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<td>Slovak Medical Chamber</td>
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I. Political background.

There have been no changes in the leadership of the state since our previous report. Vladimir Lengvarsky, a former director of a military hospital, is still the health minister. This is more than significant, as instead of peacefully improving our health system, he has faced two "emergencies" since the beginning of his mission. There were four waves of the COVID-19 pandemic with military-like situations. In the second case, our country and its healthcare system are facing a sudden refugee wave from war-torn Ukraine.

However, some significant changes have taken place:

1. A change occurred in the leadership of the Slovak Medical Chamber in October 2021. Marián Kollár, who was the first face of major medical protests in 2011, was replaced by Pavel Oravec, a former vice-chairman of the Medical Trade Union. Dr Oravec also served as the 1st Vice President of FEMS and the Chairman of the Standing Foreign Affairs Committee of the Medical Chamber. He is currently the head of the Chamber's working group for the Health Care Reform Concept. New members came to the leadership of the chamber with him.

He expressed his goals and plans as follows:

• Unifying the efforts of doctors and their organizations, and increasing the competencies of the Medical Chamber in the organization of the health care system.

• Enforcement of the conclusions of the Chamber's working group for Health Care Reform - a network of providers and their availability to patients, the outpatient and hospital sectors, public health insurance, staffing, health care financing, and independent health care regulator.

• Support for the activities of the SLK Young Doctors Section

• Support and improvement of legal aid for doctors in the performance of their profession

• Improving the conditions for lifelong learning.

• Mandatory membership or unification of the duties of all registered doctors with members of the Chamber.

The doctors present at the election meeting said in a joint statement that they wanted to remain an opinion-forming authority. At the same time, they reserved themselves against misinformation in connection with the COVID-19 pandemic. They encouraged colleagues to follow up-to-date recommendations reflecting the results of scientific knowledge. Citizens
were urged to follow the guidelines of experts in the prevention, diagnosis and treatment of this disease. The Chamber also wants to take action against those doctors who have an opinion that is incompatible with ethics, as was shown during the pandemic.

2. At the end of 2021, a budget was approved, which is again unfavourable for health professionals.


II. Following the change of management, Slovak Medical Chamber issued several key statements:

1. The current epidemiological situation makes it easier for society to cope with a pandemic, reduces the loss of life, prevents hospital overload, and halts the collapse of "white medicine" with all its consequences.

   It is necessary now:

   - publicly support epidemiologists, doctors and others, some of whom have already paid for their dedicated work in health or even life
   - to support enlightened politicians and to point out harmful populism
   - as well as to support responsible citizens with an emphasis on achieving an optimal state of population immunity

   Damages were demonstrably caused by the postponement of planned health care services due to the utilization of the capacities of medical facilities. It is an irrefutable fact that 70-85% of hospitalized patients were unvaccinated. Figures showing a year-on-year increase in deaths from other diseases indicate also a relationship between hospital bed occupancy and COVID-19 outpatient problems.

   Life expectancy in Slovakia steadily increased from 73.3 to 76.9 years between 2000 and 2020, but it is still among the lowest in the EU and, as a result of COVID-19, fell by almost another year.

Fig. 1. Life expectancy in Slovakia is nearly four years lower than the EU average.
(State of Health in the EU · Slovakia · Country Health Profile 2021)
It is an irrefutable fact that 70-85% of hospitalized patients were unvaccinated.

We agree, of course, with a voluntary approach to vaccination. However, the signing of the patient's disagreement should be part of the documentation in the interest of future legal protection of the physician. We believe that no one has the right to knowingly endanger another person, including a doctor.

2. To the state budget for 2022

The Slovak Medical Chamber is asking to increase the payment for state policyholders from the current 33 to at least 45 euros. Prime Minister Heger said in February that healthcare was one of the government's top priorities. He responded to trade unions, who blamed the government for the lack of solutions to improve the situation in health care.

Fig. 2. Slovakia spends less on health than most EU countries
(State of Health in the EU · Slovakia · Country Health Profile 2021)
Why is Slovakia at the forefront of morbidity and mortality not only on COVID-19 but also on preventable diseases? There is a lack of real prevention, resources for innovation and, last but not least, quality medical education and real public awareness.

Fig. 3. Out-of-pocket payments are above the EU average
(State of Health in the EU · Slovakia · Country Health Profile 2021)

In March 2022, the Slovak Medical Chamber, together with the Association of Hospitals of Slovakia, the Association of Private Physicians, and the Association of Outpatient Physicians, issued a joint memorandum. At a time of necessary assistance to refugees from war-torn Ukraine and when medical facilities are skyrocketing energy costs, the state must provide funding at least at last year's level. There is simply no room for savings and budget cuts.

3. To the shortage of doctors

<table>
<thead>
<tr>
<th>Number of doctors in outpatient clinics and hospitals in Slovakia as of 11 January 2022</th>
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<tbody>
<tr>
<td>General practitioners for adults</td>
</tr>
<tr>
<td>General practitioners for children and adolescents</td>
</tr>
<tr>
<td>Pediatricians</td>
</tr>
<tr>
<td>Gynecologists and obstetricians</td>
</tr>
<tr>
<td>Infectologists</td>
</tr>
<tr>
<td>All in total</td>
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Source: National Center for Health Information
Here are the official numbers: in fact, in March 2022, for example, only 147 infectologists worked (without maternity leave, pensions).

We are seeing a reduction in the number of general and specialist outpatient clinics, which is leading to longer waiting times or the unavailability of specialized outpatient care. The problem deepened during the pandemic, when many doctors became ill, died and left the system. The problem deepened during the refugee wave and the uncertainty that Slovak citizens also feel.

There is a lack of vision for the sustainability and development of this segment. The key to the solution is the Ministry of Health, and cooperation with professional organizations is essential. The doctors will not grow up in one day, but the young people will continue to leave, the seniors will retire, and perhaps some foreigners will come. At present, instead of a roller coaster after each election, it is necessary to stabilize the existing number of doctors and reach a consensus on the way forward. In addition, Slovakia urgently needs reform in the training of young doctors.

The war in Ukraine will have an impact on health care. Ukrainian doctors already hold important positions in our hospitals and are in danger of having to return home. At least ten Ukrainian doctors from the Rescue Service had to return home and enter military service. They were temporarily replaced by Czech doctors and paramedics.

In March 2022, the President of the Slovak Republic Zuzana Čaputová signed an amendment to the Act on Health Care Providers. It thus approved the facilitation of the entry of health care workers from abroad and the acceleration of their employment in the Slovak healthcare system.

Fig. 4. Slovakia has low numbers of nurses and doctors.

(State of Health in the EU · Slovakia · Country Health Profile 2021)
4. Physicians' salaries were not increased in 2022 according to the key won by the strike in 2011.

The pandemic may have helped healthcare professionals improve their income for their hard work with COVID-positive patients. There is a surcharge of 7 euros for each hour worked at the covid workplace. However, several hospitals point out that they do not have the funds for supplements. Small and medium-sized hospitals have not received money to pay for the care of patients with COVID-19 since the beginning of the year. The Association of Hospitals of Slovakia warned that from mid-March they will probably not have enough to pay for health professionals.

The political opposition has said that "If we do not want them to go to Hungary, Poland, the Czech Republic and further to countries that have risen sharply for our health professionals, then we must pay them not only what they are entitled to for covid patients, but we have to pour money into the system.

The government is pushing the issue like a hot potato with no results.

In February 2022, the Medical Trade Union Association submitted 8 proposals to Prime Minister Eduard Heger to improve the condition of hospitals in Slovakia. This material was signed by 3,000 of about 5,000 hospital doctors. The requirements concern the financing of hospitals, the reform of the health insurance system, the evaluation of doctors, the increase in the salaries of nurses, the construction of the Rázsochy National Hospital in Bratislava, and the reform of the education of doctors. The prime minister once again promised to work to meet them. The demands were fully supported by President Zuzana Čaputová.

Medical trade unions declared a striking emergency from 5,4,2022. They are thus responding to the fact that, despite long-term warnings and several negotiations, the government is not resolving the situation in health care. If nothing changes, they are considering resigning overtime in hospitals or giving mass resignations. Medical unions are also calling for salary increases for nurses. As for the salaries of doctors, they want their evaluation to be closer to the average in the surrounding countries.

There are only two categories in Slovakia: a beginner and a certified doctor.

<table>
<thead>
<tr>
<th>Country</th>
<th>starting salary</th>
<th>according to practice certified</th>
<th>maximum</th>
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<tbody>
<tr>
<td>Slovakia</td>
<td>1 416</td>
<td></td>
<td>2 605,9</td>
</tr>
<tr>
<td>Czechia</td>
<td>1 600</td>
<td>2 290 – 3 049</td>
<td>3 142</td>
</tr>
<tr>
<td>Poland</td>
<td>1 476</td>
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5. The reintroduction of mandatory chamber membership, which has already been enacted in the past.

The situation with COVID-19 required an opinion on the actions of some doctors. The Slovak Medical Chamber can take a position, but only affects members. Employed doctors are in the minority. They justify this by saying that the chamber only dealt with the problems of the outpatient sector and requires something from employees, but does not give anything back. Some doctors say they pay 135 euros a year for membership and do not have any of it.

However, the chamber defends doctors who do not forge documents, who work under pressure, who do not deny proven medical knowledge, and distance themselves from those who spoil the name of the chamber. But the competencies of the chamber do not affect all doctors working in Slovakia. Only mandatory membership can move a chamber to a level where it can more effectively protect the interests of all doctors. Also

6. Expression of support for Ukraine

The Slovak Medical Chamber also monitors the situation of Ukrainian citizens living in Slovakia, who have been joined by thousands of refugees. More than 500 Ukrainian doctors work in the Slovak healthcare system.

We deal with the fact that there is a lower vaccination state in Ukraine, a worse situation with a pandemic, but also with diseases such as tuberculosis, tetanus, diphtheria, measles, and hepatitis, which have almost disappeared in our country. We expect an onslaught on hospitals and additional expenditures that last year's budget could not count on.

In connection with the war in Ukraine, thanks to the Lex Ukraine Act, we enabled doctors, nurses and other health professionals to work for Slovak patients – because of the institute of temporary internships almost immediately and without unnecessary administrative processes.

7. To build the European Health Union.

The Medical Chamber considers this a good project because Europe is tackling the same problems like the shortage or bullying of health professionals. COVID has also introduced a new type of criticism for health professionals who are unfairly accused of failing to care for unvaccinated patients.
III. Conclusion

Slovak Medical Chamber is watching the development of the Slovak healthcare system and the problems with the lack of resources and healthcare workers in the sector with some concern.

It talks with representatives of the largest medical organizations - from the hospital and outpatient sectors.

The Slovak Medical Chamber calls on the Government of the Slovak Republic to keep its promise to co-finance the ministry, and it is ready to offer a helping hand to all parties involved.

As Peter Visolajský, chairman of the Medical Trade Union said: Although we understand the state's financial problems, we are asking for its assistance. Nevertheless, the combination of arrears, inflation, rising energy prices, the COVID-19 pandemic, the shortage of doctors in hospitals and ambulances, as well as the migratory wave from war-torn Ukraine is a minefield that will further devastate the already fragile system.

The doctors ran out of patience. According to them, hospitals cannot return to the pre-pandemic regime because there is no one to work in them. They do not see that the government is trying to change this situation, so they are on strike. However, the Ministry of Health promises them a proposed solution by the end of June 2022. We are now waiting for the promises to be fulfilled.