



REPUBLIC OF SLOVENIA
MINISTRY OF HEALTH

The Slovenian experience: Creating resilient communities and care for vulnerable population groups

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Overview

- **Health challenges in Slovenia**
- **Response**
 - Strengthening primary health care, health promotion and disease prevention
 - Health, reduction of inequalities and vulnerable groups in Operational program 2014- 2020
 - Norwegian mechanism 2009- 2014
 - Good practices
- **National health plan 2016-2025: Together for the health of society**

Slovenia: the beauty of diversity



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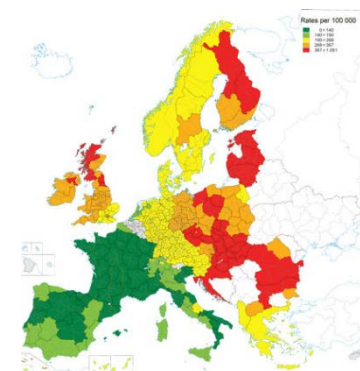
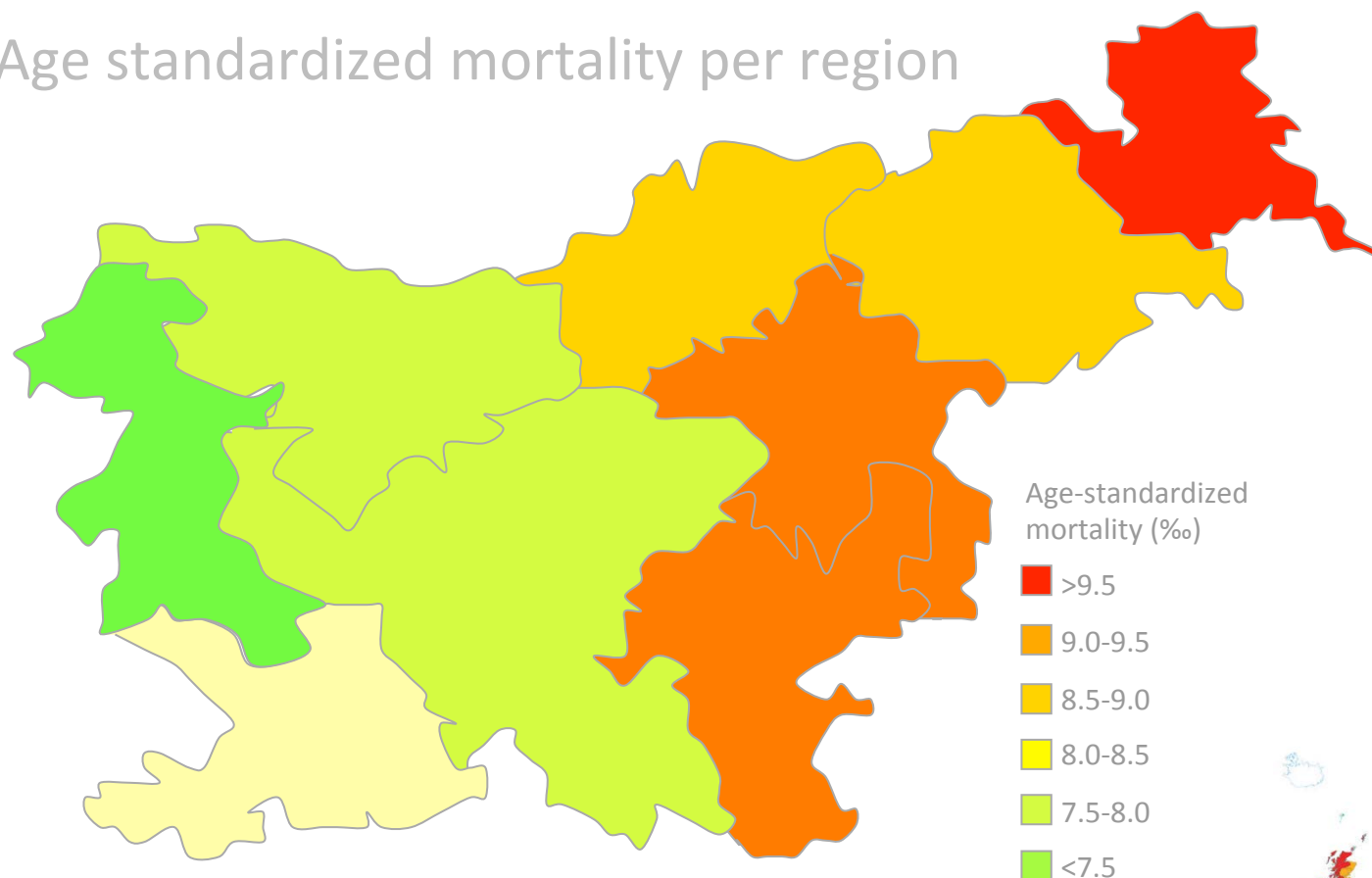
Area: 20,273 km²

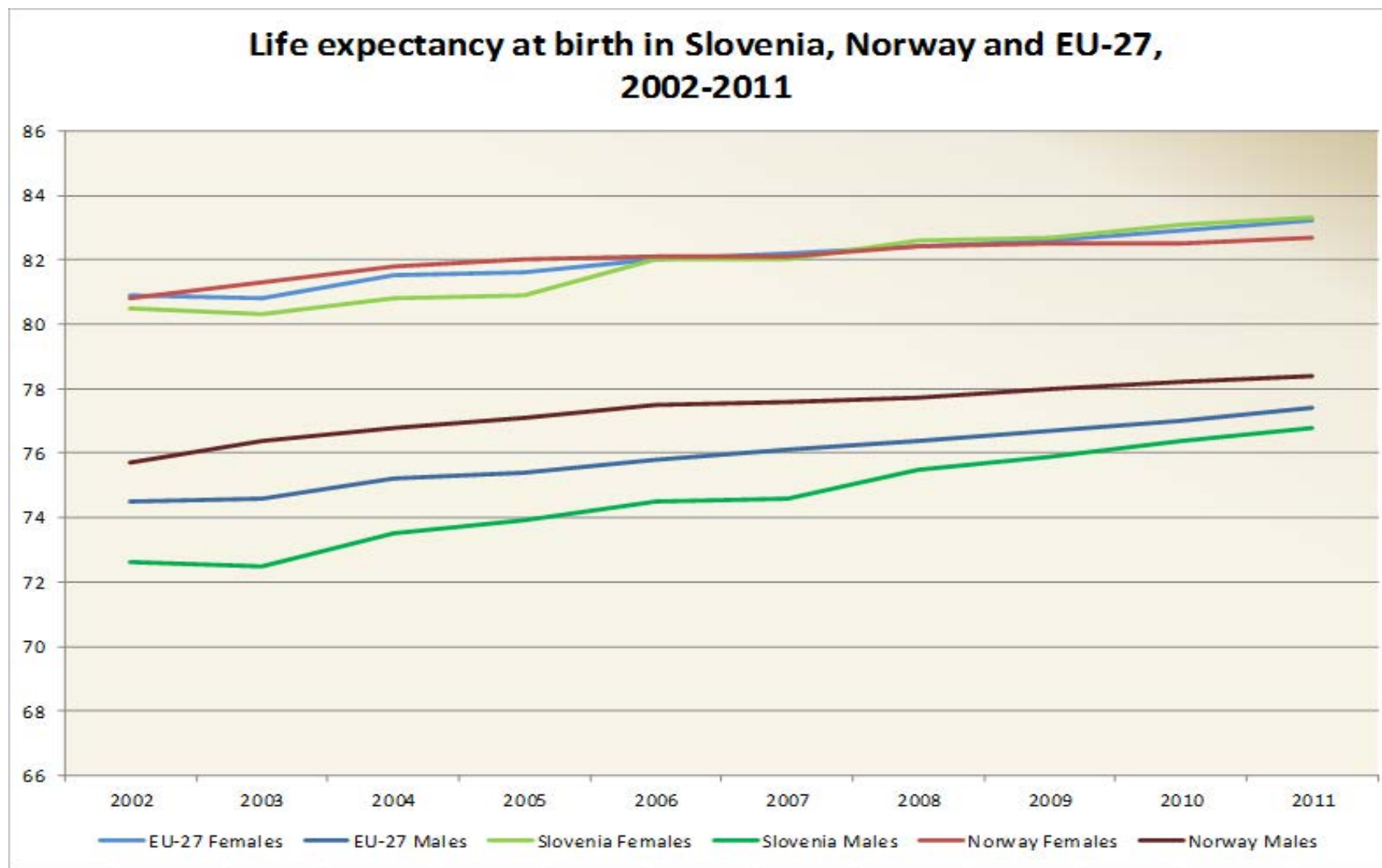
Pop.: 2 million
25% live in
urban area

9 health regions
215 municipalities

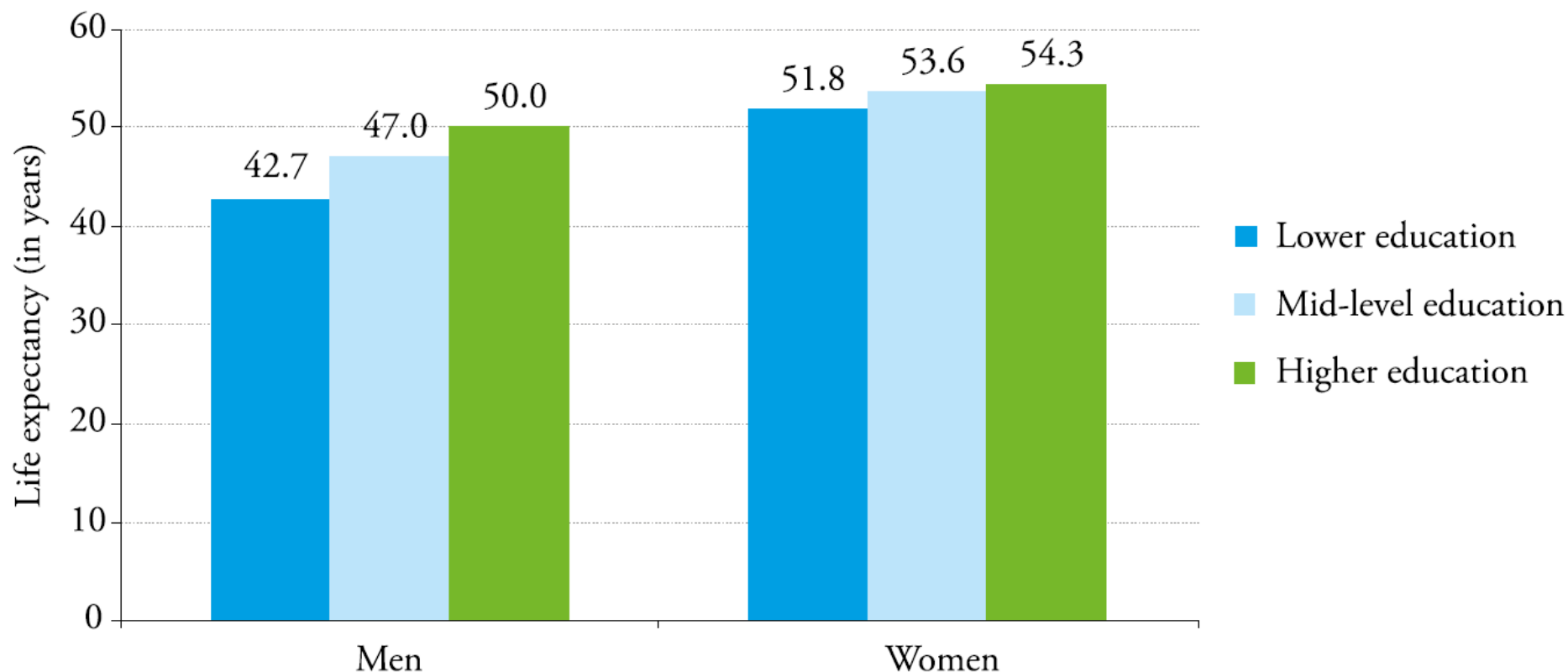
Slovenia: the downside of diversity

Age standardized mortality per region

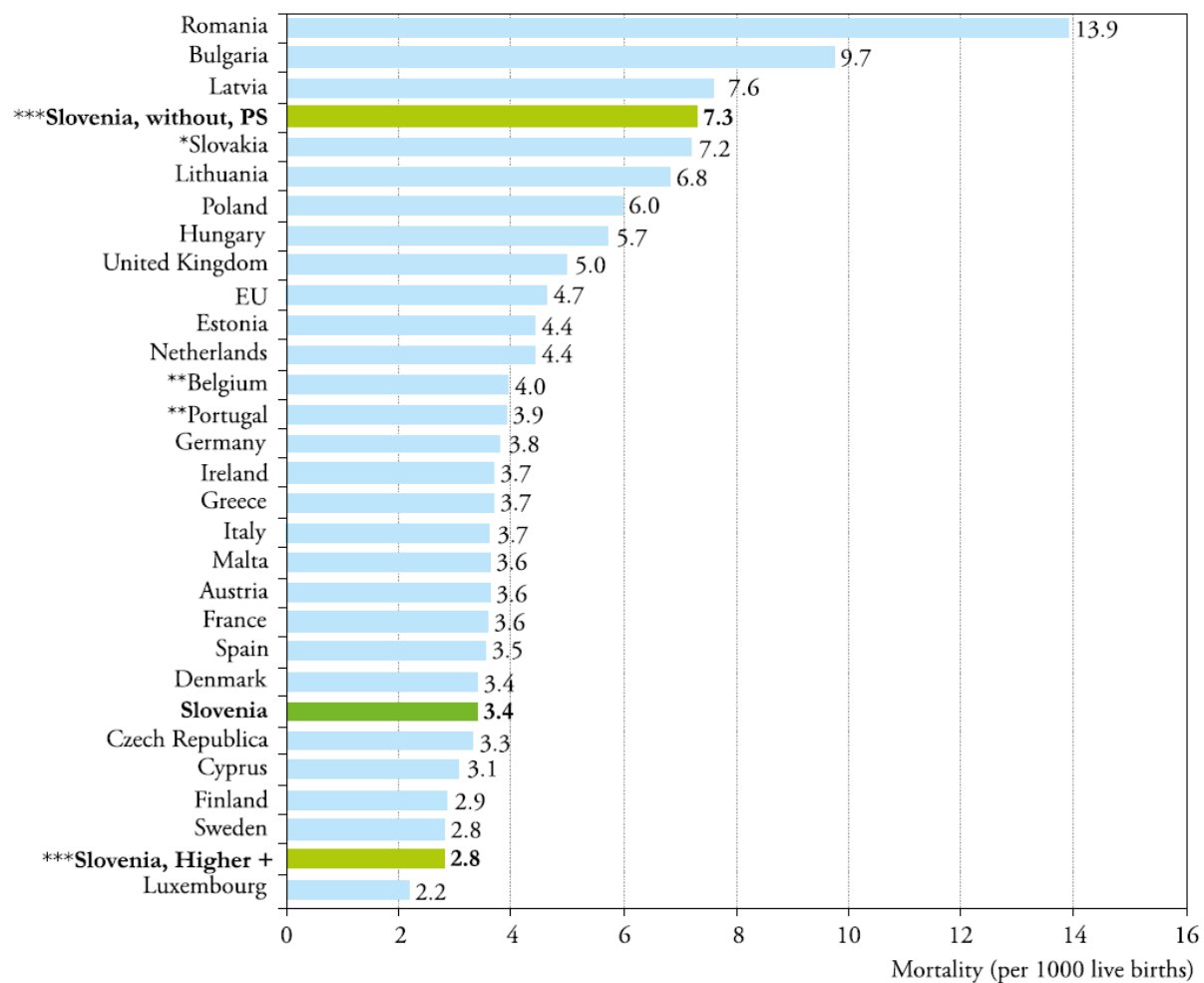




Life expectancy at 30 relative to education and gender, Slovenia, 2008 (Corsini, 2010)



Infant mortality in the EU and Slovenia (by educational att.) per 1000 live births, 2006 (WHO, HFA; NIPH Database of deaths 2004-2008).



Report on Health inequalities in Slovenia, 2011

- National Institute of Public Health
- Statistical Office of RS
- Institute for Macroeconomic Analysis and Development
- Institute of Oncology Ljubljana
- Centre for Health and Development Murska Sobota
- WHO EURO



http://www.czr.si/en/informacija.asp?id_informacija=124&id_meta_type=5





Resulted in:

- Strengthening primary health care, health promotion and disease prevention
- EU structural funds 2014-2020: 1) social activation and reduction of health inequalities, 2) community care for elderly, and active aging programmes including long term care, 3) deinstitutionalisation also for mental health
- Norwegian financial mechanism 2009- 2014 for public health initiatives: 1) health inequalities, 2) NCDs prevention, 3) mental health services 4) predefine project on mainstreaming health equity into prevention programmes

Primary health care

public providers and private providers with concession, financed through health insurance.

Primary health care centers:

- offer access with no referral to family doctor, pediatrician, dentist and gynecologist, selected by patient;
- provide basic laboratory and diagnostic services.
- Medical emergency and community nursing are organized within bigger PHC centers.



Model practices – new general practice

- to treat chronically ill patients in accordance with the protocols for the management of patients with chronic diseases (chronic obstructive pulmonary disease, asthma, diabetes, depression, heart failure, benign prostatic hyperplasia);
 - to upgrade preventive services;
 - to assure better quality of health services provided;
 - to rationalise the use of laboratory services;
 - to transfer certain services and interventions from a secondary to a primary healthcare level;
 - to shift some of the tasks from a doctor to a graduate trained nurses (registered nurses).
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- Since the program started in 2011, 331 model practices have been set up, representing approximately a third of all general outpatient clinics. 82-164 new clinics are included in the programme annually.
 - The aim is to transform the majority of general practices into model practices in a period of 5 to 7 years.



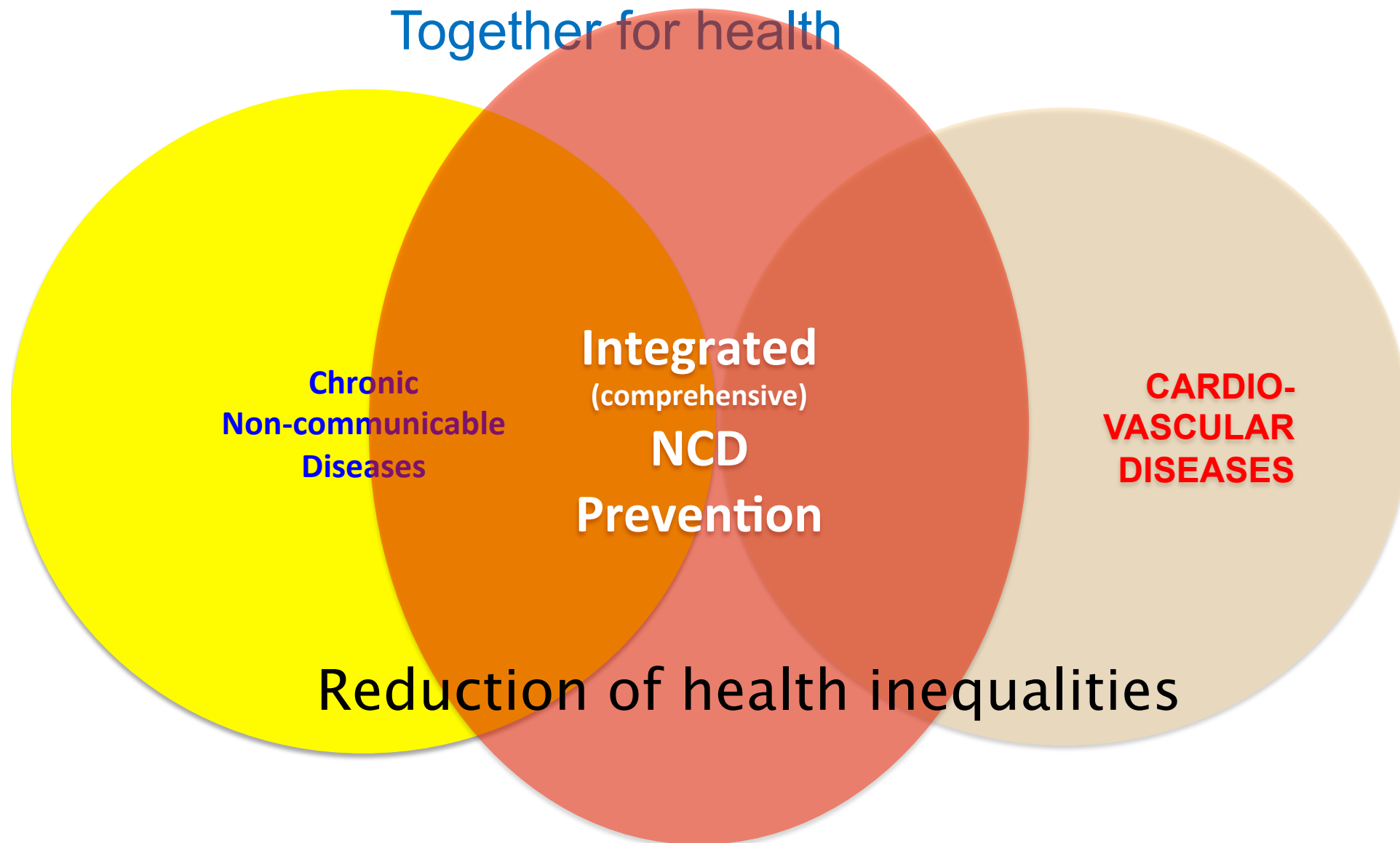
Strengthening prevention - prevention programs

- National cardiovascular disease prevention programme focused on primary prevention and primary health care started in 2003
- Population based screenings for cancer:
 - Cervical cancer screening started in 2001
 - Breast cancer screening implementation started in 2008
 - Colorectal cancer screening = Program Svit, nationwide implementation in 2009
 - National program on cancer prevention 2010-2015
- National program on diabetes prevention 2010-2020



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Predefined project at National Institute of Public Health: Together for health





Strengthening the public health role of community health centre (CHC)

- More health promotion and preventive activities in local community
- Dealing with health inequalities and vulnerable groups in local community
- Implementing community approach in health promotion and dealing with vulnerable groups
- Dealing with screening for high risk individuals and providing health counselling and support programs
- Involving patients in participatory decision-making process

More effective treatment of vulnerable groups in the health care system

Standards for equity in health care for vulnerable groups

Self-assessment tool for health institution in dealing with vulnerable groups

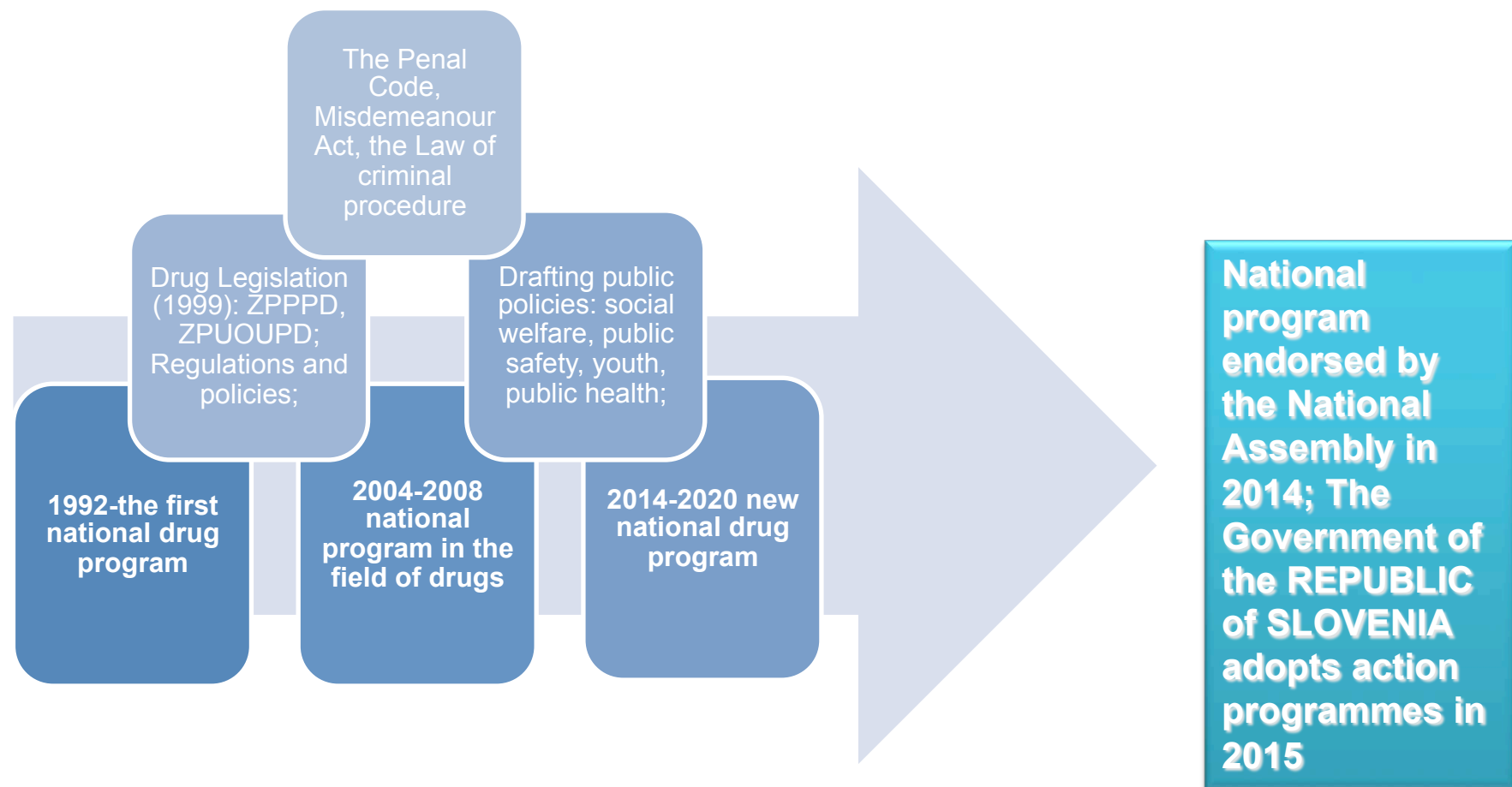


Educational programs for empowerment health professionals in dealing with vulnerable groups

Establishing a system of cultural mediators and interpreter services

Policy on illicit drugs in Slovenia

- Twenty-three years in the field of illicit drugs in the country; Since then, an institutional and legal framework has been developed; Coordination is provided by **Intersectoral Commission on drugs, led by MoH**





New National health plan 2016-2015: Slogan: **Together for the Health of society**

- For better health and wellbeing of all Slovenian people and reduction of health inequalities
- Effective, sustainable and quality focused health system that addresses patients needs
- User's and provider's satisfaction
- Developing health sector contributing towards economic growth
- Following principles of Health 2020



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THANK YOU FOR
YOUR ATTENTION