

1. Health – A Pressing Priority

In recent years, public opinion surveys focusing on pressing social issues have gained popularity. Such surveys represent a reflection of the development of the society and of the hierarchy of values of people. Their „strategic“ importance, however, resides in the public’s evaluation of the success or failure of reforms. Consequently, surveys present a good compass to aim efforts towards improvement of the quality of life.

Areas that may be considered as the anchoring points of human life remain in the leading positions when it comes to the evaluation of acute problems. The following are considered to be the acute problems: inadequate standard of living, high unemployment rates, extensive crime rates and corruption, critical condition of the health care system, insufficient quality of education, unsatisfactory housing that are the reasons for negative feelings of a large portion of the population. In the opinion of Slovakia’s population, the quality of life in this country is behind the times in some key areas (see Table 1.1).¹

Table 1.1

Most Pressing Problems to Be Solved (% of positive answers)

Problem areas	1997	1998	2001
Unemployment	60	65	82
Health care	48	50	69
Standard of living	65	65	64
Crime and personal safety	62	66	46
Housing	29	29	26
Ethics, quality of interpersonal relations	43	36	24
EU and NATO integration	11	18	12
Environment	18	14	9
Ethnic and minority problems	6	7	5

Source: Public Opinion Research Institute of the Statistical Office of the Slovak Republic.

Table 1.1 also provides a picture of what problems people view as being dealt with and what are viewed as stagnating or getting worse. Apart from the labor market, it is the public health system that witnesses the worst development; this has been confirmed by surveys conducted by all significant agencies. The proportion of individuals who view the situation in the public health system as a pressing social problem grew from half to two-thirds of the population between 1998-2001.

Health is among the most precious life values. It is, therefore, understandable that people perceive rather sensitively any stimuli that negatively impacts upon their health. Experts agree that there are a number of factors that affect human health; the public, however, keeps critically commenting upon the very health care system. Other factors (such as diet, lifestyles or environment) are much less frequently subject of health-related discussions. As a natural explanation, the fact may be incurred that as a rule people become aware of the value of health only when they themselves or their relatives

Box 1.1

Domestic vs. Foreign Assessment of Development

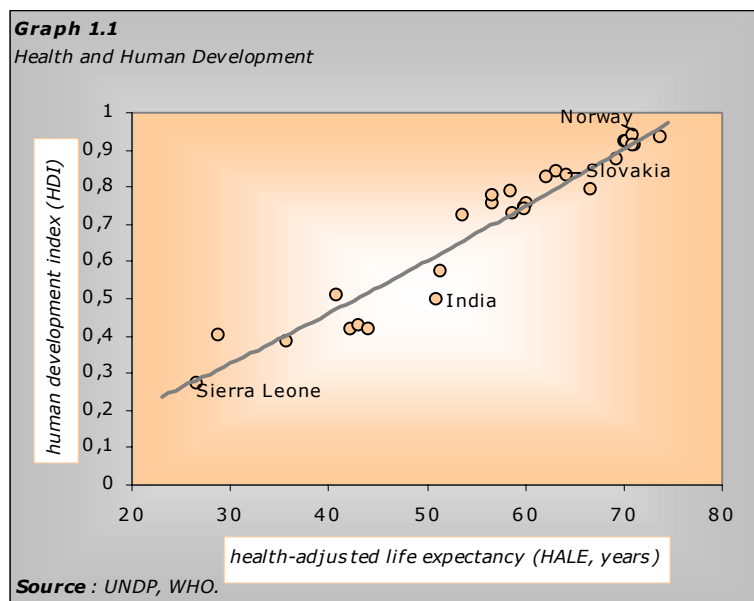
The critical assessment of the conditions for human development by the citizens themselves (Table 1.1) contrasts with the relatively favorable assessment of Slovakia in the international comparison of human development. Over long periods of time, the Slovak Republic has been ranked among countries with high levels of human development (see the Statistical annex), and it could have improved its position over the last several years. How can this discrepancy be explained?

Disregarding the imperfections of various statistical surveys, the reasons for this difference may be sought for above all in the development of factors that act on the satisfaction of human beings. Probably more than with macroeconomic figures, subjective satisfaction of an individual with his/her life is linked with income and expenditures of the household, with the purchasing power, satisfaction with employment, health care upon sickness, housing quality, fairness at authorities, etc. An overall view of the development of these parameters suggests stagnation rather than positive development of reasons for satisfaction. However, there is a number of more or less unchanging psychological factors that act upon the well-being of Slovakia’s population. They are connected with e.g. unfulfilled hopes concerning societal changes after 1989, disappointment with and lack of understanding of the growth of differences in wealth and income, underdeveloped democracy, as well as with the typical mentality features of the nation such as egalitarianism, pessimism, dissatisfaction and poor willingness to bear responsibility for one owns fate (see chapter 2.1.1 for details).

¹ Numerous discussions go on, in particular among sociologists, about the extent to which public opinion actually mirrors the lives of individuals and the society. The subjective feeling of satisfaction with one’s own life namely represents an „equation“ comprising numerous variables of which not all necessarily reflect the measurable actual status. This may be evidenced by the surveys themselves that confirm that negative assessment of some areas prevail in periods of improvement and worsening of the real situation in economy or society (e.g., assessment of the financial condition of households).

need health care. It is but then that they quite logically make a connection between their health condition and health services. To a certain extent, this attitude is a heritage of the preceding social system that failed to motivate people to be responsible for their own health. This, nevertheless, does not change the fact that the health care system is in a real crisis. Slovakia has successfully coped with a majority of the transition steps leading towards a functioning market economy, while there still remain distortions from the preceding period in the field of public health.

In addition, health represents one of the main pillars of the human development concept. The tight links between health and human development are given by their mutual interactions. Individuals who live their lives in full health usually have better conditions to live fulfilling lives than individuals suffering from physical or mental problems. Populations tend to be healthier – both according to how they perceive their own health and as reflected in statistics (see Graph 1.1) – in societies that find themselves on a higher level of development.



The list of the principal factors of health remains the same virtually all over the world. It includes lifestyles and nutrition, the general working environment, genetic and biological preconditions, education, social and economic situation, health care. However, in highly developed countries, health is influenced by the choices of the individuals themselves to a significant extent (such as selection of diet, housing, doctor, drugs, etc.), whereas health condition problems frequently derive from lacking or inadequate meeting of the basic needs in poor countries (such as lacking drinking water, shortage of medicinal drugs, etc.). Health is also an issue of inadequate quantities and quality of nutrition, inadequate condition of housing, lacking education and health protection, poverty, non-democratic political establishment, natural disasters or military conflicts – i.e., factors that restrict the potential of individuals as well as the society as such with respect to the overall human development.

The link between greater wealth and better health is not universal. Similar to human development in general, health is not only dependent on a sufficiency of funds, even if a positive correlation between them is evident.² Health is the result of a number of factors that go beyond geographical borders, while being of different weight in different parts of the world.

Poverty is among the important factors of health (and vice versa). Similar to human development, poverty is a multidimensional phenomenon. Most frequently, poverty is associated with inadequate income; however, poverty is a result of the interaction of numerous causative factors. In individuals who are poor and/or excluded from mainstream society for prolonged periods of time, their status will negatively impact upon their physical and mental well-being as well. Studies have confirmed the relationship between lacking education and unemployment on the one hand and disturbed health condition on the other one.³

² There are several countries that have lower per capita incomes, while their population enjoying a better condition of health than populations in some wealthier countries. Life expectancy at birth serves as a recognized health condition indicator. WHO data suggest that the populations of Cuba, Albania and Jamaica live longer than the populations of the wealthier Central and Eastern European countries and the oil-producing countries of the Gulf.

³ For details see chapter 3.2.

Various shapes and consequences of poverty were the focus of the preceding Slovak Human Development Report. The authors concluded that:

- ❑ Poverty means a condition when material, social or cultural resources of an individual get restricted to the extent that he/she gets excluded from the minimally accepted standard of life. The official language in Slovakia does not include the term poverty and there is yet no integrated strategy addressing poverty and social exclusion.
- ❑ At present, exclusion from the labor market and low levels of education may be considered the most important drivers of poverty. The groups at the highest risk include long-term unemployed who also have highest shares among recipients of social assistance benefits. The elderly, children, single-headed families and families with multiple children are among the groups traditionally at risk of poverty. Due to lower average earnings and pensions, women are more susceptible to poverty than men.
- ❑ All the characteristics mentioned, above all, low level of education and the long-term unemployment peak with respect to the Roma population whose significant portion live in extreme poverty. The culture of poverty is emerging in the most backward Roma colonies. The parameters of human development identified for the isolated Roma settlements are comparable to those for developing countries – bad health condition, short life expectancy, inadequate housing and hygiene, illiteracy, and hunger.
- ❑ There is no panacea to eliminate poverty. Dealing with poverty requires eliminating the reasons resulting in the rise and spread of poverty, as well as a functional social safety net available to groups of population at risk. Finding a solution to unemployment and greater emphasis on education remains a priority.

Box 1.2

What is Human Development?

Human development can be characterized as an enlargement and deepening of people's opportunities to live healthy, long and creative lives. Factors such as favorable political climate, democracy, political freedom, adherence to and enforcement of rights, developed informal rules, stable economy, a functioning and open education system, development of science and research, good quality health care services, a targeted social system, environmental protection, tolerance, respect, etc. contribute to human development. Certainly, these facts alone do not guarantee satisfaction and well-being to individuals. They nevertheless represent the basic and inevitable precondition for the creation of a favorable environment for people that will enable them to further develop these choices according to their needs. Human development thus means more than simply being healthy, educated or adequately wealthy; it also includes the ability of people to take advantage of these opportunities in their daily lives, be it in the family, at the workplace or during their leisure time. The feeling of a meaningful and happy life thus arises as a combination of the favorable action of the external environment on the development of human choices and of the ability of people to develop these choices according to their needs and interests.

It may be stated that poverty is a consequence of inadequate human development. The concept of human development is based on equality irrespective of gender, age, nationality, and race. The preceding National Report analyzed human development in Slovakia through gender equality. The quality of life of both men and women is determined not only by different biological but also social structure. The authors stated:

- ❑ The position of women and men in the family, at the workplace, and in society represents a reflection of the development of mutual relationships and their arrangements within the given environment. The stereotypical perception of man as being the "breadwinner and protector of the family" and of woman as being the "mother and the housewife" has been the result of the traditional perception of the male and female roles crossing almost all geographical and cultural borders.
- ❑ In Slovakia, inequality is most strongly reflected in lower participation of women in decision-making areas such as politics and in business. In view of comparable levels of education and qualifications, the participation of women in the executive and legislative branches is low.
- ❑ The weaker position of women in the labor market is evidenced by lower average earnings and a predominance of women in lower job positions and less remunerated jobs. On the average, women earn three quarters of what men earn, and their share on managerial and controlling positions is about thirty percent. On the other hand, women have a significant share on unpaid work in the household. In this way, many women become financially dependent on men.
- ❑ Democratization of the family and education in the spirit of equality of genders and of respect to the other gender represent a precondition for a society that is fair in respect of genders. Tolerance of others as a standard arrangement of life, accepting the rights to choose one's own lifestyle, elimination of all forms of discrimination – all these are preconditions for equality of opportunities and for strengthening the principles of a fair society. The family and state, schools, the media and churches, play important roles in this respect.

The gender dimension and the phenomenon of poverty are interconnected. The preceding National Report dealt with the feminization of poverty as a result of lower economic power of the female

population. Feminization of poverty is closely linked with feminization of old age and/or is a result thereof. The demographic development namely heads towards growing shares of women on the older population. Higher mortality of middle age men causes Slovak women to live eight years more on average than men. Taking into account the aforementioned facts, smaller income of women, their prevalence of unpaid work, as well as deep-rooted stereotypes, intensification of the feminization of poverty may be expected.

The different life expectancies of females and males are not only due to biological preconditions but also to other health-related factors such as lifestyle, smoking, and nutrition. A comparison with developed countries suggests that the health condition of Slovakia's population, in particular of its male portion, is inadequate. High death rates of cardiovascular and malignant diseases suggest that attention paid to the prevention of risk factors (such as high blood pressure, smoking, alcohol consumption and obesity) is insufficient. However, health is not only the result of the action of numerous phenomena, but also the cause of their emergence. The population's poor health increases the costs of health care, raises opportunity costs, and lowers the potential and productivity of the economy.

The structure of this publication differs from the preceding editions of the National Report. The cross-sectoral character was replaced by a monothematic focus of the report, in which the authors deal in detail with one key area of human development. Human health is the central theme of this National Report, in particular of chapters 3 and 4. Chapter 2 outlines recent developments in the society, namely politics, the economy, and the labor market and education field, i.e., areas that have an important impact on the formation of human development conditions.

Chapter 3 analyzes the health status of the population, the links between health and other dimensions of life, while special attention is devoted to different determinants of health, including health care services. Chapter 4 presents a vision of health for Slovakia; it includes proposals for measures that should strengthen health prevention, improve health care provision and eventually lead to improvements in public health. The National Report aims to raise public awareness about the main drivers of health and contribute to the discussion about prospects of improvements.