



**INTEGRATING A SOCIAL
DETERMINANTS OF HEALTH AND
EQUITY FOCUS IN PUBLIC HEALTH:
A LINK TO THE SOCIAL INCLUSION
IN SLOVAKIA**

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Bratislava, February 17-18, 2009

STARTING POINTS

- ... **health is** an essential factor of living opportunities/chances...
- ... that is necessary to reduce persistent and substantial inequalities in the results of **health care**...
- ... the next steps of the government will lead to including the **health perspective** into all policies.

(NATIONAL STRATEGY REPORT ON SOCIAL PROTECTION AND SOCIAL INCLUSION 2008 – 2010, MOLSAF, 2008)



STRUCTURE

- Open Method of Coordination
- National Strategy Report on Social Protection and Social Inclusion
- Selected priority objectives
- National strategies for Health and Long-Term Care



OPEN METHOD OF COORDINATION

- Launched in 2000
- The „soft“ method of European integration
- Common problems – common strategies – sharing the good practice
- Since 2006 – common strategies in social cohesion field



NATIONAL STRATEGY REPORT ON SOCIAL PROTECTION AND SOCIAL INCLUSION



• Social inclusion



• Pension reform



• Health care and long-term care



SELECTED PRIORITY OBJECTIVES

2008-2010 – 1. PART

○ Social inclusion

- reducing child poverty
- support of inclusion for vulnerable groups of population (social services, health care, housing, transport, ICT)
- access to labour market, employment and employability of groups at risk
- monitoring and governance (national project „Statistical Monitoring of the Living Conditions of Selected Target Groups”, until December 2011)



SELECTED PRIORITY OBJECTIVES 2008-2010 – 2. PART

○ Pension system

- New date of pension valorisation
- Wider scope of persons insured by state
- New conditions for claiming the invalidity pension



SELECTED PRIORITY OBJECTIVES

2008-2010 – 3. PART

○ Health care and long-term care

- To change people's attitudes to their own health
- To ensure interlinks between health and social care services
- To insert and implement quality standards
- To ensure equal status of public and non-public service providers
- Multi-sourced funding of social services



SELECTED INTERESTING FACTS

- Cca 18% of Slovaks report bad or very bad health status (EU-SILC, 2006)
- Cca 350 000 severe disabled persons in Slovakia
- Cca 30% of persons being limited by ADLs*
- Cca 100 000 ADL-dependent 6+ persons in Slovakia (within social statistics)
- Weak accessibility of health care in home (50% of Slovaks, 25% - EU average*)
- Cca 70% cared for in their home, primarily by relatives (preference of 68% of Slovaks, 45% - EU average*)
- Cca 80% of LTC – givers are women



NEW LTC-FRIENDLY PROVISIONS

○ **Act No. 448/2008 Coll. on Social services**

- Respite care for LTC-care givers (§54)
- Nursing care in social residential facilities (§22)
- Social services in health residential facilities (§70)
- Financial support of non-public service providers (§75)
- Quality conditions and their assessment (§104 + appendix 2)
- Community-based work and rehabilitation (§82)
- Cooperation in social services field (§97)
- Staff qualification, accreditation, further education (§§ 84, 85, 88)



Thanks for your attention

