Plesnicar A, 2026, Disjointed EU Project Participation Perpetuates Fragmentation and Poor Coordination in Slovenian Long-Term Sick Worker Reintegration Strategies. International Journal of Integrated Care 26(S2):411
DOI: doi.org/10.5334/ijic.ICIC26411

POSTER ABSTRACT

Disjointed EU Project Participation Perpetuates Fragmentation and Poor Coordination in Slovenian Long-Term Sick Worker Reintegration Strategies

International Conference on Integrated Care (ICIC26), Birmingham, 13-15 April 2026

Andrej Plesnicar[1]

1: ZZZS, Slovenia

Background: Slovenia (population 2.1 million, workforce 1,060,000, unemployment 4.3%-June 2025) has 30,000 workers on sick leave over 45 days, 10,000 absent over a year, and 1,500 for three years or longer, costing the Health Insurance Institute of Slovenia (ZZZS) €700 million annually. Healthcare, ZZZS, and the Employment Service of Slovenia (ESS) operate in silos, delaying intervention and worsening exclusion. This study examined whether fragmented European Union (EU) funding compounds Slovenia's reintegration challenges.

Method: We analysed all ongoing EU projects addressing long-term sick workers in Slovenia, focusing on European Social Fund Plus (ESF+) and Recovery and Resilience Facility (RRF) programmes. Each was reviewed for purpose, scope, and integration.

Results: Six major programmes operate without coordination:
•ESF+ "Model for Integrated Early Vocational Rehabilitation for Mental Health" (2025–2027, €1.8M, €1.1M from ESF+): targets single conditions, no data-sharing.
•ESF+ "Digitalization of Employment Services" (2024–, €19.8M, €12.7M from ESF+): upgrades ESS, doesn't bridge ESS–ZZZS gap.
•ESF+ "Boosting Employment–Zaposli.me+" (2024–, €121M, €92M from ESF+): subsidizes hiring unemployed 50+, excludes sick leave transitions.
•RRF "Labour Market Measures to Reduce Negative Structural Trends" (2021–2026, €56.28M): addresses unemployment, ignores sick leave.
•RRF "Faster Entry of Young People into Labour Market" (2025–, €13.53M): serves only unemployed youth.
•RRF "Healthcare Digital Transformation and Infrastructure" (2021–, €166M): modernizes healthcare without coordination mechanisms.
None share data, governance, or case management.

Conclusion: Fragmented EU funding mechanisms perpetuate existing coordination failures in Slovenia's reintegration system. Rather than encouraging integration, ESF+ and RRF support isolated projects allowing institutions to act independently without joint accountability. It is thus imperative that unified governance, shared digital infrastructure, and coordinated teams linking

ZZZS, ESS, and healthcare providers are mandated. Since EU funding perpetuates fragmentation, national leadership must drive structural integration to help long-term sick workers return to work.