COUNTRY PROFILE – SLOVENIA

DEMOGRAPHIC, SOCIO-ECONOMIC AND HEALTH DATA

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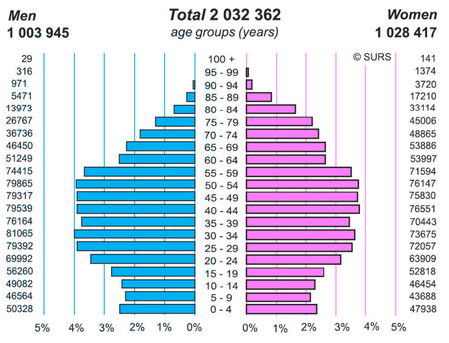
Slovenia is located in Central Europe between the Alps, the Pannonian Plain, the Mediterranean Sea and the Balkans and has 20.273 km^2. It is a democratic parliamentary republic and a member of the European Union (EU).

Slovenia has a population of 2.022.629 (2008), approximately half of whom live in urban areas. Population density is 99,8 inhabitants per km^2.

Source: SORS

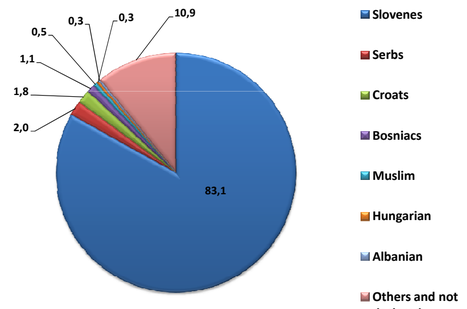
Demographic information

Age structure of the population, 2008



Source: SORS

Structure of Slovenian population by nationality (proportion), 2002



Source: Census of Population 2002; SORS

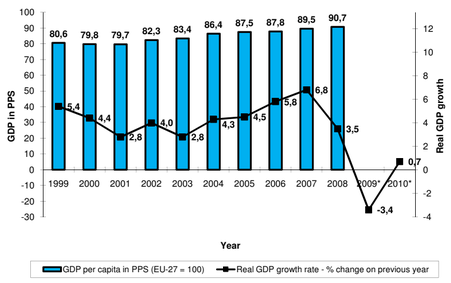
Disadvataged groups

According to census in 2002, there were 3246 Roma people in Slovenia, which constituted 0,17% of population.
(Source: Census of Population 2002; SORS)

There are estimates from 2005 that say there are 900 homless people in Slovenia
(Source: Project Urban Audit - SORS)

Socioeconomic indicators

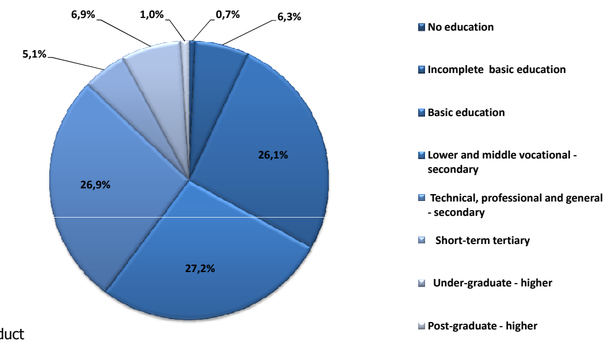
Gross Domestic Product



Notes: PPS: Purchasing Power Standards; GDP: Gross Domestic Product ; * : forecast

Source: Eurostat

Education of the population, 2002



Source: Census of Population 2002; SORS

Education – selected indicators

Pupils and students (in 1000) Total number of persons who are enrolled in the regular education system for all levels of education from primary education to postgraduate studies.	**394,8** (2007)
Share of women among tertiary students - (%) The percentage of women among all students in tertiary education.	**58,3** (2007)
Pupil/teacher ratio in primary education – (Pupils per teacher) The pupil-teacher ratio is calculated by dividing the number of full-time equivalent pupils by the number of full-time equivalent teachers teaching at ISCED level 1.	**15,2** (2007)
Public expenditure on education (% of GDP) Total public expenditure on education, expressed as a percentage of GDP.	**5,72** (2006)
Private expenditure on education (% of GDP) Expenditure on educational institutions from private sources for all levels of education combined.	**0,78** (2006)
Persons with low educational attainment – (%) The percentage of people aged 25 to 64 with an education level ISCED (International Standard Classification of Education) of 2 or less (pre-primary, primary and lower secondary education).	**18** (2008)
Life-long learning – (%) Percentage of the adult population aged 25 to 64 participating in education and training - from the EU Labour Force Survey.	**13,9** (2008)

Source: Eurostat

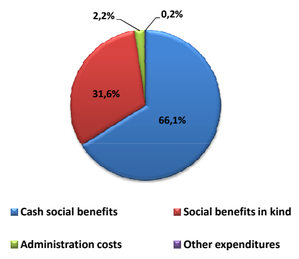
Inequality in income distribution

	2005		2006		2007	
	S80/S20	Gini coeff.	S80/S20	Gini coeff.	S80/S20	Gini coeff.
Income in cash	3,4	23,8	3,4	23,8	3,3	23,2
Income in cash + in kind	3,3	23	3,3	23	3,2	22,6

Inequality of income distribution is measured by S80/S20 quintile share ratio and Gini coefficient. The higher they are the greater is the income inequality. **S80/S20 quintile share ratio** is the ratio between the equivalised household income of the top 20% of the income distribution to the bottom 20%. **Gini coefficient** is the measure of income dispersion. Its value is between 0 and 1. It is shown in percent.

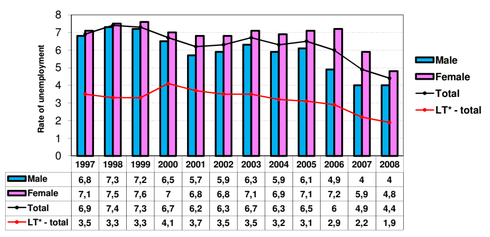
Source: Statistics on Income and Labour Conditions - SORS

Expenditures on social protection by kind, 2006



Source: SORS

Unemployment rate by gender



*Long-term unemployed (12 months and more) persons are those aged at least 15 years not living in collective households who are without work within the next two weeks, are available to start work within the next two weeks and who are seeking work.

Source: Eurostat

At-risk-of poverty rate before social transfers, by gender

		Pensions are excluded from social transfers		Pensions are included in social transfers	
		Men	Women	Men	Women
Income in cash	2005	24,5	27,1	39,7	44,6
	2006	22,9	25,4	38,2	43,1
	2007	21,1	25	36,7	42,6
Income in cash + in kind	2005	23,2	26,3	38,3	43,3
	2006	21,8	24,5	36,8	41,8
	2007	21	24,5	36,1	42,1

At-risk-of-poverty rate before social transfers is the percentage of persons living in households where the total income is below the threshold which is defined as 60% of median equivalised disposable income of all households, only social transfers (e.g. unemployment insurance, paid sick leave compensation, scholarship, child allowance, maternity leave compensation, adoptive parents' compensation, allowance for nursing a child, assistance for goods for a new-born child, large family allowance, fathers' compensation, parental allowance, financial social assistance, allowance for help and care, housing subsidies, disability benefits, old-age benefits, survivors' benefits) are subtracted from total income.

Source: Statistics on Income and Labour Conditions - SORS

Expenditures on social protection per head of population

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
PPS	2737,4	3009,4	3223,5	3459,7	3683,8	3860,9	4109,9	4103,8	4366,5	4556,9	4792,9 p

Notes: PPS: Purchasing Power Standards; p: predicted

Source: Eurostat

Health and life style indicators

Mortality and health indicators, Slovenia 2000 - 2007

Indicators	2000	2001	2002	2003	2004	2005	2006	2007
Total life expectancy at birth (years)	76.3	76.5	76.7	76.5	77.3	77.6	78.4	78.5
Female life expectancy at birth (years)	80.0	80.5	80.7	80.4	80.9	80.9	82.0	82.1
Male life expectancy at birth (years)	72.3	72.3	72.7	72.6	73.6	74.0	74.6	74.8
SDR, adult, female (per 1000 female adults)	6.0	5.8	5.7	5.9	5.5	5.5	5.0	4.9
SDR, adult, male (per 1000 male adults)	10.9	10.9	10.7	10.9	10.0	9.8	9.2	9.1
Under-65 SDR, adult female (per 1000 female adults under age 65)	1.7	1.6	1.6	1.6	1.6	1.5	1.3	1.3
Under 65 SDR, adult male (per 1000 male adults under age 65)	4.0	4.0	3.9	3.8	3.5	3.3	3.4	3.3
Infant deaths per 1000 live births	4.9	4.2	3.8	4.0	3.7	4.2	3.4	2.8
Probability of dying under age 5 (years per 1000 live births)	5.5	4.7	4.9	4.8	4.7	5.3	3.9	3.8

Source: WHO Regional Office for Europe 2009

Life style indicators

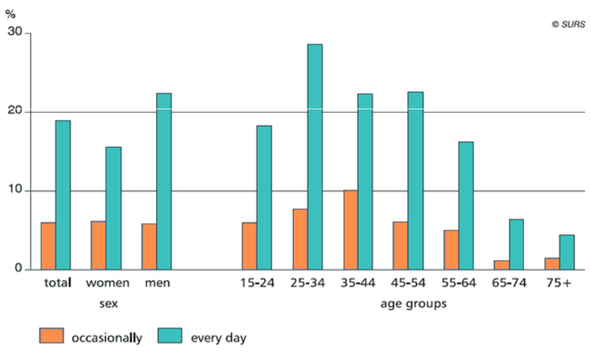
Alcohol

Harmful alcohol consumption is one of the biggest health problems in Slovenia. In the year 2007 registered pure alcohol consumption was 11,0 litres per capita. (Source: National Institute of Public Health, 2009)

Tobacco

In European Health Interview Survey 2007 75,1% of respondents aged 15 years or more did not smoke at all at the time of the survey, 6% smoked occasionally and 18.9% smoked every day. There were more smokers among men. (Source: EHIS 2007, Institute of Public Health of the Republic of Slovenia; www.ivz.si)

Smokers by the frequency of smoking, by sex and age groups, 2007



Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

SORS: Statistical Office of the Republic of Slovenia; http://www.stat.si

Eurostat; http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home

Health care

Organization and regulation

- The steward of the health system in Slovenia is the Ministry of Health (MoH). The organizational structure within the health system comprises numerous actors, including various agencies under the MoH; public independent bodies (such as the Health Insurance Institute of Slovenia (HIIS), Institute of Public Health of the Republic of Slovenia); (publicly owned) hospitals and primary care centres, as well as private providers of health services; and various nongovernmental organizations and professional associations.

Financing

- Since 1992 Slovenia has had a Bismarckian type of a social insurance system, based on a single insurer for compulsory health insurance, which is regulated by national legislation and administered by the HIIS. The MoH is responsible for financing health infrastructure for hospitals and other health services and programmes at the national level, as well as covering health services of individuals without income. The role of local municipalities in health financing is relatively small and limited to the provision and maintenance of health infrastructure at the primary care level.
- The core purchaser of health care services for insured individuals is the HIIS, which is an autonomous public body. The health insurance system is mandatory, providing universal coverage (98.5% of the population). Contributions are related to earnings from employment, although coverage is also provided for non-earning spouses and children of the contributing members.
- Voluntary health insurance (VHI) premiums and household out-of-pocket (OOP) spending represent private sources of funds and accounted for approximately 28% of the total health care funding in 2006. In the context of gradual reduction of health financing by public entities, voluntary complementary health insurance, which covers patients' co-payments, extended to approximately 85% of the population in 2006 (children under 18 years and students under 26 years are excluded from co-payments).

Provision of services

- The Slovene health care system is built around countrywide family medicine-centred primary care. Primary care is provided by public primary health care centres, health stations and an increasing number of private GPs who participate in the public health care network and are reimbursed by the HIIS.
- Specialized outpatient services at the secondary care level are provided by hospitals (or polyclinics), spas and private facilities, while 75% of specialist services are provided by hospitals. Access to secondary care requires referral by the patient's personal physician.
- Public health activities are mainly designed, implemented and monitored by the IPH and its nine regional institutes.
- Long waiting times, especially for dental services and some specialized services and surgeries remain a problem still to be solved within the Slovene health care system .

Source: Albreht T, Turk E, Toth M, Ceglar J, Marn S, Pribaković Brinovec R, Schäfer M, Avdeeva O and van Ginneken E. Slovenia: Health system review. *Health Systems in Transition*. 2009; volume 11(3): 1-168.

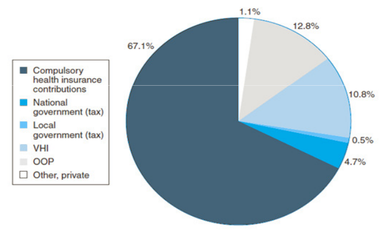
Health expenditure by source of funding, 2000–2006

Indicators	2000	2001	2002	2003	2004	2005	2006
Total health expenditure, current prices (billion €)	1.5	1.8	2.0	2.2	2.3	2.4	2.6
Total health expenditure, € per capita	766	892	992	1091	1139	1218	1281
Total health expenditure, PPS per capita	710	799	938	1231	1414	1513	1607
Total health expenditure as a % of GDP	8.2	8.6	8.6	8.8	8.4	8.5	8.3

	2000	2001	2002	2003	2004	2005	2006
PHE (million €)	1125.7	1335.5	1449.5	1564.0	1665.8	1751.7	1858.4
PHE per capita (€)	566.0	655.4	726.6	783.6	834.2	875.4	925.5
PHE as a % of THE	74.0	73.5	73.4	71.8	73.3	71.9	72.2
– Compulsory health insurance expenditure (% of total PHE)	94.5	93.5	93.3	92.9	93.1	93.7	92.9
– National government expenditure (% of total PHE)	4.6	5.3	5.6	6.2	5.1	5.6	6.5
– Local government expenditure (% of total PHE)	0.9	1.3	1.1	0.8	0.9	0.7	0.7
Private HE (million €)	398.8	471.2	528.8	613.3	638.2	684.5	713.8
Private HE per capita (€)	200.5	236.5	265.1	307.3	304.5	342.1	355.5
Private HE as a % of THE	26.0	26.5	26.6	28.2	26.7	28.1	27.8
– VHI expenditure (% of private HE)	51.0	52.0	48.3	45.9	47.5	45.6	47.1
– OOP expenditure (% of private HE)	44.1	39.5	43.5	42.0	43.8	44.1	42.5

Notes: PPS: Purchasing power standards; GDP: Gross domestic product; PHE: public health expenditure; THE: healthexpenditure; HE: healthexpenditure; VHI: Voluntary health insurance; OOP: out-of-pocket.
Source: SORS, Albreht et al 2009

Shares of total expenditure on health by source of revenue, 2006



Notes: VHI: Voluntary health insurance; OOP: Out-of-pocket (payment).

Source: Albreht et al 2009, SORS

Health inequities – strategies/interventions

Like most countries, Slovenia faces challenges of unequal economic development. Life expectancy, morbidity and mortality data show disparities between regions, which correspond to indices of relative poverty. Western and central regions are much better-off that the eastern and north eastern regions of Slovenia. Life expectancy differences of four years exist between the best performing and the worst performing regions.
During the late 1990s and the early 2000s, the priority arise to invest in balanced regional development thereby providing opportunities for the poorest parts of the country to improve their social, economic and health outcomes.
Several policy documents and strategies were implemented:

- **Slovenia's Development Strategy** (2005) sets out the vision and objectives of Slovenia's development. One of the development priority relates to the provision of optimal conditions for health (integration of health protection measures in sectoral policies; promotion of healthy behaviour; the improvement of accessibility and quality of health care services).
- The main objective of the **Program for Children and Youth 2006 – 2016** (2006) is to create and implement a strategy for achieving the highest possible level of health for children and youth with an emphasis on reducing inequalities in health.
- The **Act Amending the Act on the National Housing Savings Scheme and Subsidies for Young Families Solving Their Housing Problem for the First Time** (2007) upgrades the existing solutions in housing schemes, especially concerning affordability.
- The share of funds for subsidised meals in schools has increased.
- The **Roma Community in the Republic of Slovenia Act** (2007) defines special rights concerning the Roma including promotion of the cultural development and the significance of respect for ethnic and national identity of the Roma community.
- At the end 2006 the **Programme of Action for Persons with Disabilities 2007–2013** was adopted. It includes the **National Guidelines to Improve the Built Environment and Information and Communication Accessibility for Persons with Disabilities.**
- Provision of a network of maternity homes and shelters for women and children, victims of violence, operating with a co-financing of the Ministry of Labour, Family and Social Affairs, is specified in the **Resolution on the National Social Assistance Programme 2006–2010.**
- In the early 2000 Ministry of Health together with other ministries started investing heavily into **pilot program Investment for health and development in Pomurje- MURA,** as Pomurje was the least developed region. Regional Institute of Public Health with its partners prepared **Health Promotion Strategy and Action Plan to Tackle Health Inequalities in Pomurje** with following objectives and targets (Put health (inequalities) to the centre of attention of community and individuals / Increase community capacity / Reduce interregional inequalities using health promotion activities / Reduce intraregional inequalities health inequalities by supporting vulnerable groups / Support clean and healthy environment).
- The experience of Programme MURA in Slovenia is an excellent example of how the concept of investment for health can successfully be integrated into regional development policy. There is now a much wider understanding of the social determinants of health and health inequity at all levels of government, and this has led to the current development of a **national strategy to tackle health inequity**. The draft was written by the Institute of Public Health Murska Sobota in 2006. However it has not been taken forward and has not been implemented, although there is now scope for it to be integrated into an overall Public Health Strategy.

Sources:
National Report on Strategies for Social Protection dnd Social Inclusion 2008–2010, Ministry of Labour, Family and Social Affairs, Ljubljana, 2008
Program for Children and Youth 2006 – 2016, Ministry of Labour, Family and Social Affairs, Ljubljana, 2006
Resolution on the 2009-2014 national programme on prevention of family violence, National Assembly of the Republic of Slovenia, Ljubljana, 2009
The strategy of care for the elderly till 2010. Solidarity, good intergenerational relations and quality ageing of the population, Ministry of Labour, Family and Social Affairs, Ljubljana, 2008
Buzeti T and Maucec Zakotnik J (2008) *Investment for Health and Development in Slovenia, Programme MURA.* Murska Sobota, Slovenia: Centre for Health and Development. Available on line at http://www.eu2008.si/si/News_and_Documents/Fact/March/0310_publikacija.pdf