



# Health Inequalities in Slovenia: Introduction to the Approach and First Findings of SDH/HI Appraisal Mission

**Interactive Forum to explore options for  
reducing health inequities through action on  
the social determinants, Nova Gorica, 26 and 27  
November 2009**



## Aim of the Mission

- Ministry of Health of Slovenia has requested WHO to carry out an appraisal mission in order to better understand possible health inequalities (HI) and identify measures to remedy them by addressing the social determinants of health (SDH)
- This mission is part of an appraisal on the situation of SDH/HI in Slovenia, offering an 'external view' to support internal reflection.
- This mission and workshop is not to confirm what we all already know, but to add to our knowledge, and focus on innovative solutions and good practice in order to overcome old problems.
- This mission is not about setting unachievable targets, but focuses on change management, i.e. improving policy processes in order to decrease health inequity in Slovenia.

## Activities of the Mission

- Pre-appraisal mission in September to identify priority areas with Ministry of Health
- Desk Review of key documents across major policy sectors (health, social affairs, agriculture, economics) to identify policy measures that aim towards an equitable policy and might serve as entry points.
- Appraisal mission from 23<sup>rd</sup> to 27<sup>th</sup> November 2009.



# The Methodology we use: The Venice Appraisal Tool

An analytical framework for assessing and diagnosing the current performance of governance in regard to SDH/HI in order to:

- Use a checklist of issues established by WHO over a number of years to help identify strengths and weaknesses of the current policies and systems on SDH/HI,
- generate options and priorities for strengthening SDH/HI policies and system, and
- test these options and priorities with different stakeholders for acceptability, feasibility and effectiveness. In Slovenia these include different levels of government, professional groups and a variety of sectors

## About the Workshop

- Present some of our initial impressions from the work so far
- Share and discuss these with you in a structured way (focus group discussions)
- Stimulate dialogue between different stakeholders
- Test and refine ideas on critical issues in regard to SDH/HI in Slovenia which would influence future choice of action.

# Preliminary Impressions

## Six major Issues for Discussion



# 1) Social Determinants of Health/Inequalities

- Slovenia has emerged as having the highest life expectancy figures amongst the EU10, is close to the overall EU average, and has achieved a significant reduction of infant mortality over the last two decades. rates.
- Statistical measures (e.g. Gini Co-efficient) would indicate that overall inequalities in health are small compared to many other countries.



# 1) Social Determinants / Social Inequalities

However,

- there are acknowledged to be significant differences in life expectancy, and mortality from certain conditions, between East and West of the country, and there are probably others.
- there are divergent views on the goals of addressing inequalities

*Do you think that by addressing social determinants of health you could decrease health inequalities in Slovenia?*



## 2) Priority given to Health

- There is a track record of projects on SDH/HI such as linking health and development goals, cross sectoral initiatives within national policy and regional action (e.g. Healthy Cities, Investment for Health, some regional development plans, social inclusion strategy)
- Solidarity has historically favoured preferential investments to social and health issues.



## 2) Priority given to Health

However,

- in a new competitive environment (EU, globalisation) there is a stronger focus on growth and development.
- significant changes in the approach have reduced the importance of considerations about health locally, regionally and nationally to a variable extent. While there are good examples of health related developments in some regions and sectors, others are finding it more difficult.

*Is health being left behind in the development and growth process?*



## 3) Access to Services for Health

- The majority of people in Slovenia have access to good social services and health care.
- Solidarity and the social contract guarantee equal rights to health care and protection to each Slovenian citizen.



## 3) Access to Services for Health

However,

- despite universal provision and the right to health care, inequities exist.
- we heard different views on the reason for different outcomes despite potential equal access to services. Some people, often the most vulnerable, do not use services appropriately, and do not get the best out of their treatments. In particular, use of prevention and screening services can be variable. Services can vary in their quality and effectiveness.

*Despite universal access to services, what factors can continue to lead to continuing inequity of health outcomes?*

*Are we foccusing on the right measures?*

## 4) Increasing the Impact of Good Practice

- There are many excellent examples of initiatives developed at municipality and regional level. Many of these are needs based, responding to specific local problems.
- Particular advantage has been gained through cross-border working, including sharing of knowledge and benefiting from EU and other structural funding.



## 4) Increasing the Impact of Good Practice

However,

- these can be small scale and short-term, and opportunities are often not taken to share learning and scale up the impact.
- Resulting large variations in developmental approaches may lead to increases in inequalities in outcome in some cases.

*How can we better capitalize on the many examples and good practice in addressing SDH/HI that are happening on the municipal, regional and national level?*

*What are the current barriers of sharing learning and scaling up?*

*What could be done at the national level to reduce such barriers and incentivize more systematic application?*



## 5) Data and Monitoring

- There is a large programme of regular and reliable socio-economic data collection.
- Current use of European data sets, such as SILC, Eurostat or Eurothine provide valuable measures to monitor Slovenia's position in Europe.



## 5) Data and Monitoring

However,

- we have been told that considerable amounts of data are collected by various routes, but insufficient use of this data is being made due to the lack of capacity to analyse, interpret and communicate it.
- Much of the data collected at present is not disaggregated down or analysed for use at municipal level. Links are not being made between social and health data.

*How could better use be made of the data that help to understand and address the problem of health inequalities?*

## 6) Capacity

- There is believed to be reasonable capacity across the health system as a whole and good standards of capability achieved through education and training.
- There is a good spread of capacity across the country as far as we have heard.



## 6) Capacity

However,

- some systems appear unduly complex given the size of the country. Simplification could potentially release capacity, and improve efficiency and productivity.
- there are reported gaps in technical capabilities, such as health promotion and data manipulation and analysis.

*How can better use be made of the capacity that exists?*



# Your chance to influence thinking. How will the afternoon run?

- Six focus group discussions composed of stakeholders from different sectors.
- Each group will have the chance to tackle two of the questions over two sessions.
- The main findings of the group discussions will be briefly reported back to the appraisal team at the end of each session.
- They will form part of the material to be considered in the initial feedback and the writing the final report.

