

Description of the monitoring and control system for the tasks delivered under the Strategic Framework for Health for 2014-2030

The aim of this document is to describe a monitoring and control system to be put in place to ensure the monitoring and fulfilment of the Strategic Framework, preparation and delivery of implementation strategies specifically focused on meeting strategic objectives defined under individual strategy priorities, as well as achievement of target values under selected indicators.

The monitoring system is based on the "Action plan to develop and manage implementation strategies/tools of change" which specifically defines:

- a time schedule for preparation of individual implementation strategies;
- bodies responsible for the preparation of implementation strategies.

The fulfilment of the Action Plan - preparation of implementation strategies - is verified against deadlines set up in advance in managing acts of the Ministry of Health of the Slovak Republic.

Levels of monitoring:

1. Monitoring Committee

The ministry of Health of the Slovak Republic established a monitoring committee comprised of representatives of the Ministry of Health, Ministry of Education, Ministry of Labour, Social Affairs and Family, Ministry of Finance, Ministry of the Interior, the Public Health Authority of the Slovak Republic, patients' associations, professional associations of healthcare employees, non-governmental non-profit organisations, Office of the Plenipotentiary for Roma Communities, representatives of health insurance companies, healthcare providers, higher territorial units, the Association of Towns and Communities of Slovakia and universities. The statutes of the committee were published in the Official Journal of the Ministry of Health of the Slovak Republic on 26 February 2014 (Official Journal, Volume 62, Issue 11-20, <http://www.health.gov.sk/?vestniky-mz-sr>)

The committee will regularly monitor progress achieved under the Strategic Framework, propose possible amendments to the framework and oversee fulfilment of individual strategies. The Monitoring Committee will approve implementation sub-strategies. Committee meetings are convened and chaired by the committee chairman at least once a year. A quorum exists at a committee meeting if more than one half of all its members are present. The committee adopts conclusions in the form of resolutions. For a resolution to be adopted, more than one half of the

committee members present at a meeting must vote in favour of the resolution. Resolutions will be published on the web site of the Ministry of Health of the Slovak Republic. Committee's operation is ensured by a committee secretary.

The Health Policy Institute of the Ministry of Health of the Slovak Republic in cooperation with its partners (Steering Committee) prepares annual reports (always by 31 January of the year following after the monitored period) about progress achieved at the strategic framework level, in particular by updating achieved values of selected indicators and presenting information on the progress made with respect to fulfilment of strategies/tools of change. Approved reports will be made available to the public at the Health Ministry web site.

2. Steering Committee

The Ministry of Health of the Slovak Republic set up a steering committee comprised of Health Ministry officials: a Health Ministry state secretary, two members representing the Health Policy Institute, one member representing the Financing Section, one member representing the Health Section and one member representing the European Programmes and Projects Section. The statutes of the committee were published in the Official Journal of the Ministry of Health of the Slovak Republic on 14 April 2014 (Official Journal, Volume 62, Issue 21-22, <http://www.health.gov.sk/?vestniky-mz-sr>)

The committee will regularly (at least once a month) monitor progress made in the delivery of implementation strategies and in the monitoring of implementation of programmes and projects arising from the implementation strategies.

The key activities to be performed by the committee will include in particular:

- a) assigning tasks related to development and review of implementation strategies;
- b) approving proposals and changes in implementation strategies;
- c) assigning tasks related to development and review of programmes and projects under implementation strategies;
- d) approving proposals and changes in project charters;
- e) approving proposals and changes in programme and project plans;
- f) approving programme and project implementation progress reports prepared by the Health Policy Institute of the Ministry of Health of the Slovak Republic;
- g) monitoring fulfilment of implementation strategies, programmes and projects.

Meetings of the steering committee are convened by the director general of the Health Policy Institute on a monthly basis. The review of implementation strategies and programme and project plans will mainly involve assessment of the meeting of set deadlines. Its aim is to exchange information and monitor the progress made in the delivery of implementation strategies. The committee adopts conclusions in the form of resolutions. A quorum exists at a committee meeting if more than one half of all its members are present. For a resolution to be adopted, more than one half of the committee members present at a meeting must vote in favour of the resolution. Resolutions will be available to all members of the monitoring committee. Committee's operation is ensured by a committee secretary.

Basic strategic documents subject to monitoring and control:

Strategic Framework	<ul style="list-style-type: none">- Basic document describing the strategic direction in the health sector- Includes, among other things, key areas of health care, indicators and tools of change
Implementation strategy	<ul style="list-style-type: none">- Provides a more detailed overview of the selected area / tool of change under the Strategic Framework- Contains a state of play analysis (key issues and indicators)- Defines targets (indicator), measures (e.g. projects) to meet the objectives, and sources of financing, including an indicative budget

Schedule for monitoring progress in implementation:

Strategic Framework	- reviewed by the Monitoring Committee once a year
Implementation strategies	- reviewed by the Steering Committee once in six months

Capacities - human resources to ensure monitoring and control

Human resources have been allocated at the Ministry of Health of the Slovakia Republic who will be engaged in monitoring and control, with no need for additional financial resources.

A Health Ministry unit responsible for monitoring: Health Policy Institute

Responsible persons: Ivan Poprocký, Štefan Mesároš, Michal Štofko, Michaela Laktišová

A Health Ministry unit responsible for control activities: Control, government audit and complaints department

Responsible persons: department employees commissioned by a department head to carry out controls in line with the Health Ministry's Plan of Control Activities.

3. Methodology for data collection

Progress in improvements in key health areas will be controlled and assessed once a year by examining changes in indicator values in all areas defined under the Strategic Framework. Results will be presented at a Monitoring Committee meeting.

No changes were made in the methodology of creating and processing outputs; they were largely adopted from publicly available data from OECD statistics which are collected using a standardised methodology, or the data were obtained directly from health care providers. Data from 2011, or from the last year for which data were available, were used in the preparation of the Strategic Framework in 2013. Specifications of web sites, composition of source tables and methods in which values, in relevant units, for Slovakia were, and should in the future be obtained:

Public Health - Health status:

Healthy life years- Healthy life years at birth - males, females/years - data from an xls. file http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Healthy_life_years_statistics

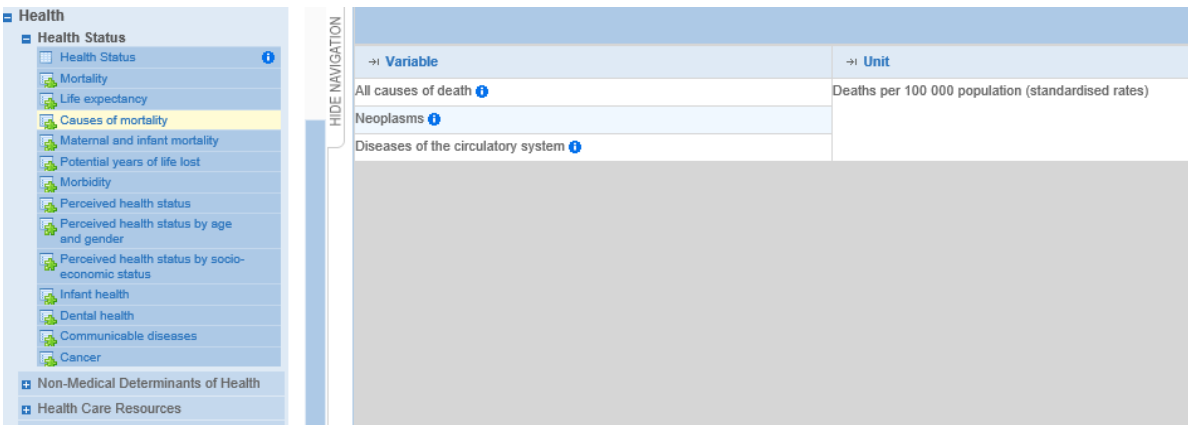
Life expectancy - at birth - males, females/years – OECD database at <http://stats.oecd.org/>; section Health, Health Status

Potential years of life lost - all causes - males, females/years – OECD database at <http://stats.oecd.org/>; section Health, Health Status

Causes of mortality- OECD database at <http://stats.oecd.org/>; section Health, Health Status; the selection scheme is shown under the list of indicators from this section

- a) All causes of death / yearly base / Deaths per 100 000 population
- b) Amenable mortality / yearly base / Deaths per 100 000 population - documents "Mortality amenable to health care in 31 OECD countries"

- c) Causes of death - Diseases of the circulatory system / yearly base / Deaths per 100,000 population
- d) Causes of death - Neoplasms / yearly base / Deaths per 100,000 population



Public Health - Health promotion:

Non-medical determinants of health - OECD database at <http://stats.oecd.org/>; section Health, Non-medical determinants of health; the selection scheme is shown under the list of indicators from this section

- e) Alcohol consumption / yearly base / Litres per capita (15+)
- f) Tobacco consumption / yearly base / % of population aged 15+ who are daily smokers
- g) Obese population / yearly base / % of total population

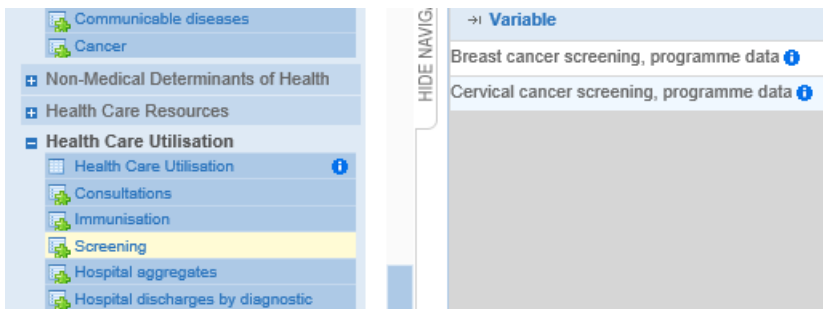


Prevention - OECD database at <http://stats.oecd.org/>, section Health, Health Care Utilization

- a) Immunisation: Diphtheria, Tetanus, Pertussis / % of children immunised
- b) Immunisation: Measles / % of children immunised
- c) Immunisation: Hepatitis B / % of children immunised
- d) Immunisation: Influenza / % of population aged 65 years and over



- e) Breast cancer screening, programme data / % of females aged 50-69 screened
- f) Cervical cancer screening, programme data / % of females aged 50-69 screened



General / Outpatient Care

General practitioners - Average age of general practitioners - data provided, upon request, by the Health Care Surveillance Authority and the Slovak Medical Chamber.

General practitioners as gatekeepers - Patients referred for examination at higher levels of health care / % of patients referred to higher levels of care - the rate of unique birth certificate numbers recorded for services at adult GPs against the total number of unique birth certificate numbers reported in outpatient health care (except for gynaecology, stomatology, psychiatry, ophthalmology - data provided, upon request, by the VŠZP General Health Insurance Company)

Consultations - Doctors consultations / Number per capita - OECD database at <http://stats.oecd.org/>, section Health, Health Care Utilization



Standardised clinical processes - Number of clinical guidelines implemented in practice / % of patients in outpatient care treated according to clinical guidelines - share of patients with a diagnosis included among applicable standardised diagnostic and therapeutic procedures in the total number of patients treated in outpatient care with all assigned unique diagnoses (total number of patients with a list of their diagnoses will be provided by health insurers)

Pharmaceuticals and other medical non-durables - Total expenditure on pharmaceuticals and other medical non-durables / % of total health expenditure - OECD database at <http://stats.oecd.org/>, section Health, Health expenditure and financing



Pharmaceutical consumption – Antibiotics / Daily defined dose – OECD statistics Pharmaceutical consumption by DDDs;

http://www.ecdc.europa.eu/en/healthtopics/antimicrobial_resistance/esac-net-database/Pages/overview-country-consumption.aspx

Access to health care - Financial access / Share of private expenditure to total health expenditure in % - OECD database <http://stats.oecd.org/>, section Health, Health care expenditures and financing (Financing agent – Private households out-of-pocket exp; Provider – Total expenditures HP1-HP9)



Prevention - Patients who underwent a preventive medical check-up / Share of patients in % - data provided, upon request, by health insurance companies for their patients; data converted to percentages according to market shares of individual insurance companies and then added together for all insurance companies to produce the final value

Inpatient Care

Hospital discharges - OECD database at <http://stats.oecd.org/>, section Health, Health Care Utilization

- a) All causes / Per 100,000 population
- b) Diseases of the circulatory system / Per 100 000 population

Variable	Unit	Country
Diseases of the circulatory system	Per 100 000 population	Slovak Republic
All causes		

Hospital beds - OECD database at <http://stats.oecd.org/>, section Health, Health Care Resources

- a) Total hospital beds / Per 1000 population
- b) Acute care beds / Per 1000 population



Capacity utilisation - Curative (acute) care occupancy rate / % of hospital beds available



Hospital infrastructure - Average age of hospital buildings / years - arithmetic average of age and number of all hospital buildings of the Ministry of Health of the Slovak Republic. The data about numbers and age of buildings are obtained directly from hospitals.

Average length of stay (Inpatient care average length of stay, Curative care average length of stay)

- a) All causes /days
- b) Acute (curative) care



Standardised clinical processes - Number of clinical guidelines implemented in practice / % of patients in inpatient care treated according to clinical guidelines - share of patients with a diagnosis included among applicable standardised diagnostic and therapeutic procedures in the total number of hospitalised patients (total number of patients will be provided by health insurers)

Research and development - Number of teaching hospitals participating in research programs with universities, the Slovak Academy of Sciences, foreign teaching hospitals and private companies - data requested directly from hospitals

Sustainability of health care system - Operating profit of hospitals - data obtained directly from hospitals

eHealth

Electronic health documentation- data obtained directly from the National Health Information System

- a) Health care providers connected to the National Health Information System/ %
- b) Electronic health books for citizens/ %
- c) Number of entries in electronic health books / million per year

Electronic medication - Number of items on ePrescriptions / million per year – data obtained directly from the National Health Information System

Health promotion - Visits at the National Health Portal / monthly visits in 1000 – data obtained directly from the National Health Information System