Report

SELF-EVALUATION OF THE PUBLIC HEALTH SYSTEM IN SLOVAKIA

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ABSTRACT

Public health services have a long history in Slovakia. Based on a collaborative agreement between the Ministry of Health of Slovakia and the World Health Organization (WHO) Regional Office for Europe, self-evaluation of the public health system using the WHO self-evaluation tool was conducted in 2012 and 2013 in the country, with technical and financial support from the Regional Office.

A national working group was established in autumn 2012, consisting of 21 members under the leadership of the State Secretary of the Ministry of Health of Slovakia and the WHO Country Office in Slovakia. For each of the 10 essential public health operations, two experts from Slovakia were nominated to lead the work; the 21st member was a WHO temporary external adviser.

The most important and commonly agreed recommendations across the 10 essential public health operations were to:

- strengthen the institutional part of the public health system by establishing and/or renewing specialized independent units and institutions;
- improve and broaden the further education of public health system employees;
- improve implementation of the existing legislation, mainly by providing and precisely allocating financial resources; and
- improve links among and utilization of existing databases related to health and health determinants.

Although the political response to these recommendations was relatively poor until recently, the self-assessment process of the Slovak public health system is a positive example of collaboration between the Regional Office and a Member State.

Keywords: PUBLIC HEALTH SERVICES, SLOVAKIA, SELF-ASSESSMENT

INTRODUCTION

The public health system in Slovakia has a long history: it was first established after the Second World War in the former Czechoslovakia by Act No. 4/1952 on Hygiene and Epidemic Care. Since Slovakia was established as an independent state (in 1993) and became member of the European Union (in 2004), the whole society has been undergoing substantial changes. This transition has occurred alongside the global economic crisis and globalization, which also had an impact on the public health system. Before the political changes of 1989, the public health system was part of the traditional hygiene and sanitation system (as in most former communist countries), the so-called Semashko system *(1)*. Moving to a new modern public health system (as defined by Winslow in 1920 and later by Acheson under changing political and economic conditions) has not been an easy process *(2)*. The two main reasons for this are resistance to change and a lack of systematic education opportunities for staff *(2, 3)*.

The term “essential public health functions” was first used by the Centers for Disease Control and Prevention in 1994 (http://www.cdc.gov/nphpsp/

essentialservices.html); soon after this, the World Health Organization (WHO) Delphi study defined the essential functions of a public health system *(4)*. Recently, the WHO Regional Office for Europe redefined these functions as essential public health operations (EPHOs 1–10; http://www.euro.who.int/en/health-topics/Health-systems/public-health-services/policy/the-10-essential-public-health-operations) with the aim of realizing these EPHOs to enable better definition and identification of essential services. An online EPHO tool was developed to allow Member States to conduct self-evaluations supported by external experts identified by the Regional Office.

Based on a collaborative agreement between the Minister of Health of Slovakia and the Regional Office, the Slovak Ministry of Health self-evaluated its public health system in 2012 with the technical and financial assistance of the Regional Office. In this activity, Slovakia joined 17 other central and south-eastern European countries that participated in implementing the European Action Plan for Strengthening Public Health Capacities and Services *(5)*. This paper summarizes the self-evaluation process and presents its major findings and recommendations for further action.

METHODS

Under the leadership of the State Secretary of the Ministry of Health of Slovakia and the WHO Country Office in Slovakia, a national working group (NWG) with 21 members was established in autumn 2012. For each EPHO, two experts (usually with both practical and academic expertise) from Slovakia were identified as leaders. This group represented 20 of the 21 members of the NWG: the final member was the WHO temporary external adviser, who came from an academic background in Denmark but had previous practical experience in Slovakia. The WHO Country Office representative, together with officials from the Ministry of Health of Slovakia, the hygiene branch of the Slovak Medical Chamber, the Slovak Public Health Association and other nongovernmental organizations, selected the EPHO group leaders through a consultation process. The NWG was approved by the Ministry of Health of Slovakia, and members of the group received an official nomination letter from the State Secretary of the Ministry of Health. Each EPHO group leader was asked to assemble an informal larger group of local experts to discuss completion of the final version of the online EPHO tool. Although the selection procedure varied among groups, group leaders selected members from existing networks of nongovernmental organizations, along with local or expertise-based networks. Budget limitations also influenced selection because these subgroups had a very limited budget for meetings and travel. At the start of the assessment, the online tool was password protected; it defined the work to be done for each EPHO along with evaluation criteria, and included a SWOT (strengths, weaknesses opportunities, threats) analysis tool and a percentage-based grading tool to compare the existing and optimal states. In addition to completing the self-assessment process, NWG members were asked to assess the usefulness of the tool itself. Summary recommendations were expected to be developed for each EPHO and for the whole system, as well as for the self-assessment tool.

RESULTS AND DISCUSSION

The self-assessment process was launched in August 2012 by a kick-off meeting of the NWG in collaboration with the Ministry of Health of Slovakia and the WHO Country Office in Slovakia. Responsibilities for each EPHO evaluation were assigned to specific members of the NWG, and each EPHO leader was asked to create his/her own subgroup of key informants. The temporary external adviser of the WHO Regional Office for Europe for the evaluation was present at the meeting and commented on the definitions of the individual EPHOs. The first full group meeting was called in winter 2012, at which a second WHO expert explained in more depth the Health 2020 policy, the already approved European Action Plan on Strengthening Public Health Services, the background of each EPHO and the methodology for self-assessment. After this meeting, individual groups worked on the evaluation and met key informants several times either in person or via electronic means (phone, email, Skype). The frequency of EPHO subgroup meetings varied by the individual EPHOs and the availability of teams; formal records of these meetings were not taken. In 2013, there were three full NWG meetings to prepare for the final consensus conference, scheduled for October 2013. The first and second of these involved only Slovak group members and aimed to clarify open

FIG. 1. FLOW CHART SHOWING THE TIMELINE OF THE SELF-ASSESSMENT PROCESS

issues, and the third meeting included the Regional Office temporary external adviser to summarize the findings into the format of a final report for the consensus meeting. The final consensus meeting was organized at the Ministry of Health of Slovakia and included approximately 50 participants from national and regional public health authorities, other sectors involved in public health, and some nongovernmental organizations. Figure 1 illustrates the time sequence for the self-assessment process.

MAJOR FINDINGS

As agreed at an early stage of the process, Act No. 355/2007 Coll. on Protection, Support and Development of Public Health and on Amendments and Supplements of Certain Acts of the National Council of the Slovak Republic and a situation analysis (i.e. its implementation in a real life setting) were set as the baseline for the self-assessment process because this law defines the public health system in Slovakia. The self-assessment report made several recommendations to tackle the most important weaknesses of the system set by the Act.

- Strengthen the institutional part of the public health system. The institutional part of the public health system should be strengthened by establishing or renewing specialized independent units and institutions, for example an environmental epidemiological unit independent of the state health surveillance institutions to coordinate the National Programme of Health Promotion and national preventive programmes, and a health fund as the key financial resource for implementing programmes and projects of the National Programme of Health Promotion. This recommendation was made in response to weaknesses within three modules:
    - lack of an independent environmental and epidemiological unit within the public health system (EPHO2: Monitoring and response to health hazards and emergencies; identification of priority health challenges and public health threats in the community);
    - lack of an institution to coordinate experts and institutions for organizing effective campaigns; an intersectoral approach (along with poor media support); and social or other health-oriented marketing (EPHO5: Disease prevention, including early detection of illness); and
    - lack of stable departments/units of health promotion because of inappropriate legislative backing and insufficient employees; some public health institutes have even had to close their health promotion departments/units (EPHO4: Health promotion, including action to address social determinants and health inequity); moreover, health promotion as a study discipline does not exist in the Slovak educational system.
- Improve and broaden the further education of public health system employees. This was recognized as necessary because of weaknesses in the following areas:
    - preparedness and planning for public health threats (EPHO2; Establishment of system education and training of persons designated to intervene in events subject to the International Health Regulations *(6)*);
    - prevention of diseases, including their early detection (EPHO5; Education of health workers in

vaccination and communication with population and strengthening the knowledge of primary health-care providers on nonpharmacological methods of influencing/eliminating selected risk factors);

- health promotion (EPHO4; Systemic education in health promotion specialization is not possible); and

- high-quality labour force in public health (EPHO7: Assuring a sufficient and competent public health workforce; lack of further education provision, mainly in the area of team communication skills, partly in the area of public health management; sustainability of further education is limited by a decline in financial resources allocated to the public health system; lack of continual quality control at all levels of public health education).

- Improve implementation of the existing legislation. This should mainly relate to the provision and precise allocation of financial resources. This recommendation was made in response to the following weaknesses:

  - lack of funding for methodical health monitoring; pilot projects (e.g. European Health Examination Survey) do not continue towards methodical monitoring for financial reasons, and there is a gradual reduction of specialized employees in public health institutions due to financial regulations (EPHO3: Health protection, including environmental, occupational, food safety and others);

  - lack of financial resources for development of the Immunization Programme and reimbursement of novel vaccines (EPHO5);

  - lack of (directly allocated) financial resources for the implementation of existing national programmes (EPHO4);

  - low financial remuneration for public health experts (EPHO8: Assuring sustainable organizational structures and financing; on basic functions and principles of public health management, financing and quality assurance); and

  - lack of funding to support research in the area of health, mainly public health (EPHO10: Advancing public health research to inform policy and practice).

- Improve linkage with and utilization of existing databases related to health and health determinants. This recommendation was based on identification of the following weaknesses:

  - insufficient continual analysis and interpretation of monitored data followed by utilization of health policy outcomes (EPHO1: Disease surveillance and population health evaluation);

  - insufficient health data utilization from the existing sources, such as health insurance funds; there is no systemic linkage with other registers (EPHO4); and

  - lack of accessibility to routine data collection, shortcomings in the area of disseminating research findings and transferring knowledge into a real life setting (EPHO10).

These four key recommendations were based on an analysis of all EPHOs and translated into specific recommendations for each EPHO. The full final national summary report was presented to the Minister of Health of Slovakia and the professional audience at the national consensus meeting. The principal objection of the Ministry of Health of the Slovakia was to the recommendations under EPHO4 on Health Promotion. The Ministry of Health was reluctant to agree on the need to draft and adopt a policy document entitled *Concept of health promotion* (which included specialized training). The main argument was that an existing policy document, *Concept of health education* (published in 2010), fully covers the objectives of health promotion. All members of the NWG refuted this explanation by arguing that health promotion is a single EPHO (one of the three core EPHOs) and represents a broader concept than health education.

Despite the fact that in 2013 the then Minister of Health of Slovakia accepted the report, minimum action was taken until recently. Until the time of writing this article (spring 2016), there have been three other health ministers, but the possibility of

revitalizing the self-assessment report is only now being raised. However, it should be mentioned that in December 2013 the strategic policy document, *Strategic framework for health for 2014–2030*, was adopted by the Slovak Government, and the self-assessment report was used as one of key documents in its development. The seemingly minimal impact of the self-assessment report on existing health policy, public health policy and the public health system in Slovakia might be considered to question the whole process of self-assessment. Yet, we believe this is not the case. We believe that a key objective of the self-assessment process was to break the resistance to change in the system; a period of a few years is unlikely to be long enough to break resistance developed over several decades. The self-assessment report is now being revitalized and we believe it will contribute to the development of the new public health strategy for Slovakia, commissioned by the Government of Slovakia and due for completion before the end of 2017. We also believe that the self-assessment process introduced a new openness and ethos of discussion into the normally closed health-protection-based public health culture of Slovakia. By setting up the NWG and the individual EPHO subgroups, the process of preparing for the national consensus meeting and the consensus meeting itself altered the public health culture, and this needs to be further nurtured and developed. The elements of openness and discussion are very important for optimizing the inputs of all stakeholders, considering the high financial cost of the self-assessment process. A common question is whether such a long process with many meetings (and therefore a need for extensive travel), is a necessary and efficient way to learn what some experts might already know or guess. In the Slovak context, our response is a definitive yes, but our recommendation to other Member States is to consider the context very carefully. Although modern online communication tools can make the process more cost-effective, in-person discussions in smaller or larger groups seem to be more efficient.

Some of the weaknesses identified via the self-assessment process were already known or expected by individual experts in Slovakia before the start of the process. However, the self-assessment process led to these weaknesses being widely recognized by the public health community, and this is a positive achievement.

Another important positive outcome of the self-assessment process in Slovakia was the quick introduction of EPHOs. It usually takes a long time for innovation at the international policy level to be put into practice within a country. In this case, by involving an academic leader and a heterogeneous mixture of expert partners and public health employees in the NWG, knowledge translation occurred very quickly.

Conducting the self-assessment at a very early stage (compared with other countries) increased our experience of both the self-assessment process itself and the self-evaluation tool. First, all participants and stakeholders have evaluated the self-assessment process as a positive experience. It provided a great opportunity to bring experts from different subdisciplines and different institutes together for structured discussions about major issues in public health. Over the 1.5 years of the self-assessment process, the team of 21 individual experts were transformed into a flexible and open living organism of public health (as described by the group members), with great expertise and a sense of responsibility for the future of public health in Slovakia. Second, this self-assessment process used the first version of the self-evaluation tool and a password-protection system complicated the access to it. Most issues were resolved by discussion with colleagues at the Regional Office in Copenhagen; this led to improvements in the tool and easier access to it. For example, we suggested replacing the percentage-based system with a scoring system within the self-assessment system, and this has been already implemented. Close communication with staff at the Regional Office led to other smaller consultations and collaborations after the self-assessment process was completed, such as consultation on a proposal to develop a new health promotion infrastructure in Slovakia, inclusion of Slovakia in a midterm review of the European Action Plan on Strengthening Public Health Services and, very recently, consultation on the development of a new public health strategy for Slovakia.

Finally yet importantly, the analysis of the public health services also highlighted the need to act on new challenges such as migration and migrant health. With the aim to upgrade the country's health system and public health capacities towards the possible larger-scale migration, a workshop "Improving

the health response to refugees, asylum seekers and other migrants" was organized by the WHO/Europe (in framework of the Biennial Collaborative Agreement (BCA) between the Slovak Ministry of Health and WHO/Europe for 2016-17) jointly with SH-CAPAC project on 25-26 October 2016 in Bratislava. Representatives from four ministries (health, interior, transportation, and defence), public health institutes, regional authorities, universities and the association of general practitioners participated. Their specific roles and needs for effective functioning were analysed and a set of recommendations for further building of capacities drafted.

CONCLUSIONS

Self-assessment of the public health system of Slovakia provides a positive example of collaboration between the WHO Regional Office for Europe and a Member State. Although the final self-assessment report has not yet led to major changes in the public health system of the country, it laid the foundation for such changes. It is the most comprehensive evaluation report of the existing system and can be used by any political leader to implement the proposed changes.

Furthermore, the self-assessment exercise introduced the concept of EPHOs into Slovakia and opened the way for several presentations at different public-health-oriented conferences and teaching programmes.

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