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

Kvetoslava Repková
repkova@sspr.gov.sk

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

Special Eurobarometer: Health and Long-term Care in EU, 2007
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