

Slovenia



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Slovenia is located between the Alps, the Pannonian Plain, the Mediterranean Sea and the Balkans. It borders Austria and Hungary in the north, Italy in the west and Croatia in the south. The territory covers 20 273 km². Formerly a constituent part of Yugoslavia, Slovenia declared independence in 1991. Slovenia has a democratic political system with a parliamentary form of state power. The country joined the European Union (EU) on 1 May 2004 and the EURO monetary system on 1 January 2007. In April 2007, Slovenia was rated as a developed country.

HEALTH AND DEVELOPMENT

Health for all by 2004. The National Healthcare Programme of the Republic of Slovenia – Health for All by 2004 – was adopted by the Parliament in 2000. Its objectives were: to formulate health promotion policy; to reduce inequalities in health care and improve the health of the population; to modify patterns of behaviour harmful to health; to promote a high-quality living environment; to promote the development of professionals and improve the quality of health care activities; and to promote research in health protection. During the period 2003–2005, Slovenia focused on reducing inflation according to the health care reform plan supported by the World Bank. The Government recognizes the importance of a multisectoral approach to managing some aspects of public health. It has recently (2007) accepted a strategy for physical activity for the period 2007–2012.

Priority interventions. The health care system continues to be a major priority for Slovenia. A macro policy framework has been established and key decisions on the structure of the health system have been taken. The main components of the system focus on enhancing public health and primary care; establishing health insurance funds; addressing the split between regulation, financing and provision; privatization of some health care providers; and decentralizing health care.

Hospital reform. The focus has been on hospital reform and the introduction of quality management systems. A set of hospital standards has been published and is being tested (2006–2007) before being used as the basis of a hospital accreditation programme. Primary care reform, relating mainly to organization and financing, information systems and quality, is ongoing.

Main causes of mortality (2005). The most important causes of mortality are diseases of circulatory system (288 per 100 000), malignant neoplasms (197 per 100 000), suicide (22 per 100 000), and traffic accidents (11.8 per 100 000). Selected alcohol-related causes (93.8 per 100 000) and smoking-related causes (215.7 per 100 000) are also significant. Suicide and traffic accidents are important causes of mortality among young people.

Main causes of morbidity. Cardiovascular diseases and cancer (500 per 100 000) are the most important causes of morbidity.

Total population (September 2006) ¹	2.0
% population 0–14 years old (2006) ¹	14.01
% population rural (2004) ²	49.1
Life expectancy at birth (years) ²	77.58
Mortality rate among children <5 years per 1000 (2003) ²	4.3
Maternal mortality rate per 100 000 live births ²	(2004)11.2 (2005)5.53
Public sector expenditure on health as a % of general government expenditure (2004) ³	14
Total health expenditure as a % of general government expenditure (2004) ³	8.7
Human Development Index rank of 177 countries ²	0.91
Adult (15+ years) literacy rate (%) ²	99.7
Infant deaths per 1000 live birth (2005) ⁴	4.15
% of population living below absolute poverty line ²	0.7
% of population living below national poverty line (relative poverty) ³	12

Sources:

¹ Statistical Office of the Republic of Slovenia

² European health for all database [online database]. Copenhagen, WHO Regional Office for Europe, 2007 (<http://www.euro.who.int/hfadb>, accessed 27 April 2007).

³ National health accounts: Slovenia [web site]. Geneva, World Health Organization, 2007 (<http://www.who.int/nha/country/svn/en/>, accessed 29 April 2007).

⁴ Institute of Public Health of Slovenia.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> The focus placed on hospital reforms and the introduction of quality management. The health system reform process, which involves all functions of the system and aims at achieving more efficient and satisfactory performance. The clear benefits achieved in the last ten years in areas such as food safety, air and water quality and safety, tobacco control, environmental health measures and regulations, chemical safety legislation, occupational health and ionisation radiation. The stability of the economy created through accession to the EU and the continuous push of the EU for reforms in economy and health. 	<ul style="list-style-type: none"> The high risks posed by alcohol-related conditions, injuries (accidents) and suicide. The increasing ageing population and the related increase in the incidence of cancer. The need to build health policy to cope with chronic, noncommunicable diseases (major causes of death). The lack of human resources (clinical staff) (for example, there are only 2.3 doctors per 1000 inhabitants in the clinical centre in Ljubljana). To privatize health care in order to increase efficiency, and still maintain equity and accessibility.

PARTNERS

Since 1997, and until April 2007 when Slovenia was rated as a developed country, the World Bank played an important role – along with the World Health Organization – in supporting health reforms in Slovenia. Many other international organizations, such as the Council of Europe (COE), the European Investment Bank (EIB), the United Nations Children’s Fund (UNICEF), the United Nations Development Programme (UNDP) and the Joint United Nations Programme on HIV and AIDS (UNAIDS), have also cooperated in this work in the last few years and some continue to do so. FAO has contributed to auditing food production and nutrition in a pilot project area and to the initial steps taken towards a comprehensive agricultural and nutrition policy and the development of healthy nutrition guidelines.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Very extensive involvement in the epidemiological system (rapid reaction with equipment, surveillance networking, training and institutional capacity building). 	<ul style="list-style-type: none"> • The increasing demands posed by the ageing population and by chronic conditions. • The rising expectations of the population regarding a modern, effective, equitable, economically viable and satisfactory health system.

WHO STRATEGIC AGENDA

One of the WHO priorities for collaboration is to make an accurate evaluation of action needed in the upcoming biennium based on the support required by the Government to implement strategy. The technical assistance of staff and consultants is provided in connection with the redesign and organization of stewardship, financing, fund-raising and service delivery.

- **Health care reform project.** The primary focus should be on improving financing systems and the organization of primary health care. Furthermore, in order to improve the lack of coordination between levels of care and to support the development of post-discharge patient care, a policy analysis should be carried out to identify needs and gaps.
- **Quality in health care.** Support should be given to the implementation of the health care reform project on the quality management of health care institutions. Based on a policy analysis of needs and gaps related to quality improvement in hospitals and in support of the national quality of care strategy, a training package on introducing quality standards and indicators into clinical practice should be developed for hospital managers. This package should be used for training staff and planning clinical work.
- **Public health services.** Against the background of lifestyle-related diseases, and in line with the current Biannual Collaborative Agreement with the Ministry of Health of Slovenia, a review of the public health services should be carried out with the aim of: (1) appraising capacity for promoting population health across sectors, and (2) identifying priorities for strengthening the service delivery function. Links should be established to previous projects on *Investment in Health* and to the European Committee for Health Promotion and Development.



Clinical centre, Ljubljana



Ljubljana city centre with the Institute of Public Health on the right

ADDITIONAL INFORMATION

WHO headquarters country page: <http://www.who.int/countries/svn/en/>

European Observatory on Health Care Systems, Health Care in Transitions Profile <http://www.euro.who.int/document/E76966.pdf>

WHO Regional Office for Europe Highlights on Health in Slovenia: <http://www.euro.who.int/eprise/main/who/progs/chhsvn/home>

WHO Regional Office for Europe country page: <http://www.euro.who.int/countryinformation/CtryInfoRes?COUNTRY=SVN&CtryInputSubmit=>

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WHO/CCO/07.04/Slovenia

Updated: April 2007