



EUROPEAN SOCIAL POLICY NETWORK (ESPN)

# National monitoring frameworks for public social spending

## Slovenia

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## Summary

Slovenia has different monitoring frameworks dedicated to public social spending, which are integrated into the overall public finance framework of the Ministry of Finance (MoF). The Fiscal Council monitors expenditure on social transfers within the framework of its analyses of public finances and macro-economic developments. The Court of Audit – the highest body for supervising state accounts, the state budget, and all public spending – publishes ad hoc revision reports on various topics, including, in 2021, the impact of public social spending on the reduction of poverty. The ministries and major national institutes/services have their own monitoring systems. Their strength is in extensive and timely periodic reporting (as well as ad hoc reports) on the outcomes of social expenditure in the form of publicly (online) accessible databases and reports.

Data on the pension and disability insurance schemes are presented in the form of the Pension and Disability Insurance Institute of Slovenia (PDIIS) budget, covering revenues and expenditure. Public social spending on pensions is broken down to the level of expenditure items within particular groups, such as: 1) social security transfers; 2) pensions; 3) salary compensation; and 4) current transfers to social security funds. Additional data collected by the PDIIS at the individual level are collected, analysed, and presented in its regular annual or monthly publications (Annual Reports, Statistical Reviews, and Monthly Statistical Overviews) and some occasional publications. The strength of these data is that they help the regular monitoring of both the level of spending within the pension and disability national framework and social outcomes (fulfilment of set aims, such as adequate pensions and financial sustainability of the pension system).

Slovenia relies on various monitoring frameworks in the area of healthcare. Most of the frameworks form part of the Annual Programmes of Statistical Surveys and refer to total expenditure or expenditure in specific areas, or to the monitoring of population health or outcomes (for specific disease areas or in general). Basic data at the individual level are submitted by the providers either to the National Institute of Public Health (NIPH) (data on sickness, diagnoses, and health) or to the Health Insurance Institute of Slovenia (HIIS) (data on expenditure). These data are published regularly, on a monthly or annual basis. For further regular or ad hoc analyses, these databases are combined with additional databases (e.g. the Central Population Register kept by the Ministry of the Interior) and presented in a form of selected indicators. The publications or databases are publicly available on the websites of the respective institutions – the Ministry of Health, NIPH, Institute of Macroeconomic Analysis and Development (IMAD), and Statistical Office of the Republic of Slovenia (SORS) – and are, as a rule, downloadable. Although the data and the published indicators on healthcare are plentiful, questions remain as to their usefulness, validity, reliability, and comprehensiveness, which may be a weakness.

In other areas of social expenditure, monitoring has also been established to evaluate the implementation of national strategic documents in the fields of social assistance, family benefits, child welfare, social services, housing, and support to the unemployed and migrants – and the European Pillar of Social Rights. The Employment Service of Slovenia (ESS) has a framework for monitoring benefits and services related to unemployment and labour market activation. Some frameworks provide data for the European System of integrated Social Protection Statistics (ESSPROS), but are more detailed and provide publicly available data earlier. There is extensive and timely periodic (and ad hoc) reporting on the outcomes of social expenditure in the form of publicly (online) accessible databases and reports. The indicators and analyses presented are detailed and cover a wide range of objectives – descriptions of levels and trends; in-depth analysis of causes and consequences, both quantitative and qualitative; and recommendations on what to change in order to implement strategic and policy objectives.

# 1 Country-specific monitoring frameworks for public social spending

## 1.1 Country-specific dedicated monitoring framework(s)

Slovenia has different monitoring frameworks dedicated to public social spending, which are integrated into the overall public finance framework of the MoF. Public finances in the broadest sense are represented by the general government sector which, in addition to the four public finance budgets (the state budget, municipal budgets, and the HIIS and PDIIS budgets), covers the revenue and expenditure of indirect budget users and other bodies (public institutions, funds, agencies, and corporations) classified as the general government sector (MoF, 2021a). The Fiscal Council monitors expenditure on social transfers within the framework of its analyses of public finances and macro-economic developments (FC, 2021). The Court of Audit – the highest body for supervising state accounts, the state budget, and all public spending – publishes ad hoc revision reports on various topics (Court of Audit, 2021a). The ministries and major national institutes/services have their own monitoring systems.

The PDIIS is an authorised provider of data on pension and disability insurance schemes (social protection schemes 5-16 according to the ESSPROS methodology) (SORS, 2020, pp. 3-6). Besides these, the PDIIS regularly collects data at the individual level that are essential for the fulfilment of its obligations set by the Pension and Disability Insurance Act (2012), and also sends them to the MoF in accordance with the Council Directive on requirements for determining the budgetary frameworks of the Member States (CEU, 2011) and the Public Finance Act (2020) of the Republic of Slovenia.

In the area of healthcare, Slovenia relies on several expenditure frameworks, and not solely on the COFOG<sup>1</sup>/ESSPROS obligations; however, both COFOG and ESSPROS provide fundamental insights into public social spending. The Slovenian Parliament adopts Annual Programmes of Statistical Surveys; the latest one was adopted in November 2020 (Annual Programme of Statistical Surveys for 2021, 2020). Besides ESSPROS, this programme includes other health-related monitoring frameworks defined at the national level. The statistical research is carried out by the SORS or by authorised institutions: the Bank of Slovenia and the NIPH. Besides regular statistical surveys, each Annual Programme includes developmental activities carried out by the SORS or specified authorised institutions.

The surveys listed in the Annual Programme of Statistical Surveys for 2021 (2020) are thus numerous, but only a few are dedicated to monitoring expenditure:

- monitoring of diabetes management to define the burden of disease<sup>2</sup> (data from the HIIS, the Slovenian Society of Nephrology, the Slovenija-transplant, and healthcare providers);
- pharmaceuticals (based on HIIS data);
- expenditure and sources of healthcare financing, based on the System of Health Accounts (using the OECD methodology and data from many administrative sources, such as the Ministry of Health, HIIS, Ministry of the Interior, Social Protection Institute of the Republic of Slovenia – IRSSV, and Ministry of Defence); and
- expenditure and sources of long-term care financing (based on administrative data from multiple stakeholders).

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<sup>1</sup> Classification of the functions of government.

<sup>2</sup> The studies on the burden of disease quantify the impact of disease on morbidity and mortality in a single metric/instrument; combined with the costs, they define cost-effective decision-making.

Social Work Centres (SWCs) collect detailed data on social and family benefits and send them to the contractor of the Ministry of Labour, Family, Social Affairs and Equal Opportunities (MLFSAEO) in charge of the information system. This framework provides data for the ESSPROS, but is more detailed. SWCs also collect data on personal social services and social activation programmes, and provide them to the IRSSV, which is in charge of monitoring and evaluation. All these data are also used for monitoring the implementation of national strategic documents in the fields of (or covering the fields of) social assistance, family benefits, child welfare, social services, and support to migrants – and the European Pillar of Social Rights.

The ESS has a framework for monitoring expenditure on, and the beneficiaries/users of, benefits and services related to unemployment and labour market activation.

A monitoring framework was established to evaluate the implementation of measures envisaged in the National Housing Programme 2015-2025 (Resolution on the National Housing Programme 2015-2025, 2015) and the achievement of the goals set (e.g. the provision of housing units for the most socially excluded). Monitoring is co-ordinated by the ministry responsible for housing.

## **1.2 Separate monitoring framework(s) linked to schemes provided by employers**

A special pension and disability insurance scheme, financed mainly by premium payments, is provided by and for craftspeople and entrepreneurs: the Mutual Fund for Craftsmen and Entrepreneurs (2021). The data are reported to the SORS as a part of the annual survey on expenditure and sources of financing in relation to social protection schemes. These data exceed the ESSPROS reporting requirements since they also include individual-level data.

Based on Article 255 of the Pension and Disability Insurance Act (ZPIZ-2), the MLFSAEO regularly monitors and publishes data on supplementary pensions. They cover mandatory schemes for public employees and for people employed in hazardous or arduous occupations – who are enrolled in two closed pension funds managed by KAD (*Kapitalska družba*), a state-owned pension managing company (MLFSAEO, 2021d) – and various collective voluntary schemes organised by employers (MLFSAEO, 2021e).

There is an employers' scheme covering sickness benefits for the first 30 days for: 1) sickness not related to work (up to 120 days per year); and 2) a worker's absence due to injury at work or work-related sickness. The data are reported to the NIPH and HIIS on a separate form called "BOL" (NIPH, 2018).

Employers report financial data on redundancy payments, solidarity help, and jubilee benefits to the Financial Administration of the Republic of Slovenia on a monthly basis.

## **1.3 Distinction between current expenditure and capital expenditure**

The national monitoring frameworks make a distinction between current and capital expenditure. For instance, separate data are regularly presented in the PDIIS Annual Reports (PDIIS, 2021b).

In the area of healthcare, capital expenditure is also managed separately from current expenditure. While the Ministry of Health finances investment (as the state is the owner of healthcare providers), current health expenditure is covered by the HIIS (Investment in Public Healthcare Institutions Established by the Republic of Slovenia Act, 2015). The investment funds are collected in a specific account managed by the Ministry of Health. Since 1994, investment in public healthcare institutions has been monitored by a Committee for Investment in Public Healthcare Institutions.



## 1.4 Type of monitoring: level and outcomes

National frameworks help monitor both the level of spending and social outcomes.

The data on pension and disability insurance schemes (sent to the MoF) are presented in the form of the PDIIS budget covering revenues and expenditure, also measured as shares of GDP. The data collected by the PDIIS at the individual level are collected, analysed, and presented in its regular annual or monthly publications (Annual Reports, Statistical Reviews, and Monthly Statistical Overviews)<sup>3</sup> and some ad hoc publications (PDIIS, 2021a). These data help the regular monitoring of both the level of spending within the pension and disability national framework and social outcomes (fulfilment of set aims, such as adequate pensions). Each year the MoF publishes the Stability Programme, the National Reform Programme, and a triennial Country Fiche on pensions.<sup>4</sup> The IMAD publishes annual Development Reports,<sup>5</sup> in which various outcome indicators are analysed.

Examples of social outcomes monitored in the healthcare area are the level of absenteeism and the health status of the population. However, it is fair to say that the outcomes are measured at the national level and are not linked to the specific measures/expenditure/investment introduced in the system. On the other hand, the defined quality indicators published each year by the Ministry of Health (Perko and Borovničar, 2020), as well as the indicators defined in the Resolution on the National Healthcare Plan 2016-2025 (2016), relate almost exclusively to processes rather than outcomes. As the purpose of these indicators is to provide further insights into incidence, mortality, and morbidity for specific diseases across regions and providers, they might be considered as indicators providing insights into the effectiveness of social outcomes (and related expenditure) – had they been oriented towards outcomes and not just processes.

The IRSSV maintains a publicly accessible database on children aged 0-18, with basic indicators that provide insights into various aspects of children's lives.<sup>6</sup>

## 1.5 Level of granularity of public social spending

Published data on public social spending within the pension system are presented in nominal terms, for each year (and month), as a percentage of GDP, and as year-to-year growth rates.

The data on public social spending in healthcare and long-term care are presented at aggregate levels. The SORS publishes annual healthcare expenditure in both absolute and relative terms (percentage of GDP, and year-on-year growth rate).

The information on public spending in other areas of public spending is disaggregated by sector (such as social assistance, family benefits, housing benefits, pensions, and healthcare) and type of benefit. In the SiStat<sup>7</sup> Database<sup>8</sup> (2021), annual expenditure on social protection (social benefits) is disaggregated by function, means test (means-tested benefits/non-means-tested), and form (cash – periodic or lump sum – or in kind) (and separately for social housing), and is presented in €million and as a percentage of GDP.

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<sup>3</sup> See: <https://www.zpiz.si/cms/content2019/publikacije-v-angleini--pension-and-invalidity-> and <https://www.zpiz.si/cms/content2019/publikacije> (accessed 12 November 2021).

<sup>4</sup> See: <https://www.gov.si teme/fiskalna-in-javnofinanca-politika/> (accessed 12 November 2021)

<sup>5</sup> Available at: [https://www.umar.gov.si/en/publications/development-report/?no\\_cache=1](https://www.umar.gov.si/en/publications/development-report/?no_cache=1) (accessed 18 November 2021).

<sup>6</sup> Available at: <https://www.irssv.si/index.php/otroci-in-druzina/spremljanje-polozaja-otrok-in-druzine/baza> (accessed 20 November 2021).

<sup>7</sup> SiStat refers to the Statistical Office of the Republic of Slovenia.

<sup>8</sup> Available at: <https://pxweb.stat.si/SiStat/en/Podrocja/Index/45/socialna-zascita> (accessed 20 November 2021).

The IMAD monitors social protection expenditure in purchasing power parities per capita and as a percentage of GDP (IMAD, 2018; IMAD, 2019; IMAD, 2020; IMAD, 2021a).<sup>9</sup>

MLFSAEO monthly reports on social transfers<sup>10</sup> (MLFSAEO, 2021c) present public spending on various benefits (cash and in kind) and services, regardless of the source of financing. The 28 selected benefits and services are: social assistance, income supplement, and associated benefits; family and child benefits; parental protection benefits (salary compensation, payment of social security contributions); unemployment benefit; educational grants; exemptions from payment for social services and subsidies (including childcare and housing subsidies); and social services (personal assistance). These selected benefits and services are monitored as to: performance and resource allocation (monthly data); benefit amounts (by family type), number of beneficiaries and total amount per benefit (by family type, by region); number of beneficiaries receiving top-up payments; adequacy of work incentives (twice a year and when revising legislation); adequacy (by type of family); and strength of work incentives to return to self-sufficiency (Malec, 2021). COVID-19-related expenditure is included as well. Expenditure and beneficiaries are presented in absolute terms, as average amounts per beneficiary, and as year-on-year growth rates in nominal terms; per month and per year; as total expenditure and average amount by income bracket;<sup>11</sup> as total expenditure by statistical region; and as annual expenditure by region per 100,000 population.

Key indicators of personal social protection services provided by SWCs include: the number of programmes, financial sources, staff, and the number of users (also by categories) – all by kind of programme.

## 1.6 Breakdown of public social spending

Public social spending on pensions is broken down to the level of particular expenditure items, such as: 1) social security transfers (attendance allowance, alimony, compensation for physical disability, annual allowance, other social care transfers/due to the COVID-19 epidemic); 2) pensions (old-age pensions, disability pensions, family and widows' pensions, farmers' pensions, old-age pensions of military personnel, and other pensions); 3) salary compensation (for part-time jobs, lower salary in another job, waiting for reallocation, waiting for occupational rehabilitation, and other); and 4) current transfers to social security funds (health insurance contributions for pensioners paid by the Pension and Disability Insurance Fund). Additional data are presented for insured people (e.g. average insured period by age group and gender) and beneficiaries (absolute numbers, annual growth rates, insured people/pensioners ratio, new pensioners, average age and insurance period at retirement, duration of receiving the pension, benefit ratio, and beneficiaries of invalidity insurance compensation). As the data are collected at the individual level, the PDIIS regularly prepares different databases at levels of disaggregation requested for the preparation of analyses needed for particular policy measures or/and research projects.<sup>12</sup>

The Health Statistics Yearbook (NIPH, 2020) is based on the data collected by the NIPH within the framework of the Annual Programme of Statistical Surveys (2020). The data are broken down by age group, gender, region, and social and economic determinants.

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<sup>9</sup> See: <https://www.umar.gov.si/en/imad/> (accessed 18 November 2021).

<sup>10</sup> Available at: <https://www.gov.si/podrocja/socialna-varnost/socialne-pomoci-subvencije-in-znizana-placila/> (accessed 20 November 2021).

<sup>11</sup> Income brackets for different benefits are defined by the Exercise of Rights to Public Funds Act (2010).

<sup>12</sup> For example, the PDIIS has recently prepared data on new pensioners by type of pension and gender (wage histories and data on the retirement procedure) at the individual level for the period 2000-2017. These data, linked with several administrative databases obtained from the SORS, were used for the preparation of a new version of the dynamic micro-simulation pension model.

The data on public spending collected and monitored by the HIIS are collected at the individual level. Expenditure is shown by kind of service, source of financing, and healthcare providers' industries. For research purposes, especially those defined by law (such as the Annual Programme of Statistical Surveys), these data are analysed and published (e.g. to estimate the burden of disease in the case of diabetes). The data on public spending broken down by specific population group are not published regularly but sporadically through research. The HIIS publishes data on expenditure and services provided, by diagnosis group / speciality and provider.

Since the data on social and family benefits are individual-level, they can be broken down by specific population groups.

The key data on labour market integration include: 1) registered unemployed by gender, age, education, duration of unemployment, month, cash social assistance beneficiaries, disability, unemployment benefit beneficiaries, inflow/exit, fulfilment of the active job-search obligation, and fulfilment of the obligation to accept a job offer; 2) individual active labour market policies (ALMPs) by inflow/exit, gender, age, education, and month; 3) number of people deleted from registers due to failing to fulfil their obligations, and inflow into/exit from the Temporarily Unemployable Persons register; and 4) users of other services, and their exit into employment.<sup>13</sup>

## 1.7 Timing and public accessibility of data

Data on the revenues and expenditure of the pension system are presented in the form of the PDIIS budget. The MoF publishes the PDIIS budget on a monthly basis with a time lag of t+15 days. It is publicly accessible online in the form of an Excel file (MoF, 2021a).

The HIIS data on expenditure by diagnosis group<sup>14</sup> / speciality and provider are published monthly (for the previous month) on the HIIS website. Most of the SORS and NIPH data/publications, such as the System of Health Accounts and the Health Statistics Yearbook, provide data annually, with a two-year lag. The data on long-term care are published by the SORS in December of the year N+2, while the data on healthcare expenditure are published each June of the year N+2, which is similar to the ESSPROS data publication, but later than COFOG. Most of the data are available as online analysis results obtained using an online tool. The results are easily downloadable.

Monthly data on expenditure on cash social assistance, extraordinary cash social assistance, income supplement, death grant, and funeral grant (and beneficiaries) are publicly available online from the MLFSAEO website as an Excel file (MLFSAEO, 2021b). The MLFSAEO also publishes publicly accessible monthly reports on social transfers promptly on its website, with a time lag varying between just a few days and around a month (MLFSAEO, 2021c).<sup>15</sup>

The data necessary for monitoring the National Housing Programme 2015-2025 (Resolution on the National Housing Programme 2015-2025, 2015) and social services are provided annually by the organisers of individual activities and published in publicly available (online) annual reports early in the following year (housing) or at the end of the current and following year (social services).

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<sup>13</sup> See: [https://www.ess.gov.si/trq\\_dela](https://www.ess.gov.si/trq_dela) and [https://www.ess.gov.si/trq\\_dela/publicistika](https://www.ess.gov.si/trq_dela/publicistika) (accessed 18 November 2021).

<sup>14</sup> In secondary care, the providers of healthcare services are financed through diagnosis-related groups (DRGs). All providers report the number of cases in each DRG. Each DRG has a weight attached, which can be multiplied by the price of weight 1. On this basis, the expenditure for each diagnosis group (DRG) can be calculated.

<sup>15</sup> All this is available at: <https://www.gov.si/podrocja/socialna-varnost/socialne-pomoci-subvencije-in-znizana-placila/> (accessed 20 November 2021).

## 1.8 Sub-national frameworks

There are no well-established sub-national frameworks in Slovenia.

The municipalities are responsible for organising primary healthcare and early childhood education and care (ECEC). For ECEC, for example, they collect information on expenditure, staff, beneficiaries, and quality of services, and send it to the MoF and the Ministry of Education, Science and Sport; they also use it in their own decision-making. The data collection is not unified at the municipality level, except for the part that must be transmitted to the national level.

## 2 Reporting/review tools for public social spending

The reporting/reviews are both periodic (mostly annual) and ad hoc. They are performed by responsible ministries and major national institutes/services, but also by the Fiscal Council, Court of Audit, appointed national Councils/taskforces/bodies, and independent research organisations. The focus of reporting/reviews varies from the whole system (pension, healthcare, or housing) to individual types of benefits or services. Reviews are made obligatory under all national strategic documents/resolutions.

### 2.1 Pensions

The data collected by the PDIIS help the regular monitoring of the effectiveness of public social spending by looking at and evaluating the fulfilment of set aims, such as adequate pensions. The PDIIS regularly publishes annual and monthly publications/reports (regarding its budget, benefit ratios, insured people/pensioners ratios, etc.) (PDIIS, 2021a). There are also ad hoc research reports focusing on the socio-economic position of pensioners and older people – there were five biennial reports in the period 2003-2013, the latest being published in 2017 (Kump, 2017); the next one is planned for 2022. Each year the MoF publishes the Stability Programme (long-term stability of public finances; GRS, 2021d), the National Reform Programme (poverty and planned measures; GRS, 2020), and a triennial Country Fiche on pensions (long-term stability of the pension system, replacement rates at retirement, benefit ratios, old-age dependency ratio and system dependency ratio, and sensitivity analysis; MoF, 2021b). The IMAD publishes annual Development Reports<sup>16</sup> (IMAD, 2021a) in which various outcome indicators are analysed (at-risk-of-social-exclusion rate, inequality and income distribution, median equivalised disposable income, housing deprivation rate, material and income deprivation, in-work at-risk-of-poverty rate, unemployment and long-term unemployment rates, and temporary and precarious employment).

One of the ad hoc review tools was an occasional report meant to serve as the basis for the next pension reform: the White Paper on Pensions (MLFSAEO, 2016a). The content covers the analysis of the context, the effects of the 2012 pension reform, and potential solutions that would ensure fiscal sustainability of the pension system and adequate pensions. The document "Starting points for the modernisation of the Pension and Disability Insurance System in the Republic of Slovenia" was prepared by a taskforce and unanimously adopted by the social partners. The Economic-Social Council accepted it as well (GRS, 2017). The agreed key aims of pension system development were: 1) gradual achievement of decent pension levels at a minimum replacement rate of 70%; 2) financial sustainability; 3) system transparency; and 4) raising the confidence of all generations in the pension system. Additionally, the Government adopted the document "Older workers and the labour market in Slovenia" (MLFSAEO, 2016b) (and the related action plan) as an important and necessary addition to the White Paper on Pensions. A number of amendments to the Pension and Disability Insurance Act (2012), passed

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<sup>16</sup> Available at: [https://www.umar.gov.si/en/publications/development-report/?no\\_cache=1](https://www.umar.gov.si/en/publications/development-report/?no_cache=1) (accessed 18 November 2021).

afterwards, increased the adequacy of pensions despite the deteriorating long-term sustainability of the pension system.<sup>17</sup>

Some other important ad hoc reports were prepared for the purpose of: a required reform of the statutory funded pensions (Majcen, Čok and Ogorevc, 2020); the preparation of proposals for possible solutions, with financial implications in 2017-2020, in the field of social security and pension protection (by the Government, led by the MoF; GRS, 2016a); a revision report on poverty-reduction performance (Court of Audit, 2021b); and a presentation and analysis of the position of Slovenia regarding the 20 principles of the European Pillar of Social Rights in three areas – equal opportunities and access to the labour market; fair working conditions; and social protection and inclusion (IMAD, 2021b).

## 2.2 Healthcare

There are quite a few review tools that Slovenia deploys in order to judge the impact of healthcare spending on outcomes (that is, positive health) for the population. Recurrent reviews are defined in the Annual Programme of Statistical Surveys<sup>18</sup> (2020) and include the following:

- healthy life years expectancy indicators (based on EU-SILC data<sup>19</sup> and the “Deaths” database from the Central Population Register);
- causes of death (based on administrative sources, such as the Central Population Register, but also on the reports by the Police, autopsy providers, etc.);
- monitoring of diabetes management to define the burden of disease (data from the HIIS, the Slovenian Society of Nephrology, Slovenija-transplant, and providers);
- monitoring of the National Colon and Rectal Cancer Screening Programme (data from the HIIS, Institute of Oncology and other providers, and the Central Population Register);
- health status and determinants of health (multiple administrative sources, such as the Central Population Register, alcoholic beverages consumption, and research on smoking and alcohol consumption);
- healthcare of the population at primary care level and at out-patient specialist level (administrative sources and providers of care);
- healthcare of the population in in-patient hospital care (based on data from administrative sources and providers of care);
- health and environment (environmental indicators that affect the health of the population, based on the administrative data);
- health of the population (across age groups, gender, regions, social and economic determinants, etc.);

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<sup>17</sup> The amended Pension and Disability Insurance Act increased the minimum old-age and disability pension to €500 per month from 1 October 2017 for pensioners with full retirement conditions (Act Amending the Pension and Disability Insurance Act, 2017). This amount slightly exceeds the income threshold for entitlement to income supplement, thus ensuring basic social security for this group of pensioners (Majcen, 2017).

On 3 October 2019, the Government adopted amendments to the Pension and Disability Insurance Act and the Labour Market Regulation Act (MLFSAEO, 2019a). Both acts were finally approved by the Slovenian Parliament on 29 November 2019 (MLFSAEO, 2019b). They pursue two basic objectives: 1) to prolong work activity; and 2) to ensure a decent income in old age, and so improve the social situation of all pension and disability insurance beneficiaries. Special attention is paid to improving the socio-economic situation of the most vulnerable groups within the pension system (Majcen, 2019).

<sup>18</sup> Available at: <http://www.pisrs.si/Pis.web/pregledPredpisa?id=DRUG4813> (accessed 18 November 2021).

<sup>19</sup> European Union statistics on income and living conditions.

- providers of healthcare (administrative sources);
- accidents and injuries at work (Analysis of Causes of Absenteeism, based on administrative data);
- sickness (Analysis of Causes of Absenteeism, based on administrative data);
- health-related behaviour in schools (based on a questionnaire sent to a sample of schools);
- literacy in mental health (based on administrative sources and a questionnaire for a selected sample); and
- pandemic exhaustion (administrative sources and the questionnaire for a selected sample).

The health of the population is presented and compared across age groups, gender, regions, and social and economic determinants in annual NIPH publications, principally in the Health Statistics Yearbook of Slovenia.<sup>20</sup> The latest one (for 2019) was issued in 2020 (NIPH, 2020). There are further reviews, such as reporting of quality indicators (see Section 1.4). These reviews are general and do not refer directly to specific expenditure, but to spending on healthcare in general. Nonetheless, their results can be used to prepare new measures and policy initiatives by the Ministry of Health. The IMAD publishes annual Development Reports<sup>21</sup> (IMAD, 2018; IMAD, 2019; IMAD, 2020; IMAD, 2021a) in which selected indicators of expenditure and outcomes in healthcare are available, such as life expectancy, healthy life years, and expenditure on healthcare.

Besides regular reviews, there is ad hoc research to review spending or social outcomes. A good example is a review of spending patterns in out-patient specialist care in cardiology. Based on the HIIS data, the ad hoc study established that, due to wrongly defined financial incentives, the specialists aimed to provide more services per patient instead of more examinations (Prevolnik Rupel, Kuhar and Marušič, 2021). The consequences were longer waiting lists and inefficient use of funds. A high variability in the number of services per examination by provider indicated that some providers provided unnecessary services. The study resulted in the proposal of new payment mechanisms for 2022. Such reviews are mostly triggered by pure research interest in the healthcare system, and are sometimes compatible with wider research activities going on in the country – in this particular case it was the “REFORM/SC2020/076 – Modernisation of payment models for outpatient healthcare in Slovenia” project.

Each Annual Programme of Statistical Surveys (2020) further defines the developmental part of the programme. In 2021, these activities included the following topics: Inequalities in health, Cohort study of population health depending on environmental risks, Estimate of drug abuse, and State of child and adolescent health.

### 2.3 Other areas of public social spending

Two to three main performance indicators are defined for each of the development goals of the Slovenian Development Strategy 2030 (GRS, 2017), with input and target values. “People at Risk of Social Exclusion” is one of six key performance indicators. The governmental IMAD monitors and analyses the achievement of the related goals and reports in its annual Development Reports<sup>22</sup> (IMAD, 2018; IMAD, 2019; IMAD, 2020; IMAD, 2021a). These reports include a broad range of other development indicators in

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<sup>20</sup> Available at: <https://www.nijz.si/sl/nijz/revije/zdravstveni-statisticni-letopis-slovenije> (accessed 17 November 2021).

<sup>21</sup> Available at: [https://www.umar.gov.si/en/publications/development-report/?no\\_cache=1](https://www.umar.gov.si/en/publications/development-report/?no_cache=1) (accessed 18 November 2021).

<sup>22</sup> Available at: [https://www.umar.gov.si/en/publications/development-report/?no\\_cache=1](https://www.umar.gov.si/en/publications/development-report/?no_cache=1) (accessed 18 November 2021).

addition to the indicators defined in the Strategy – for example, the at-risk-of-poverty threshold, at-risk-of-poverty rate, in-work at-risk-of-poverty rate (by employment contract), material and income deprivation, unemployment and long-term unemployment rates, and housing deprivation rate. When feasible and where the data allow it, the indicators are monitored and analysed separately by gender, age group, and statistical region.

Expenditure on social protection is analysed in the Stability Programme (GRS, 2021d). The Fiscal Council reports on expenditure on social transfers twice a year (FC, 2021). The reports are available on the Fiscal Council's website.<sup>23</sup>

In 2021, within the framework of the EU European Semester, the IMAD published a report on implementation of the European Pillar of Social Rights in Slovenia<sup>24</sup> (IMAD, 2021b). The report provided a large number of agreed indicators, including expenditure on social protection as a percentage of GDP and in purchasing power parities per inhabitant, an increase in social benefits in real terms, sources of funding for social protection programmes, indicators on social benefits and beneficiaries, health indicators, pension indicators, the risk of poverty, and the risk of poverty and social exclusion.

In 2016, a taskforce established by the Government conducted an ad hoc review of expenditure in the field of social security and pensions, with financial implications for 2017-2020, including an evaluation of measures and proposals (MoF, 2016). On this basis, the Government instructed the MLFSAEO, Ministry of Health, and Ministry of Education, Science and Sport to draw up, within 14 days, a list of measures under their responsibility and a planned timetable for their implementation in 2016 and 2017<sup>25</sup> (GRS, 2016b).

The MLFSAEO has delegated the monitoring and evaluation of social and family benefits, personal social services, and social activation programmes to the IRSSV. The IRSSV creates and maintains a variety of databases and monitors the implementation of a number of government programmes using its systems of indicators, and so provides informational support for the MLFSAEO by collecting and analysing data. For the purposes of effective decision-making, it provides expert opinions on a number of government measures and advises the MLFSAEO. The monitoring and evaluation details are included in the annual work programmes agreed between the MLFSAEO and the IRSSV.

The IRSSV publishes annual reports on the social situation in Slovenia<sup>26</sup> (Trbanc *et al.*, 2019a; Trbanc *et al.*, 2020). These are comprehensive overviews of changes in the social situation in Slovenia in the previous two years, and analyses of the impact of various factors on the social status of individuals and families. Data on expenditure and beneficiaries for a longer time period are presented in order to monitor and analyse developments and trends in individual indicators. The standard contents of these reports cover: a review of circumstances that affect the social status of people; analysis of indicators of the living standards of the population, with an emphasis on vulnerable groups; analysis of data on the number and structure of recipients and beneficiaries of cash benefits and certain means-tested subsidies; assessments and opinions of humanitarian and non-governmental organisations on changes in the social situation of their users; and a chapter with a specific focus.

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<sup>23</sup> Available at: <https://www.fs-rs.si/publications/public-finance-and-macroeconomic-developments/> (accessed 21 November 2021).

<sup>24</sup> Available at: [https://www.umar.gov.si/fileadmin/user\\_upload/publikacije/ESSP/2021/ESSP\\_splet.pdf](https://www.umar.gov.si/fileadmin/user_upload/publikacije/ESSP/2021/ESSP_splet.pdf) (accessed 16 November 2021b).

<sup>25</sup> The MLFSAEO's feedback is available at: <http://vrs-3.vlada.si/MANDAT14/VLADNAGRADIVA.NSF/71d4985ffda5de89c12572c3003716c4/1923aa9d81cfea32c1257fb200383f6c?OpenDocument> (accessed 21 November 2021).

<sup>26</sup> Available at: <https://www.irssv.si/index.php/socialne-zadeve/socialni-polozaj> (accessed 18 November 2021).

The IRSSV monitors the implementation of multi-year National Social Assistance Programmes, and reports each year<sup>27</sup> on their implementation and the achievement of the objectives set<sup>28</sup> (IRSSV, 2020; Smolej *et al.*, 2018; Rosič *et al.*, 2019; Smolej Jež and Trbanc, 2021). The objectives are quantified (key values) and include an even regional accessibility of programmes. The National Social Assistance Programme 2013-2020 (Resolution on the National Social Assistance Programme 2013-2020, 2013) had a horizontal objective (improvement of the quality of life of individuals and families, an increase in social cohesion, and social inclusion of all population groups) and three key objectives for development of the social assistance system:

- lowering the risk of poverty, and increasing the social inclusion of vulnerable groups;
- improving the availability and diversity of social assistance services and programmes, and ensuring their availability and accessibility; and
- improving the quality of services, programmes, and other forms of assistance by increasing the management efficiency of implementing organisations, their autonomy and quality management, and ensuring greater influence by users on the planning and implementation of services.

The evaluation of the first key objective is performed for various population groups, by gender, age, education, citizenship, household work intensity, activity status, household type, and housing conditions. The impact of social transfers (without pensions) on the risk of poverty is analysed. The achievement of the second goal is measured through the relationship between the number of users of community forms of social protection and users of institutional forms of social protection. The aim is to increase the share of users of community forms and reduce the share of users of institutional forms of social protection. The analysis discusses what was done and what obstacles were faced. There has been an uneven regional distribution of certain social protection programmes, as these were more concentrated in urban centres (Kovač, Orehek and Černič, 2020). Data related to quality management in implementing organisations (Rosič *et al.*, 2019) are rather scarce, so only the target value of the key indicator can be assessed (that all providers of social welfare services and public verified social welfare programmes with at least 10 employees obtain a certificate from one of the certified quality-management systems, and that the indicators of the quality management system are also used in monitoring and evaluating the performance of contractors). The main reason is the lack of financial resources and staff to deal with this area (or that the contractors are still in the process of obtaining a certificate).

The Audit Report on the effectiveness in reducing poverty in the period 2017-2020<sup>29</sup> (Court of Audit, 2021b) was also related to the implementation of the National Social Assistance Programme 2013-2020 (Resolution on the National Social Assistance Programme 2013-2020, 2013). In its evaluation, the Court of Audit referred to the expenditure on individual social transfers.

Based on the National Social Assistance Programme 2013-2020 (Resolution on the National Social Assistance Programme 2013-2020, 2013), the four-year implementation plans are adopted at both the national and regional level (they have consequences for local communities' planning documents as well). Regional implementation plans include those goals and tasks that exceed the competences of individual local communities

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<sup>27</sup> Available at: <https://www.irssv.si/index.php/socialne-zadeve/spremljanje-zakonodaje-in-strateskih-dokumentov> (accessed 18 November 2021).

<sup>28</sup> The same is envisaged in the internal draft of the Resolution on the National Social Assistance Programme 2021-2030 (MLFSAEO, 2021a).

<sup>29</sup> Available at <https://www.rs-rs.si/revizije-in-revidiranje/arhiv-revizij/revizija/smotrnost-poslovanja-ministrstva-za-delo-druzino-socialne-zadeve-in-enake-moznosti-pri-zmanjsevanj/> (accessed 21 November 2021).



(municipalities). In these plans, the responsibility, deadlines, and financial resources are defined. Once a year, local communities report to the Regional Co-ordination Groups on the achievement of the objectives they have defined in their planning documents and which fall within the framework of the implementation of the National Social Assistance Programme. Six months before the end of each period covered by the regional implementation plan, regional SWCs submit implementation reports, which are then approved by the regional co-ordination group and adopted by the competent local authorities, together with a proposal for the regional implementation plan for the next period. The National Co-ordination Group and the representatives of the Regional Co-ordination Groups exchange information on the achievement of the objectives or measures adopted in the implementation plan at least once a year.

Social services are evaluated annually by the IRSSV (e.g. Kovač, Orehek and Černič, 2020). The reports<sup>30</sup> deal with the cost of services, their financing, availability across municipalities, access to services and their affordability considering the prices paid by the recipients, approaches to the organisation of services, potential unsatisfied needs, etc. Each year since 2018 the IRSSV has monitored and evaluated social programmes that support families, both expenditure and outcomes<sup>31</sup> (Narat and Petrič, 2021). An ad hoc evaluation of the Crisis Centres for the Young has also been carried out (Dremelj, Topolovec and Kobal Tomc, 2016).

On the basis of providers' annual reports, the IRSSV also monitors the implementation of public social security programmes co-financed by the MLFSAEO,<sup>32</sup> on an annual basis, to gain insights into the state, trends, and development of the programme network, including personal social services, and the stability of financing and provision (IRSSV, 2021b; Kovač, Černič and Žiberna, 2020). The evaluation of programmes for the homeless, including eviction programmes, is performed on an annual basis (e.g. Smolej Jež *et al.*, 2018). There are also ad hoc evaluations, for instance of the programmes for the homeless (Žiberna, 2019) and drug-abusers (Žiberna *et al.*, 2016).

The development and setting up of a comprehensive social activation model (since 2017) has been evaluated by the IRSSV<sup>33</sup> (IRSSV, 2021a). Data are collected and evaluated on the number of social activation programmes, number of invited persons, number of included persons, number of exits (into education, ALMPs, etc.), number of positive exits (exits into employment), start and end of the project, and funds – all by the duration of programme. The number of exits is the main indicator that is monitored. The target is 25% exits into employment, education or ALMPs. In the third social activation evaluation report, Trbanc *et al.* (2019b) presented users' experiences and evaluation of programmes. In the fourth evaluation report, Trbanc *et al.* (2019d) presented the experiences and views of programme providers, social activation co-ordinators, and contact people at SWCs and Employment Offices. The final report (Trbanc *et al.*, 2019c) focused on various aspects of the establishment and operation of the social activation system and social activation programmes, and on the experiences of people who participated in the programmes. There are also internal ad hoc evaluations of the effectiveness of social activation pilot projects at the ESS (e.g. ESS, 2019).

The ESS is responsible for monitoring labour market activation. All services are monitored on a monthly basis. The ESS, together with its local Employment Offices, uses the key indicators to monitor the achievement of its goals on a regular basis. The ESS periodically (monthly, quarterly, bi-annually or annually, depending on the kind of data)

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<sup>30</sup> Available at: <https://www.irssv.si/index.php/socialne-zadeve/dolgotrajna-oskrba-in-varstvo-starejsih/pomoc-na-domu-socialna-oskrba-na-domu> (accessed 11 November 2021).

<sup>31</sup> Available at: <https://www.irssv.si/index.php/otroci-in-druzina/programi-v-podporo-druzini> (accessed 20 November 2021).

<sup>32</sup> Available at: <https://www.irssv.si/index.php/socialne-zadeve/socialno-varstveni-programi>; and <https://www.irssv.si/index.php/social-affairs/social-security-programmes> (accessed 18 November 2021).

<sup>33</sup> See: <https://www.irssv.si/index.php/socialne-zadeve/socialna-aktivacija> (accessed 18 November 2021).

reports to the MLFSAEO on the implementation of the following labour market measures: labour market services; ALMPs; unemployment insurance; and ensuring rights from the compulsory and voluntary unemployment insurance schemes. The data and analyses are publicly accessible in its Monthly Information (ESS, 2021a), Annual Reports (ESS, 2021b), and website (ESS, 2021c; ESS, 2021d).<sup>34</sup> The ESS evaluates labour market activation and publishes reports on a regular basis (monthly, quarterly, semi-annually, and annually). Ad hoc evaluation of selected ALMPs has also been carried out by the ESS and researchers (e.g. Kavkler, 2012; Burger *et al.*, 2017).

The purpose of MLFSAEO monthly reports on social transfers<sup>35</sup> (MLFSAEO, 2021c) is to monitor performance and resource allocation, and evaluate past or ongoing reforms, adequacy, and incentives to return to self-sufficiency (Malec, 2021). These reports present and analyse data on expenditure on, and beneficiaries of, 28 benefits/services (see Section 1.5).

The Resolution on the Family Policy 2018-2028: "A Society Friendly to All Families" (2018) contains almost 130 measures leading to a society that is friendly to all families. The Council of the Republic of Slovenia for Children and the Family was established by the national Government as a permanent professional consultative body that, among other duties, monitors the situation in the field of children and the family and reports to the Government. For that purpose, the respective ministries annually report to the Council, which evaluates the measures and the achievement of the Resolution goals using the set of indicators.

The Programme for Children 2020-2025 (GRS, 2020) sets fundamental goals and measures in the field of children's rights and the well-being and quality of life of children in the period 2020-2025. The 2020-2022 Action Programme (GRS, 2021a) was adopted by the Government in May 2021, with funds, measures, indicators, and responsible ministries. The inter-ministerial taskforce is in charge of monitoring and evaluation.

Similarly, the National Programme for Youth 2013-2022 (2013) has been monitored and evaluated (GRS, 2021b). The Government triennially reports to the Parliament on the implementation of the Programme (based on the triennial implementation plans).

The IRSSV database on children aged 0-18<sup>36</sup> consists of 13 sets of indicators, which are divided into indicators on basic areas of life (providing insights into the quality of life) and indicators on different categories of vulnerable children. The data are provided annually by various institutions and added to the database. The IRSSV occasionally evaluates the situation of children in Slovenia, linking outcomes with expenditure on children and focusing on poverty and social exclusion (Narat *et al.*, 2015; Črnak Meglič and Kobal Tomc, 2017).

The Minister of Labour, Family, Social Affairs and Equal Opportunities has appointed a special committee to monitor the implementation of the Action Programme for People with Disabilities 2014-2021 (MLFSAEO, 2014) adopted by the national Government. The committee members – representatives of ministries, professional organisations, the National Council of Disability Organisations of Slovenia, other disability organisations, and the Union of Pensioners' Associations of Slovenia – submit detailed reports each year on the implementation of the Action Programme in the previous year to the Government (including financial data). Based on their reports, the IRSSV (on behalf of the MLFSAEO) drafts synthesis annual reports (GRS, 2021c) that are discussed by the Government.

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<sup>34</sup> See: [https://www.ess.gov.si/trq\\_dela/publicistika](https://www.ess.gov.si/trq_dela/publicistika) and [https://www.ess.gov.si/trq\\_dela](https://www.ess.gov.si/trq_dela) (accessed 18 November 2021).

<sup>35</sup> Available at: <https://www.gov.si/podrocja/socialna-varnost/socialne-pomoci-subvencije-in-znizana-placila/> (accessed 20 November 2021).

<sup>36</sup> Available at: <https://www.irssv.si/index.php/otroci-in-druzina/spremljanje-polozaja-otrok-in-druzine/baza> (accessed 20 November 2021).

The Government Strategy in the Field of Migration (GRS, 2019) is monitored by the inter-ministerial taskforce.

The Ministry of the Environment and Spatial Planning monitors the implementation of the National Housing Programme 2015-2025 (also using the set of key indicators) and reports to the Government annually (Resolution on the National Housing Programme 2015-2025, 2015; MESP, 2019; MESP, 2020). The reports provide an overview of the effectiveness and adequacy of measures to achieve the objectives set.

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