Slovak Republic*” (2008) also available online at http://www.uvzsr.sk/docs/info/podpora/03_vlastnymat.pdf (Slovak language, accessed 15. February 2018).

¹⁹ More information on the baby friendly hospital initiative of World Health Organisation are available <http://www.who.int/nutrition/topics/bfhi/en/> (accessed on 15 February 2018).

²⁰ Public Health Authority of the Slovak Republic, “*The Occurrence of HIV Infection in the Slovak Republic as of 30 June 2017*” (2017) available online at http://www.uvzsr.sk/docs/info/epida/Vyskyt_HIV_infekcie_v_Slovenskej_republike_k_30062017.pdf (Slovak language, accessed on 15 February 2018).

²¹ *ibid*

To eradicate the occurrence of HIV and AIDS infection to the extent possible, National Programme on Prevention of HIV/AIDS in the Slovak Republic for the period of 2017 – 2020 has set the prevention of the infection as a priority and focuses mostly on prevention of transmission of the infection by (i) sexual intercourse and by (ii) blood as well as on prevention of vertical transmission of the infection. Apart from the prevention activities, National Programme also stipulates a need to mitigate the social and economic effects of HIV and AIDS infection on the society.²² Most of the priorities of the programme are carried out via various educational and awareness raising activities aimed at general as well expert society.

Preventing and treating the substance abuse (alcohol and narcotics)

According the report of the World Health Organisation (WHO), the consumption of alcohol in Slovakia has reached value of 12.3 litres per capita (aged 15 and older).²³ The alcohol consumption in the Slovakia has been a major issue since 1980' when consumption rapidly increased and crossed a certain level of social acceptability. Only 28% of men and 39% of women can be considered abstainers with no alcohol consumption. National Programme on Problems with Alcohol for the period of 2013 – 2020 reflects respective European Action Plan to Reduce Harmful Use of Alcohol and the European health policy – Health 2020.

The main objectives of the Slovakia in this regard are (i) raising awareness on harmful social, economic and health effects connected with alcohol consumption; (ii) increase the access and quality of data on indicators on damage to health by alcohol consumption, (iii) increase the quality of help to other member states of the EU in regards to mitigating the harmful effects of alcohol consumption and treatment of the related diseases; (iv) strengthening partnership and improving stakeholder coordination and upgrading mobilizing resources to reduce the harmful effects of alcohol; (v) improving monitoring systems at regional, national and European level and ensuring more effective dissemination and application of information to policy development in this area.

To prevent excessive consumption of alcohol in Slovakia, measures decreasing the demand for alcohol (i.e. tax and customs measures, protection of children and youth in public, regulation of the content of alcoholic drinks, regulation of publication of information on alcohol products, packing

²² Public Health Authority of the Slovak Republic, “*National Programme on Prevention of HIV/AIDS in the Slovak Republic for the period of 2017–2020*” (2017) also available online at http://www.uvzsr.sk/docs/info/epida/Narodny_Program_Prevencie_HIV_AIDS_v_SR_na_roky_2017_2020.pdf (Slovak language, accessed on 15 February 2018).

²³ World Health Organisation, “World Health Statistics: Monitoring Health for the SDGs” (2017), page 62 also available online at <http://apps.who.int/iris/bitstream/10665/255336/1/9789241565486-eng.pdf?ua=1> (accessed on 15 of February 2018).

and marking alcohol products, marketing and sponsorships, controlling consumption of alcohol on workplace etc.) and measures restricting the offer of the alcohol (controlling the sale of alcohol to minor persons, prohibiting the sale of alcoholic beverages in public places and mass events, reducing the incidence of illegal alcohol trading, providing support to economically alternative activities) have been implemented.²⁴

As of 2017, following activities were carried out to implement National Programme on Problems with Alcohol: (i) health-educational campaign “Day of Responsibility”; (ii) creation of guidelines for professionals working in field of alcohol addiction treatment; (iii) monitoring the damage to health caused by alcohol consumption; (iv) research on attitudes of adults to alcohol, (v) controlling the fulfilment of the requirements for quality of alcohol beverages, (vi) including prevention activities to the educational process of youth, (vii) to control the fulfilment of regulations in the field of safety and protection of health at workplace and other.²⁵

Apart from the excessive alcohol consumption, the increase of narcotic drug consumption has been also reported. Data show that in 2017, there was the highest number of drug users in a decade. In 2017, 3253 drug users underwent treatment aiming at treating the addiction to illegal drugs of which 1116 were treated in a hospital dedicated to convicted and incarcerated persons in Slovakia. Overall, it represents 59.9 persons per 100 000 inhabitants.²⁶ It can be said that the number of drug users undergoing treatment has increased by 553 users per annum. Majority of treated drug users were men (81.5%) and more than half of the drug users (1737) were treated repeatedly.²⁷ The majority (1239 of which 1192 were methamphetamine users) underwent a treatment of addiction to a substance as a primary drug.²⁸ The highest number of drug users undergoing treatment belongs to the age group of 30 – 34 years old what means that the age average of drug users is rising. In

²⁴ Public Health Authority of the Slovak Republic, “*National Programme on Problems with Alcohol for period of 2013–2020*” (2013), page 10, also available online at http://www.uvzsr.sk/docs/info/podpora/Aktualizacia_Narodneho_akneho_planu_pre_problemy_s_alkoholom_na_roky_2013_2020.pdf (Slovak language, accessed on 15 February 2018).

²⁵ Public Health Authority of the Slovak Republic, “*National Programme on Problems with Alcohol for period of 2013–2020*” (2013), page 13-16, also available online at http://www.uvzsr.sk/docs/info/podpora/Aktualizacia_Narodneho_akneho_planu_pre_problemy_s_alkoholom_na_roky_2013_2020.pdf (Slovak language, accessed on 15 February 2018).

²⁶ National Centre of Medical Information, “*Drug Addiction – Drug User Treatment in the Slovak Republic in 2016*” (2017), page 9, also available online at <http://www.nczisk.sk/Documents/publikacie/2016/zs1744.pdf> (accessed on 15 February 2018).

²⁷ *ibid.*

²⁸ *ibid.*

previous years, the majority of drug users undergoing treatment belonged to the age group of 20 – 29 years old.²⁹

Comparably to the national policy on alcohol consumption and its harmful effect on health of the population, National Anti-Drug Strategy of the Slovak Republic for the period of 2013 – 2020 focuses primarily on measures decreasing the demand for drugs and measures restricting the offer of drugs.³⁰ Within the above mentioned priorities/measures, the national strategy focuses on coordination, international cooperation along with research, monitoring and evaluation activities.

To fulfil the objectives of the National Anti-Drug Strategy of the Slovak Republic for the period of 2013 – 2020, the Government Council for Anti-Drug Policy as well as was the National Criminal Agency were established. Moreover, various re-socialising and special support programmes were launched to decrease the demand for drugs.³¹ The Government of Slovak Republic, also supported various educational projects of civil society organisations carrying out preventive action targeting pupils and students as well as field projects carrying out social work.³²

Access to sexual and reproductive healthcare services and to sexual and reproductive rights

In Slovakia, the right of everyone to access to sexual and reproductive healthcare services is granted within the established right to health. In this regard, everyone can use respective healthcare services (concerning sexual and reproductive health) free of charge within the limits set by the applicable laws governing the provision of healthcare services such as Act No. 577/2004 Coll. on the Scope of Healthcare Services Covered on the Basis of Public Health Insurance, as amended. The sexual and reproductive health was planned to be integrated into a national policy - National Programme of Sexual and Reproductive Health in the Slovak Republic in 2007. Due to the serious criticism by third sector, the national plan was withdraw by respective ministry and was not adopted. Adoption of a national plan on reproductive and sexual health remains as a priority of the Ministry of Health of the Slovak Republic.

Framework Convention on Tobacco Control

²⁹ *ibid.*

³⁰ Ministry of Health of the Slovak Republic, “*National Antidrug Strategy for of the Slovak Republic for the period of 2013–2020*” (2013), page 2, also available online at <http://www.infodrogy.sk/indexAction.cfm?module=Library&action=GetFile&DocumentID=1043> (Slovak language, accessed on 15 February 2018).

³¹ Government of the Slovak Republic, “*The Mid-term Evaluation of Fulfilment of Objectives in the Field of Anti-Drug Policy for period of 2013–2016*” (2017), also available online at <http://www.rokovania.sk/File.aspx/ViewDocumentHtml/Mater-Dokum-207363?prefixFile=m> (Slovak language, accessed on 15 February 2018).

³² *ibid.*

The WHO Framework Convention on Tobacco Control was ratified by Slovakia on 4 May 2004 as a second country in the EU and twelve country worldwide. In accordance with the Article 7(4) of the Constitution of the Slovak Republic, to implement the obligations of Slovakia arising from the convention, the adoption of a legal act will be required. Despite the fact that no legal act directly implementing the provisions of the convention into the national legal order was adopted, Slovakia has adopted the National Programme of Tobacco Control including the strategic framework for the tobacco policy which reflects the requirements of the WHO Framework Convention on Tobacco Control. Since the adoption of the National Programme of Tobacco Control in 2007, several legal acts implementing its strategic objectives were adopted such as regulations on marketing, propagation and sponsorships as well as regulations on labelling and publishing information on tobacco products etc. To reduce the demand for tobacco products, various acts regulating tax on tobacco products and sale of tobacco products were amended.

4. Conclusion

The abovementioned data and findings reflects the situation in Slovakia before the actual implementation of the 2030 Agenda for Sustainable Development and reflects the effort of Slovakia to fulfil its obligation arising from various international conventions as well as the harmonisation of the Slovak legal order with the European legislation. The main aim of this report was mostly to reflect on the current situation in the Slovakia, and, in this regards to provide the Office of the High Commissioner for Human Rights with information on some of the most important priorities of sustainable development in Slovakia.

The actual implementation of the 2030 Agenda for Sustainable Development has started in January 2018 with the participative process aiming at determination of national priorities of Slovakia within the 2030 Agenda for Sustainable Development. As a part of participation process, the Government Council for the 2030 Agenda for Sustainable Development has scheduled information campaign, talks with Slovak stakeholders involved in the problematics of sustainable development, processing the outcomes of the participation process – national priorities within the 2030 Agenda for Sustainable Development and preparation strategic national goals fulfilling the SMART criteria.