Country Cooperation Strategy
at a glance

World Health Organization

Slovakia

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Indicator	Value
Total population (2005)[1]	5.45 million
% under 15 (2005)[1]	16.83
Population distribution % rural (2005)[1]	45.5
Life expectancy at birth (years) (2006)[2]	74.2
% of population living below poverty line (<$4/day) (2005)[4]	11.4
Under-five years mortality per 1000 live births (2005)[1]	8
Total health expenditures as % of GDP (2005)[2]	6.5
General government expenditure on health as % of general government expenditure (2003)[3]	13.2
Human Development Index Rank, out of 177 countries (2006)[1]	42
Gross National Income (GNI) per capita US$ (2005)[1]	15 871
Adult (15+) literacy rate (2005)[5]	99.6
% of population with sustainable access to improved water source (2005)[1]	100
% population with sustainable access to improved sanitation (2004)[5]	100

Sources:
[1] Human Development Report 2007/8
[2] National Health Information Centre SR
[3] World Health Report 2006
[4] WHO data on National Health Accounts
[5] World Development Indicators 2006 (World Bank)

Slovakia (official title Slovak Republic) is a landlocked country located in the very heart of Europe, covering 49 035 km². It borders the Czech Republic, Poland, Ukraine, Hungary and Austria. 85.8% of inhabitants are Slovaks; Hungarians with 9.7% are the largest ethnic minority followed by 400 000 Roma people dispersed throughout the country. The capital city Bratislava has half million citizens. Slovakia is divided into 8 regions and 79 districts. Slovakia is member of UN and its agencies since its establishment (January 1, 1993), member of the European Union (EU) (2004), North Atlantic Treaty Organization (NATO) (2004), Organisation for Economic Co-operation (OECD) (2002), Council of Europe (1993), and the Organization for Security and Cooperation in Europe (OSCE) (1993). Slovakia is a parliamentary democratic republic. The recent general elections were held in June 2006 bringing in power coalition of social democrats and nationalists. The Slovak head of state is President Ivan Gašparovič (term of office till 2014). In 2006, Slovakia reached the highest economic growth among the OECD states; this trend has been recently stopped by the global economic crisis increasing also unemployment rate up to 10%. The EURO currency was introduced in January 1, 2009.

HEALTH & DEVELOPMENT

The social-democratic Government of the Slovak Republic formed following the general elections held on 17 June 2006 considers health, equality in health care provision, and health care availability to constitute the fundamental right of every citizen. In its Manifesto it has committed itself to a responsibility for ensuring access to adequate health care to all citizens. The scope of this care must be defined by the law and, and to that extent, health care must be financed from health insurance.

Main causes of morbidity and mortality: The Slovak population suffers mostly from noncommunicable diseases (NCDs) with leading underlying risk factors being tobacco, alcohol, obesity and lack of physical activity. In 2006, the prevalence of smoking was 38% (26% regular smokers), alcohol: 8.6 liters pure alcohol per capita, obesity of adults: 26% women and 19% men; plus13.3% obese in group 6-18years. 40% of population does not have regular physical activity including 20% of children and youth. In 2006: Life expectancy at birth was 79 years for women, 70 years for men, Health-adjusted Life Expectancy (HALE): 70 years for women, 63 years for men. Leading causes of morbidity were diseases of the circulatory system accounting also for 54.5 % of all deaths, 22.3% of deaths were due to cancer, external causes of death ranked the third with 5.9%. Among the oncologic diseases, the highest incidence in men was cancer of the lungs, in women breast cancer; colorectal cancer ranked the second in both sexes. Incidence of HIV/AIDS and new tuberculosis (TB) cases is very low. Slovakia has traditionally had a high vaccination rate of population against all by WHO recommended diseases (99.8%).

Ongoing reform of the health system: The major health reforms started in 2004 with adoption of legislation introducing private market principles in health care and financing. Privatization of out-patient care and health insurance funds have on one hand led to fiscal discipline and decreasing indebtedness of health sector, on the other increased inequalities in access and quality of provided care. Expenditures for drugs continued to grow (35% of Total Health Expenditure). Since 2006, the stewardship role of the Ministry of Health (MoH) has been gradually improving. Its major focus is on strengthening the health system, improving quality and access to care, long-term care, patients' safety, health determinants, healthy lifestyle, financial sustainability of the system, but also on stabilizing the health workers who seek better working conditions abroad.

Priority interventions: The new concept of state health policy adopted in January 2008 highlights the need to improve health care quality and safety requires introduction of quality management and indicators to assess quality of providers and to measure their performance, to launch a system of accreditation of health care facilities. Hospital reform is aimed at reduction of number of hospitals and acute beds. This goes hand in hand with strengthening of out-patient, especially primary health care. To sustain health care expenditures, MoH has to work out basic benefit package (BBP) and introduce supplementary/voluntary health insurance. Discussions are ongoing whether to create only one public health insurance company instead of five, four of them being private, but managing public funds (collected premiums). Financial protection must be improved as the private household expenditures reached the impoverishing level in more than 20% of population. MoH has to develop an effective system of monitoring the system on the level of purchase and delivery of services to avoid the alleged corruption in purchasing and reimbursing of goods and services. It must further struggle for increasing the GDP percentage for health to cover the acute care but also to be able to invest in health.

Public health services: New Act on health promotion, protection and development (prepared with the assistance of WHO/EURO) entered into force on 1 September 2007. It is a modern intersectoral law introducing evidence-based measures for primary prevention, health promotion and health impact assessment. Self-care and self-responsibility for health has improved recently due to better education and information, but also due to the fact that many health services including those basic ones have to be paid for. The government will enforce the orientation of health services on prevention and timely diagnostics of diseases; support the implementation of the preventive programmes, and enforce a comprehensive programme of care for children and the elderly.

OPPORTUNITIES	CHALLENGES
• The current government has highlighted health care, social issues and improving living standards with a focus on vulnerable groups as priority areas for investment and developing • Universal health insurance coverage provides the opportunity to deliver cost-effective, evidence-based interventions and address major public health threats • Down-size number of hospital beds and strengthen out-patient care is agreed necessity by all stakeholders • Rapid economic development allowing increase investments in health • Well-developed and distributed network of public health institutes to monitor health and tackle emerging health threats	• Strengthen "Health in all policies", promote multisectoral approach to health • Strengthen stewardship role of the MoH in policy development and sector regulation • Tackle inefficiency of the health care delivery system; its insufficient cost-effectiveness, safety and quality of health care • To work out reasonable human resources plan to stabilize the health workers in number and quality • Define BBP and introduce complementary insurance • Reduce high prevalence of lifestyle-related risk factors • Poor system and use of existing health information systems

PARTNERS

The WHO Country Office has been systematically investing in building partnerships with relevant home and international partners for health to provide technical and financial assistance to Slovak MoH and other health-focusing institutions and to promote the position of the WHO's leadership in health. Among the UN agencies, a fruitful collaboration has been with UNICEF (health of children), UNHCR (health of refugees and immigrants) or UNFPA (sexual and reproductive health). The World Bank loan for health sector in 2004-2007 was implemented with technical assistance of WHO experts. The Council of Europe is regular partner in patient's rights and patient safety projects as well as in collaboration in the European Healthy Schools network. After joining the European Union, the public health agenda of the Directorate General for Health and Consumer Affairs (DG SANCO) has become an important interface for the country work. 250 million Euros from the EU Structural funds have been earmarked for Slovakia for years 2007-2013 to renovate and modernize its health system and facilities. Bilateral contacts have been established also with several embassies (e.g. Norway, The Netherlands, Belgium, the United Kingdom of Great Britain and Northern Ireland, the United States of America or Greece), who support especially educational and research activities or projects aimed at improvement of health of marginalized or disabled people. The country office also maintains regular contacts with selected public media in order to keep the Organization and its work in the public attention.

OPPORTUNITIES	CHALLENGES
• WHO is recognised as public health leader and implementer of complex health strategies and programmes • Further development pf partnership (task sharing) with the EC in implementation of the EU health strategy, which is derived form WHO • Capacity building aimed at launch, implementation and sustainability of public health reforms	• Slovakia (being a member of the EU and OECD) has limited access to international support – seeking for niche • Good coordination of activities with the partners (clear policy, tools and procedures and accountability) • Rising expectations of beneficiaries – ensure that deliveries match the needs

WHO STRATEGIC AGENDA

Health system reform and improving health of population in Slovakia is an ongoing process, in which WHO has been providing continuous technical and financial support resulting in many positive achievements, like universal coverage and financial protection in getting health services, elimination and/or significant reduction of certain communicable diseases, or prolonging life expectancy at birth by 2.5 years in past decade.

It is expected that WHO will provide further assistance in following areas:

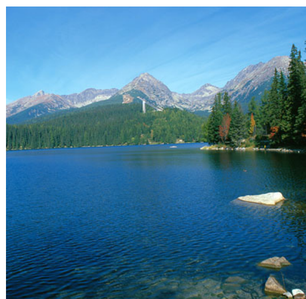
1. **Strengthening core functions of health systems including the stewardship role of MoH in leadership on matters critical for health**
   - Increasing human resources for health and generating resources
   - Ensuring multi-source financing of health and optimization of effective utilization of sources
   - Ensuring gradual increase of quality of provided care applying quality system management, monitoring and evaluation

2. **Scaling up effectiveness of health promotion and disease prevention**
   - Providing evidence about effectiveness of and setting norms for health promotion and disease prevention
   - Implementation of health policies motivating citizens to self-responsibility to preserve good health
   - Implementation of national immunization plans on the basis of WHO recommendations

3. **Strengthening health security**
   - Enhancing equity in health and care for vulnerable groups of population
   - Tackling major health risk factors, reducing disabilities and mortality from noncommunicable diseases
   - Effective implementation of the International Health Regulations (IHR) as a part of national and international health security

4. **Health information and introduction of effective eHealth**
   - Improvement of health information systems on monitoring population health, health system functions, health determinants, health trends

Capital city Bratislava



HighTatra Mountains

Historical town Levoča

Spa Sklené Teplice

ADDITIONAL INFORMATION

WHO country office website **http://www.who.sk**
EURO country page **http://www.euro.who.int/countryinformation/CtryInfoRes?COUNTRY=SVK&CtryInputSubmit**
WHO country page **http://www.who.int/countries/svk**

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