WORLD HEALTH ORGANIZATION
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MINISTRSTVO ZA ZDRAVJE

Investment for Health and Development in Slovenia

Programme MURA

Tatjana Buzeti
Jožica Maučec Zakotnik

CENTER ZA ZDRAVJE IN RAZVOJ
CENTRE FOR HEALTH AND DEVELOPMENT
MURSKA SOBOTA

«Systems for integrating public health aspects in non-health policy sectors in order to develop health-conducive policies need to be strengthened and made more efficient at all levels of government (i.e., European, National, Regional, and Local). Such systems could include, inter alia, appropriate surveillance systems for health outcomes and determinants, public health policy reporting systems that make the links between health outcomes, health determinants and policies explicit, mainstreaming health impact assessments in all policy-making, processes for intersectoral co-operation, such as intersectoral committees and institutionalized processes for intersectoral policymaking.»

Declaration of the EU Ministerial Conference «Health In All Policies»
Rome, 18 December 2007

Authors: Tatjana Buzeti, Jožica Maučec Zakotnik

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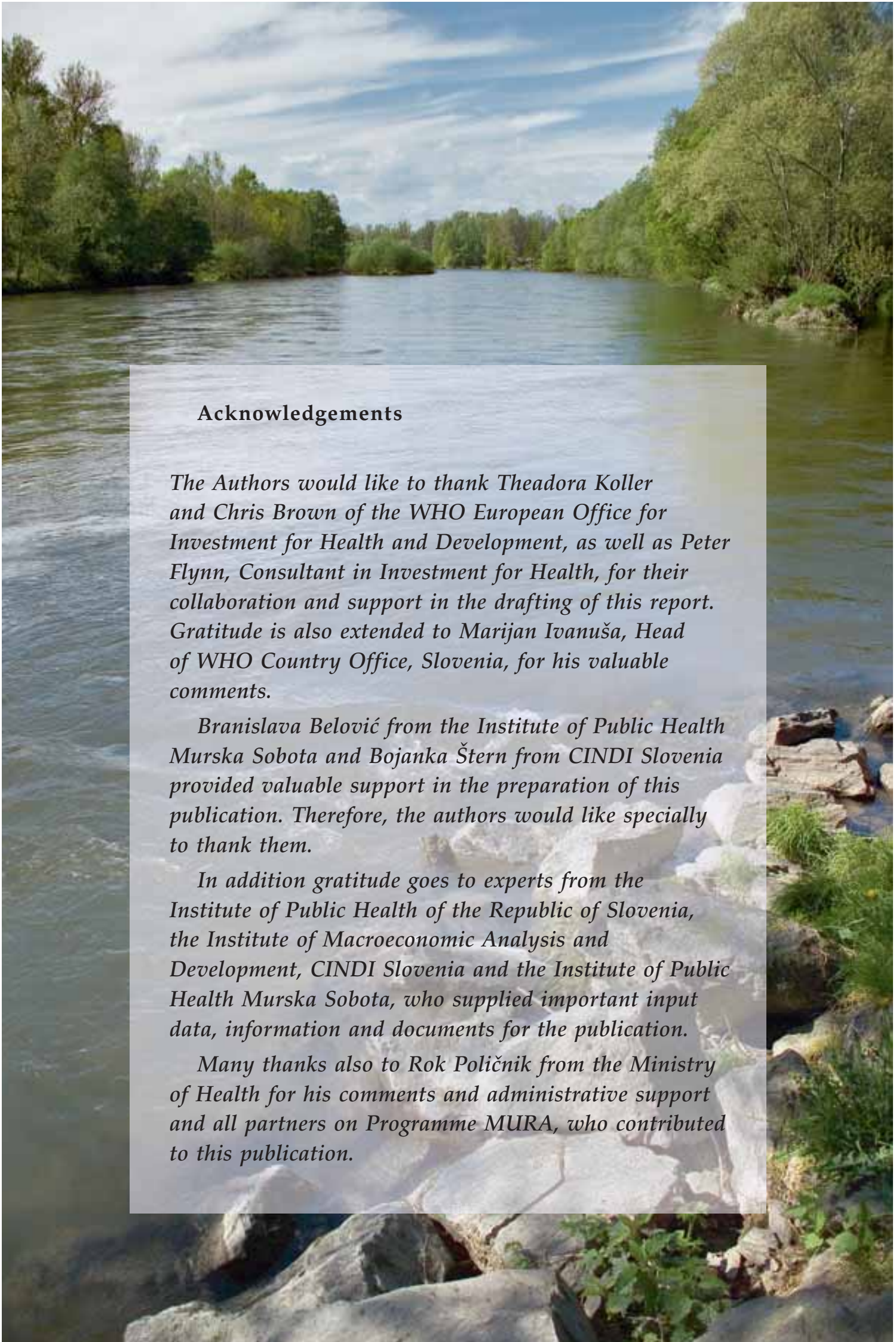

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Foreword – Investment for Health and Development: Programme Mura

Good health is a prerequisite for high productivity; it affects competitiveness of the economy and leads to greater well-being, which is why modern societies have realised that investment for health is one of the greatest investments.

In Slovenia and many other European countries, the greatest disease burden is represented by chronic non-communicable mostly a result of an unhealthy lifestyle.

The Ministry of Health is implementing numerous preventive programmes, promoting healthy lifestyles in both the workplace and residential settings. The key objective of these activities is to change people's lifestyles before they start suffering from diseases. However, such programmes can only produce the expected results if they are linked to well-planned measures for improving economic and social conditions.

From the perspective of public health, inadequate economic development can have an enormous impact on the health of citizens, which is also reflected in higher expenses of health and pension funds, while in long-term it hinders the development of a country and society.

The investment for health and development concept is undoubtedly one of the concrete models offering an opportunity to connect various partners, with the aim of placing health into different development policies.

*Health, social and economic indicators place the Pomurje region among the endangered areas in Slovenia. The initiative of the Ministry of Health – **Investment for Health and Development – Programme MURA** – represents an active integration of health policies into economic development policy, with an aim to reduce the differences in health and to connect various partners to foster the development of this region.*

Within Programme MURA, various cross-sectoral partnerships have developed, which have led to the creation of numerous

approaches, tools and good practices. These are an excellent reference for further work and the promotion of the investment for health and development concept in Slovenia and across Europe.

Better health contributes to greater quality of life, and higher productivity of regional economy. I am proud that good cooperation of partners in the Pomurje region has already produced promising results, which can be seen in the improvement of lifestyle of Pomurje inhabitants. This will lead to better health of the population in the region.

Dear reader, you are looking at a book which represents and summarises our experience in integrating the investment for health and development concept into the Slovene environment. I truly hope that it will give you inspiration and ideas for your future work and when deciding to conduct and implement similar projects in your country.

Zofija Mazej Kukovič
Minister of Health

Foreword – Investment for Health and Development: Realising Health's Contribution to Development, Aligning Investments to Improve Health

Along with most European countries, Slovenia is undergoing rapid change and development. Changes are taking place in all of the key areas that affect social and economic development. In recent years, new legislation and practices have been introduced in line with European Union law and directives. They cover the education, finance, transport, energy, agriculture, environment and health sectors.

What is impressive in the way Slovenia has managed these changes is its understanding that the country's current and future economic and social development, and its standing in Europe, will depend to a significant extent on effective measures to promote and sustain the health of its citizens. The innovative work carried out within «Programme MURA» is an example of this commitment and leadership.

The Regional Office for Europe of the World Health Organization has provided technical assistance in this field. Indeed Slovenia, in the mid-90s was the first country to request an appraisal of the opportunity to invest for health and development. The present report describes the process, outcome and lessons learnt in bringing together health and development in the Pomurje Region. This programme was possible because of strong partnerships at the national and subnational level, political commitment, professional capacity, institutional performance and the engagement of civil society.

Until recently, development has been pursued mainly in an alliance between the private sector, development agencies and those government sectors with obvious contributions to make to regional 'productivity'. In the literature explaining economic development, however, the issue of human capital has been identified as a key determinant. Such literature has given more prominence to the role of the health and education sectors in regional growth and development strategies, as they serve as the cornerstones of human capital.

Until very recently, the specific role of the health system was assumed to be limited and consequently not well explored or de-

scribed. More commonly, investments for health are often seen as a 'cost' with most debates in popular media and in government dialogue centring on the need to manage the rising demands on the health sector, resulting from increased consumer expectations on the quality of care and changing demographics, e.g. an ageing population. Most of the debate surrounding health (in policy and investment dialogues) focuses on health care and on issues of containing costs and managing demand. This has not presented a full picture of the contribution of good health, and of the performance of health systems, to a country's development. Until more recently, this evidence gap has not facilitated systematic actions across Europe to position the promotion of health and the reduction of health inequities within a country's overall development agenda.

Fortunately, this evidence gap is increasingly being addressed. Action to create synergy between health and development is on the rise in many European countries. Leadership increasingly recognises the need to make operative approaches such as Health in All Policies. This commitment is evidenced by the declaration of the European Union Ministerial Conference, «Health In All Policies» in Rome in December 2007, which built on the 2006 Finnish Presidency's work in this area.

Globally, in 2001, the report of the WHO Commission on Macroeconomics and Health provided evidence that health improvement is a key factor to help countries to move out of chronic poverty. In Europe, studies such as *Claiming the Heath Dividend: Unlocking the benefits of NHS spending*, published in 2002 by the King's Fund, provided clear evidence of how health system policies, particularly in the areas of recruitment, procurement and health improvement can make a valuable contribution to the regional economy through employment, education and training of the local workforce and supporting local business and innovation. In 2005, *The Contribution of Health to the Economy in the European Union*, published by the European Commission, highlighted the cost of poor health in terms of a number of important economic outcomes.

The forthcoming WHO European Ministerial Conference on Health Systems: Health Systems, Health and Wealth taking place in Tallinn, Estonia, in June 2008 provides a significant opportunity to further move the focus from evidence and conceptual possibilities, to common frameworks for action. In these frameworks, which have been formally endorsed by WHO European Member States, «gover-

nance of health» as a cross-sectoral responsibility is clearly outlined. Better integration of health and development decision-making and delivery processes, and the specific stewardship role of ministries of health in ensuring success are highlighted.

The focus for future action is to better define the ways in which stewardship and governance of health (and development) can be realised in practice across different country contexts and with varying systems of delivery that characterise the European continent.

It is within this context that the report *Investment for Health and Development in Slovenia: Programme MURA* provides important insights and lessons that are timely and relevant for Slovenia and other countries in Europe.

Christine Brown
Programme Manager
Social Determinants of Health
and Health Promotion
European Office for Investment
for Health and Development
WHO Regional Office for Europe

Erio Ziglio
Head
European Office for Investment
for Health and Development
WHO Regional Office for Europe

Executive Summary

This report reviews the progress of Programme MURA. Programme MURA was the result of developing the concept of Investment for Health (IfH) and establishing a project in the Pomurje region to pilot its implementation. The project soon grew into the programme. The review provides a basis for taking forward the programme, applying its lessons in other regions and nationally, and sharing learning and experience internationally.

Since independence in 1991, Slovenia has seen considerable economic growth, and has combined its development agenda with measures to ensure social cohesion and environmental sustainability. Pomurje is one of the 12 statistical regions with regional development agencies, which coordinate stakeholders for planning activity. Within Pomurje there are 27 municipalities with the authority to manage the area's assets, facilitate economic development, plan spatial development and manage local services.

The Pomurje region is one of the most deprived in Slovenia. The majority of indicators of economic performance are significantly below the national average. It has the lowest GDP per capita, and the highest percentage of long-term unemployed of any region. Long-term unemployment is linked to the low level of education. As income, employment and education are determinants of health, with more disadvantaged populations often having higher rates of morbidity and mortality, it is no surprise that the population has relatively poor health. Life expectancy is the lowest of any region, and the number of years of life lost per 1 000 people under 65 is the highest.

In preparing for accession in 2004, the Government addressed the increased attention within the EU to addressing disparities in regional growth. Analysis showed wide regional differences in health and lifestyle indicators, and supported an increased emphasis on understanding the socioeconomic determinants of health, and addressing them through integrated regional development strategies. The Public Health section of the Ministry of Health in Slovenia took

the lead on advocacy and awareness-raising, and in identifying concrete ways to integrate health into broader development agendas, in partnership with other sectors. The approach resulted in the piloting of Programme MURA. The WHO Regional Office for Europe, partly through the European Office for Investment for Health and Development in Venice, worked with Slovenia and other European countries to provide technical support on these policy issues.

The Public Health section of the Ministry of Health began the complex process of building political support, with the then Minister of Health working across departments to build alliances. Key events in this process were:

- Starting in 2001, «masters classes» with representatives from the regional level to discuss socio-economic determinants of health.
- A two-day international consultation meeting in February 2002 on investment for health and development in the Pomurje region, with more than 90 participants from different sectors. It reviewed policy options for reducing regional disparities, and laid the groundwork for Programme MURA.
- The Ministry of Health presented a report to the government on development issues in Pomurje and possible regional development incentives.

On the basis of the above activities, Programme MURA was approved with the aim of: «Identifying, developing, implementing, and strengthening best practices in the field of socioeconomic and environmental development for achieving better health and quality of life for the people in Pomurje region.»

Intersectoral collaboration was supported by co-ordination mechanisms at the national and regional levels:

- *Governmental Project Group for Health and Sustainable Development in Pomurje.* An inter-ministerial project group co-ordinated the work of ministries, with a political and strategic role in directing and accelerating development in the region.
- *Institute of Public Health Murska Sobota.* Part of a national network, the Ministry of Health gave the institute a key role in developing the project, working with the regional development agency. The initial emphasis was on building partnerships.

- *Centre for Health and Development.* The centre was established within the Institute of Public Health Murska Sobota in 2004; it was tasked with co-ordinating Programme MURA's horizontal activities within the region, and vertical activities with national partners.
- *Regional Programme Council*. The council was established in parallel with the national project group. Four working groups focus on three «pillars» – communities, tourism, and food – of the project, and its foundation – a healthy environment. There are currently 25 organizations actively involved in developing the project.

Collaboration between the Slovenian Government, WHO and other Member States working to apply the investment for health approach has contributed to the development of the programme. Programme MURA became a development priority in the Regional Development Programme for Pomurje for 2002–2006. Financing in this period came from the Ministry of Health fund for tackling health inequalities and the direct regional investments transferred through the Regional Development Agency and endorsed by mayors in all 27 municipalities of Pomurje, and different EU funds, such as Phare and Interreg.

The above-mentioned programme development activities and joint planning enabled the identification of Programme MURA's working priorities as follows: (1) improving healthy lifestyles; (2) increasing healthy food production and distribution; (3) developing healthy tourism products and programmes; and (4) preserving the natural and cultural heritage and reducing the ecological burden. These priorities—which aim to tackle key socioeconomic (education, employment, income) and environmental determinants of health, as well as risk factors such as unhealthy lifestyles—resulted in the activities outlined below during period 2001–2007.

Piloted in municipality Beltinci in eight communities in 2001, the «Let's Live Healthily» health promotion programme now operates in more than 50 communities. It focuses on specific risks factors and a reduction in heart disease, hypertension, cancer, and diabetes. The goal of the programme is to improve health and to enable inhabitants of rural communities to take active role in health promotion and protection. Programme is developed and implemented by the Institute of Public Health Murska Sobota and supported by an extensive health promotion network.

For improving the demand and supply of healthy food products, co-operation between the Ministries of Health, Agriculture, Education, and Labour has resulted in:

- assessing the benefits of a transition to sustainable food production, and the resources required to support change (Health Impact Assesment).
- nutrition guidelines for children and adolescents.
- menus and quality standards for children and adolescents.
- improved healthy nutrition guidelines in catering curricula.
- guidelines and standards for healthy nutrition in public institutions.

To strengthen supply in the region of Pomurje, a consortium, of fruit and vegetable producers was established in 2004, and ecological centres supporting organic farming were created. The procurement practices of public institutions were amended to improve the demand for healthy products from local, and particularly small-scale, producers. Activities were supported by extensive awareness-raising programmes in the field of healthy nutrition.

Increasing opportunities for higher education focused on the development of:

- higher education programme in Agricultural Management and Biotechnics.
- higher education programme in Management of Tourism and related sciences.
- Regional Research and Education Centre (RIS).

Healthy lifestyle topics have been introduced into a well developed project targeting school dropouts. The project learning initiative for young people under 25 is providing intensive support to increase social skills and training to enhance self-image and healthy behaviour, and to facilitate access to vocational education.

Initiatives to promote a healthy tourist offer have focused on increasing the infrastructure for ecotourism, and developing health-promoting recreation and culinary products. The region, besides having health spa tourism, is developing as a cycling and walking tourist destination.

In terms of improving the environment, efforts focused on supporting and advocating for the construction of a regional drinking water supply system, and the education of the general population on nature preservation and environmental protection. In protected na-

ture areas, such as the Landscape Park Goričko, promotion of organic agriculture and ecotourism and the development of health-promoting products is underway.

More work is required on the links between the outputs of Programme MURA and outcomes in terms of risk factors, morbidity, and mortality, but trends evidenced by current available data are encouraging. Evaluation of activities has focused on assessing changes in risk factors, mainly unhealthy eating habits and a lack of physical activity. Results of the National CINDI Health Monitor Survey carried out in 2001 and 2004 indicate positive changes in lifestyle in the Pomurje region. People increased their consumption of fresh fruits and vegetables, used less animal fats and more olive oil in cooking, and consumed fewer fried foods, sweet, beverages, and less added salt.

Programme MURA has produced important learning on the principles for effective IfH policies. In this regard, there are a number of considerations for sustaining the approach and project, and taking the work forward:

- *Strengthening public health capacity.* The strong leadership and capacity building adopted from the start of the project were key to its development. There is a need to maintain and strengthen this capacity, particularly in relation to policy mapping, Health Impact Assessment, and monitoring intersectoral action for health and development.
- *Evaluation.* There is a need to strengthen the evaluation methodologies for health outcomes. It is also necessary to define means of synchronizing evaluation by different sectors for impacts on socioeconomic indicators such as employment levels and sector-specific impacts down to regional level.
- *Transferring good practices to other regions.* Other regions have adopted elements from Programme MURA. Support is required nationally to widen this transfer of learning to other regions.
- *Sharing lessons from the pilot.* As Programme MURA was established as a pilot, an important next step would be to share the lessons learnt as they apply to strengthening the policymaking/strategy-design context at national level with reference to better policy coherence between health and development goals.

Timeline – The Story of Investment for Health in the Pomurje Region

An overview of the most important activities at the national and regional level supporting the implementation of the Investment for Health approach in Slovenia:

2001

Ministry of Health Care renamed to the Ministry of Health (MOH).

Directorate for Public Health established at the MOH.

Balanced regional development high on the political and public agenda.

Investment for Health approach actively advocated by the MOH.

First Investment for Health master class to identify regional development priorities.

Health Impact Assessment of common agricultural policy and its impact on Slovenia after accession.

Preparation of national and regional development plans.

CINDI lifestyle survey conducted.

Health promotion intervention «Let's Live Healthily» commenced in 8 communities.

2002

Second Investment for Health master class to set agenda and basis for «Programme MURA».

Letter of commitment signed by all 26 mayors and different regional stakeholders.

Establishment of high-level governmental project group for health and sustainable development in the Pomurje region chaired by the State Secretary at the MOH.

Establishment of the Regional Programme MURA Council.

Working areas and priorities within the Programme MURA defined.

Interdisciplinary implementation projects developed and implemented.

«Let's Live Healthily» coverage expanded to 18 communities.

2003

Government allocated responsibilities and tasks to different ministries to address the Programme MURA priorities and development issues in the Pomurje region.

New financial measure to tackle health inequalities introduced at the MOH.

Establishment of working groups for higher education programmes on agricultural management and biotechnics, and tourism.

Interdisciplinary implementation projects developed and implemented.

«Let's Live Healthily» coverage expanded to 28 communities.

2004

Regional funds allocated for the Programme MURA.

Programme MURA financed through MOH financial measure to tackle health inequalities.

CINDI lifestyle survey conducted.

«Let's Live Healthily» coverage expanded to 38 communities.

Interdisciplinary implementation projects developed and implemented.

Establishment of Ecological Centre SVIT.

Establishment of fruit and vegetable consortium.

2005

Workshop on Investment for Health approach in the Pomurje region.

National nutrition and food policy adopted by the Parliament.

Regional strategy and action plan for tackling health inequalities published.

Establishment of Centre for Health and Development.

Programme MURA financed through MOH financial measure to tackle health inequalities.

Programme accreditation and infrastructure development for higher education programme on agricultural management and biotechnics.

«Let's Live Healthily» coverage expanded to 48 communities.

50 farmers from the region in the organic production schemes.

First 5 schools publish a tender considering green procurement guidelines and local procurement.

National nutrition guidelines for children and adolescents.

Establishment of Centre for Nordic Walking.

School dropout programme incorporated elements on healthy lifestyles.

Interdisciplinary implementation projects developed and implemented.

2006

Preparation of national and regional development plans.

National policy on physical activity adopted by the Parliament.

Draft of national strategy for tackling health inequalities.

Programme MURA financed through MOH financial measure to tackle health inequalities.

Higher education programmes on agricultural management and biotechnics started in Rakičan.

«Let's Live Healthily» coverage expanded to 50 communities.

Opening of ecological mill.

10 schools and kindergartens practice local procurement.

National debate on local procurement and food quality guidelines for children and adolescents.

Nordic walking defined as a product for the greenbelt areas, and Nordic walking destinations in Slovenia developed.

Continuation of school dropout programme including healthy lifestyle.

Interdisciplinary implementation projects developed and implemented.

2007

Workshop on Investment for Health approach in the Pomurje region.

Programme MURA financed through MOH financial measure to tackle health inequalities.

«Let's Live Healthily» coverage continues in 50 communities.

New organic food products developed (pasta, bread and pastry).

12 schools and kindergartens practice local procurement.

Draft of food quality guidelines for children and adolescents presented at the World Food Day.

Partnership with the Slovenian Tourist Board to promote Nordic walking as a tourist product of Slovenia.

Continuation of school dropout programme including healthy lifestyle.

Interdisciplinary implementation projects developed and implemented.

2008

Slovenia's EU Presidency placed Investment for Health/Health in All Policies on the agenda at the conference in Radenci.

Programme MURA financed through MOH financial measure to tackle health inequalities.

CINDI lifestyle survey to be conducted.

«Let's Live Healthily» coverage continues in 50 communities.

New product development, short supply chain management.

Development of new walking paths for Nordic walking.

Part I: The Context for Initiating Action

Background on Slovenia and the Pomurje region

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It is well documented that the conditions in which people live and work have significant influence over their health, providing evidence that much of the responsibility for health lies outside of the direct control of the health sector. Sectors including labour, agriculture, education, welfare, environment and tourism can in fact have a major role in creating the conditions for health. This section provides an overview of the social and economic conditions prevailing in Slovenia and in the Pomurje region during the 2000–2008 period, to help explain the health and development needs to which Programme MURA responds.

Socioeconomic context

The population of Slovenia is approximately 2 million, with a density of 99,1 inhabitants per square kilometre. An estimated one third of the population lives in towns with more than 10 000 inhabitants; the rest live in nearly six thousand smaller towns and villages.

Since independence in 1991, Slovenia has seen considerable economic growth and improved living standards. In 2005, it reached 82 % of the average GDP of the EU per capita, placing the country

16th among EU Member States. That same year, employment in Slovenia was higher than the EU average, at 66 % compared with 63,8 %, and the unemployment rate was lower, at 6,5 % compared with 8,8 %. In 2004, 12,1 % of Slovenia's population lived below the poverty threshold (compared with 16 % across the EU).

With its development policy grounded in the Lisbon Strategy, Slovenia has combined its economic growth agenda with measures to ensure social cohesion and environmental sustainability. The state works towards preventing social exclusion, particularly by influencing the social position of the population in the areas of taxation, employment and work, and through grants, housing policy, family policy, health care, education and other policy areas. In the environmental field, the focus is on the organisation of the economy, infrastructure, settlement, and broader way of life in view of the carrying capacity of the environment and natural resources, and the promotion of the integration of environmental issues with other sectoral policies.

Slovenia has a long tradition of regionalism and local self-government. The country is divided into 12 statistical regions. Regional development agencies co-ordinate stakeholders for regional planning activities. There are 210 municipalities in Slovenia and these have the authority to manage the municipality's assets, facilitate conditions for economic development, plan spatial development, and manage local public services including primary health care, among other tasks.

The Pomurje region is situated in the northeast of Slovenia and is divided into 27 municipalities. It represents 6,6 % of the country's total land surface and is home to 122 000 inhabitants (6,1 % of the Slovene population). Between 1997 and 2005, the population of the Pomurje region decreased by 2,6 % (due to negative natural growth and negative net migration), while the entire Slovenian population grew by 0,9 %.

During 2000–2006, the EU Structural Funds – intended to increase economic and social cohesion among Member States – covered Slovenia through Objective 1: «To promote the development and structural adjustment of regions whose development is lagging behind.» According to different indicators, the Pomurje region is one of the regions most at risk of unbalanced development in Slovenia, as evidenced in Table 1.

Table 1: Comparison of indicators – Slovenia and the Pomurje region [1]

	Slovenia	Pomurje region
Population (2007)	2 019 406	121 964
GDP/capita (2005)	14 116 €	9 399 €
Unemployment (2006)	8,6 %	14,2 %
Gross payments per employee (2006)	1 192,33 €	983,46 €
Relative poverty (2005)	11,7 %	-
Gini index (2005)	24 %	-
Persons[1] entitled to financial social assistance[2] (2005)*	4,7 %	8,8 %

Source: SORS

* Ministry of Labour, Family and Social Affairs; calculations by the Institute of Macroeconomic Analysis and Development.

[1] **People entitled** to financial social assistance are those who received financial social assistance because they were not able to provide for themselves or their family members funds equal to the minimum income, for reasons over which they have had no influence.

[2] **Financial social assistance** is a cash benefit intended to satisfy the minimum living needs in the amount that enables survival in accordance with the Social Security Act. The table presents data on those people entitled to the basic financial social assistance, extraordinary cash social assistance and permanent cash social assistance as well as those entitled to attendance allowance (home care).

In 2005, 11,7 % of the population in Slovenia lived in relative poverty – that is, below the risk-of-poverty threshold set at 60 % of the national median equivalent disposable income (after social redistribution). The share of population living in relative poverty has fallen since 2001 from 12,9 %.

If we compare the share of population entitled to financial social assistance, we can see that in the Pomurje region is almost twice as high as the Slovene average. Comparing the data from the period 2001 to 2005, we observe a rise in the Slovene average from 2,1 % in 2001 to 4,7 % in 2005, while in Pomurje region there was a rise from 4,5 % to 8,8 %. This can be an approximate estimation of poverty in the region. With social transfers this situation is partially alleviated.

In terms of GDP per inhabitant, the Pomurje region ranks the last among all Slovenian regions. The economic development gap is even widening, since in 2001 Pomurje reached 69,65 % of Slovenian

[1] Statistical Office of Republic of Slovenia (SORS) and Institute of Macroeconomic Analysis and Development (IMAD)

average, while in 2005, it reached only 66 % of the Slovenian average. Also, gross payments per employee in the Pomurje region are lower, reaching only 82,5 % of Slovene average in the year 2005. The many other indicators of economic performance are also below the national average.

In addition to income influencing health outcomes, both employment status and educational level are predictors of health. As documented in the second edition of *Social determinants of health: The solid facts* edited by Richard Wilkinson et al, unemployed people and their families suffer a substantially increased risk of premature death. Health effects are linked to psychological consequences and effects on mental health, self-reported ill health, heart disease and risk factors for heart disease. Education is similarly a key determinant of health. Almost all important health problems, and major causes of premature death such as CVD and cancer, are more common among people with lower levels of education, income and occupational status. The health gap in life expectancy is typically 5 years or more, as reported in the expert report commissioned by the UK Presidency of the EU in 2006, *Health Inequalities: Europe in Profile*.

Unemployment in Pomurje is higher than the national average: it was 16,7 % in 2000 (compared to the national average of 11,8 %), increasing in 2002 to 17,7 % (compared to the national average of 11,3 %) and falling to 14,2 % in 2006 (compared to the national average of 9,4 %). In addition to a traditionally high registered unemployment rate, Pomurje region is also facing structural unemployment, which is reflected in a mismatch between job supply and demand. In 2005, 53,3 % of jobseekers were long-time unemployed, which means they had been seeking employment for more than one year. The percentage of long-term unemployed is gradually decreasing (down from 58,4 % in 2000), but in 2005 it was still the highest in any Slovenian region. Long-term unemployment is often linked to the lower number of years that jobseekers have spent in education. In the Pomurje region, more than half of jobseekers have only completed only the 1st or 2nd level of education. However, the region is also facing problems of high unemployment of young people (first time jobseekers) with a higher education level.

In Pomurje, the average number of years of education of a person above 15 years of age was 10 years in 2002, which is 0,9 years more than in 1991, according to a census survey. While progress has been made, this was the lowest increase in Slovenia. Inequalities in education are evidenced in Table 2.

Table 2: Highest educational level attained

Indicator	Pomurje region			Slovenia		
	1991 (census)	2002 (census)	2005[1]	1991 (census)	2002 (census)	2005[1]
Highest educational level attained[1], in % of population:						
- basic education	60,2	43,9	39,8	47,6	33,0	29,1
- vocational or secondary education	34,5	48,2	47,6	43,4	54,1	50,3
- tertiary education	5,3	8,0	8,9	9,0	12,9	15,0

Source: Statistical Office of the Republic of Slovenia: calculation made by Janja Pečar, Institute of Macroeconomic Analysis and Development.

[1] Population structure in 2005 according to the Labour Force Survey.

The region ranks last among the statistical regions by number of enrolled students per 1 000 inhabitants. In 2005, there were 43,6 students per 1 000 inhabitants, which was almost 13 students per 1 000 less than the Slovenian average.

Despite the regional disparities and adverse socioeconomic conditions highlighted above, the region has many assets that have permitted growth. These can be further exploited for the benefit of balanced development and health, for example by actions on determinants such as education and employment.

The Pomurje region is largely marked by plentiful natural resources and agriculture. Fertile ground, a continental climate and flat terrain form suitable conditions for wheat production, which is the largest in Slovenia. Agriculture represents the main economic activity in Pomurje. Even though the region encompasses only 6,6 % of Slovenian territory, it includes 22,3 % of Slovenian fields and gardens, 12,7 % of fruit plantations and 11,7 % of vineyards. The importance of agriculture is also evident by the percentage of farmers (20 %) among the total working population. More than half of the households are closely or at least partly connected with agriculture, and this sector accounts for 13,4 % of the regional GDP[2].

Natural and thermal resources continue to open up a variety of possibilities for the development of a high-quality opportunities for tourism. Important components of the tourist offer include cycling and hiking routes, wellness centres, a golf course, mini casinos,

[2] Statistical Office of Republic of Slovenia

horseback riding, flights in gliders or light aeroplanes, local cuisine and a range of locally produced wines. In 2006, tourism was employing 10,6 % of the active workforce in the region, contributing to 7,4 % of the regional GDP in 2005[3].

As the Pomurje region borders Austria, Hungary and Croatia, there are possibilities for interregional economic co-operation and this is an area of emphasis in development plans. Strengthening the human resource base, particularly young professionals, is also a priority. In the past, economic activities in Pomurje have primarily been based on work-intensive industries. Following global trends, regional development plans include an increased focus on service industries and the technology sector, and in fact these have grown in the region in recent years.[4]

Population health

Table 4 shows the top 10 conditions (disability groups) that account for approximately 90 % of the burden of disease among males and females in Slovenia. Neuropsychiatric conditions and cardiovascular diseases (CVD) account for the highest burden of disease among both males and females. Because mortality from neuropsychiatric conditions is minor, disability in daily living comprises the bulk of their burden on the population's health.

Table 4: Ten leading disability groups as percentages of total DALYs for both sexes in Slovenia (2002)

Rank	Males		Females	
	Disability groups	Total DALYs (%)	Disability groups	Total DALYs (%)
1	Neuropsychiatric conditions	22,0	Neuropsychiatric conditions	29,3
2	Cardiovascular diseases	18,3	Cardiovascular diseases	17,4
3	Malignant neoplasms	16,4	Malignant neoplasms	16,2
4	Unintentional injuries	10,4	Digestive diseases	6,0
5	Digestive diseases	8,5	Musculoskeletal diseases	4,9
6	Intentional injuries	5,8	Sense organ diseases	4,9
7	Respiratory diseases	4,6	Respiratory diseases	4,8
8	Sense organ diseases	3,5	Unintentional injuries	4,4
9	Musculoskeletal diseases	2,7	Diabetes mellitus	2,1
10	Diabetes mellitus	1,7	Intentional injuries	1,9

Source: WHO. (2006). Highlights on health in Slovenia 2005.

[3] Statistical Office of Republic of Slovenia

[4] http://www.rra-mura.si/dokumenti/BrosuraPomurjePreview.pdf, Regional Development Agency Mura Ltd.

The following table shows the ten leading risk factors in disease. According to the DALYs, tobacco and alcohol place the greatest burden of disease on the Slovene male population, and high blood pressure and tobacco place the greatest burden of disease on Slovene females.

Table 5: Ten leading risk factors as causes of disease burden measured in DALYs in Slovenia (2002)

Rank	Males		Females	
	Risk factors	Total DALYs (%)	Risk factors	Total DALYs (%)
1	Tobacco	19,0	High blood pressure	7,8
2	Alcohol	16,4	Tobacco	7,4
3	High blood pressure	8,5	High BMI	7,1
4	High cholesterol	7,2	High cholesterol	5,4
5	High BMI	6,6	Alcohol	5,3
6	Physical inactivity	3,0	Physical inactivity	2,6
7	Low fruit and vegetable intake	2,5	Unsafe sex	1,7
8	Illicit drugs	1,3	Low fruit and vegetable intake	1,5
9	Occupational airborne particulates	0,6	Illicit drugs	0,9
10	Occupational risk factors for injuries	0,6	Childhood sexual abuse	0,8

Source: WHO. (2006). Highlights on health in Slovenia 2005.

In 2003, the main noncommunicable diseases accounted for about 80 % of all deaths in Slovenia; external causes for almost 9 %; and communicable diseases for less than 1 %. Ischaemic heart disease is the single biggest killer in Slovenia, being responsible for almost 12 % of all deaths in 2003. In comparison with the Eur-A[5] average mortality rate, the largest excess mortality in Slovenia is for diseases of the pulmonary circulation and other heart diseases (46 %); in the middle-aged population, however, cerebrovascular diseases account for the highest excess (about 60 %), especially in men (about 85 % excess mortality). The mortality rates for these two groups of causes – diseases of the pulmonary circulation and other heart diseases, and cerebrovascular diseases – place Slovenia among the top six Eur-A countries for these causes. The mortality rates in Slovenia for diseases of the digestive system are the highest among Eur-A countries, for both males and females. Also, both males and females have the

[5] 27 countries with very low child mortality and very low adult mortality, designated Eur-A by WHO, as the reference group. Eur-A comprises Andorra, Austria, Belgium, Croatia, Cyprus, the Czech Republic, Denmark, Germany, Greece, Finland, France, Iceland, Ireland, Israel, Italy, Luxembourg, Malta, Monaco, the Netherlands, Norway, Portugal, San Marino, Slovenia, Spain, Sweden, Switzerland and the United Kingdom.

highest mortality rates among Eur-A countries for chronic liver disease and cirrhosis.

Table 6: Life Expectancy in Pomurje and in Slovenia

Indicator	the Pomurje region		Slovenia	
	1995–1999	1999–2003	1995–2003	1999–2003
Life expectancy				
- men	68,6	69,2	71,1	72,2
- women	77,3	78,5	78,6	80,0

Source: Statistical Office of the Republic of Slovenia.

Life expectancy in the Pomurje region is the lowest in Slovenia. Mortality tables revealed that from 1995 to 1999 average life expectancy was 73 years. In the period 1999–2003, average life expectancy grew by approximately 0,8 year, average life expectancy of men grew only by 0,6 years and of women by 1,2 years. Men have especially low life expectancy, only 69,2 years, which is by 4,8 years lower from those living in central Slovenia who have the highest life expectancy in the country. Women have slightly better life expectancy – 78,5 years – which is the same as the women's life expectancy in the Spodnje Posavje region and in the Zasavje region. However, this is still the lowest life expectancy in Slovenia and it is almost 3 years lower than the highest life expectancy of women, which is in the Goriška region.

The reasons for this difference have not yet been systematically examined, although existing evidence points to risk factors such as unhealthy lifestyles—including inadequate nutrition, low levels of physical activity, and stress as shown in table 7 and 8 – correlated with adverse socioeconomic conditions[6]. As shown in the previous section, these include lower GDP per capita, limited employment opportunities, and lower education levels.

During the 2001 to 2005 period, the age-standardised mortality rate (SMR) for Pomurje region was 11,66 per 1 000 inhabitants, compared to the Slovenian average of 9,85 per 1 000. In the same period, there were 51,7 years per life lost (YPLL) per 1 000 inhabitants in Pomurje region for the population aged under 65 years. When comparing all regions in Slovenia, this indicator was the highest, with the lowest being for Goriška region at 30,5 years.

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[6] CINDI Slovenia Health Monitor Survey 2001

Table 7: Behavioural risk factors for chronic non-communicable diseases (NCDs) in Slovene regions [7]

Behavioural risk factors for NCD	Goriška region %	Osrednjeslovenska region %	Pomurje region %
Eating fruit at least once a day	57,5	55,8	53,6
Eating vegetables at least once a day	65,2	49,0	50,4
Eating whole-wheat bread	12,6	18,0	8,6
Eating brown bread	39,8	57,2	75,3
Using vegetable oil for cooking	91,0	92,2	73,9
Self-reported health: good	53,9	65,4	70,6
Self-reported mental readiness: good	45,9	54,2	66,8
Eating pork several times per week	20,6	17,7	46,2
Eating pork almost every day/every day	2,4	1,8	16,7
Eating pork lard several times per week	3,9	3,4	12,3
Eating pork lard almost every day/every day	2,2	2,4	18,7
Eating fried food several times per week	22,4	11,5	23,3
Eating fried food almost every day/every day	6,7	1,7	7,4
Eating sweets at least once a day	2,8	5,0	4,7
Additional salt added to food at table	15,5	19,6	25,4
Eating fruit once a week or less	7,7	5,9	6,8
Eating vegetables once a week or less	3,0	3,4	2,0
Drinking non-alcoholic drinks at least once a day	60,8	55,6	73,2
Smoking	18,3	25,1	21,5
Immoderate drinking alcoholic drinks	11,0	9,7	13,8
Self-reported health: bad	9,3	7,9	11,0
Self-reported mental readiness: bad	10,0	8,8	8,0

In 2005, Pomurje region had the highest SMR for CVD and second-highest SMR for gastrointestinal diseases and neoplasms among all 12 Slovenian regions. It was also the region with the highest SMR for people younger than 65 years due to respiratory diseases, poisonings and injuries. It also had the highest liver cirrhosis mortality rate in men and highest overall suicide mortality rate.

[7] CINDI Slovenia Risk Factors and Effectiveness of Process Evaluation Survey 2002/2003

Table 8: Biological risk factors for chronic non-communicable diseases (NCDs) in Slovene regions [8]

Biological risk factors for NCD	Goriška region %	Osrednjeslovenska region %	Pomurje region %
Overweight (BMI 25–29,9) men	54,4	48,5	43,0
Overweight (BMI 25–29,9) women	33,5	30,6	37,7
Fatness (BMI >=30) men	18,4	20,1	30,6
Fatness (BMI >=30) women	14,8	19,1	25,9
Waist-hip ratio >1,0 men	10,9	16,4	21,0
Waist-hip ratio >0,85 women	25,9	36,7	45,6
High blood pressure (>140/90)	31,5	39,5	49,7
High cholesterol (>5 mmol/l)	77,1	72,1	81,2
High blood sugar (>6 mmol/l)	14,8	20,6	14,5

Table 9: Age standardised mortality rate for Pomurje from 1997 to 2005

SMR per 100 000 inhabitants under 64						
Year	**All**		**Men**		**Women**	
	Slovenia	**Pomurje**	**Slovenia**	**Pomurje**	**Slovenia**	**Pomurje**
1997	309,4	340,1	449,5	519,8	175,5	181,2
1998	301,4	361,8	431,4	530,1	176,0	198,9
1999	293,4	356,4	415,2	532,6	175,7	184,2
2000	280,8	323,5	395,9	471,9	169,0	178,0
2001	283,1	360,5	404,0	540,3	163,8	183,7
2002	271,5	341,4	388,8	507,8	155,5	179,2
2003	269,6	375,8	384,5	570,9	155,1	178,6
2004	255,9	313,4	354,0	438,8	157,9	185,6
2005	239,9	295,5	332,1	430,5	147,8	159,5

Source: Institute of Public Health Murska Sobota, data calculated by Anica Fujs

[8] CINDI Slovenia Risk Factors and Effectiveness of Process Evaluation Survey 2002/2003

The health system [9]

The present health system in Slovenia was established with the basic health care legislation that came in force in 1992[10]. The main cornerstones of the reform introduced are:

1. introduction of a social health insurance system;
2. introducion of co-payments with an option for supplementary health insurance to cover them;
3. independent position of the key groups of health professionals (physicians, dentists, pharmacists, in future also nurses and midwives);
4. (re-)introduction of private practice in health care provision.

The Ministry of Health holds responsibility for (a) health stewardship, including health policy development, implementation and evaluation; (b) health strategy design, (c) the design and implementation of personal and non-personal services; (d) financing including capital investments in the hospital sector; and (e) international relations in health care. The Government continues to own all public hospitals. There are three ways in which health care is delivered with respect to the legal and financial position: public institutions (owned either by the municipalities or by the state); private providers working under a concession contract; and private providers without a concession, offering services either for out-of-pocket payment or for privately insured persons (the latter still being very scarce).

The majority of the adult population, faced with the potential need to pay significant amounts in co-payments, takes out supplementary insurance, which covers expenses potentially incurred in co-payments. Since 2005, this insurance is regulated through a risk-equalising scheme, providing equal access for different population groups to the same packages of services.

Health care delivery is organised classically on three levels: primary, secondary and tertiary. Primary health care is delivered through the network formed by primary health care centres (PHCCs) and private providers holding a concession. PHCCs are established and owned by the municipalities who also decide on the issuing of concessions.

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[9] Institute of Public Health of Republic of Slovenia, information prepared by Tit Albreht

[10] Health Care and Health Insurance Act, Health Services Act, Pharmacy Services Act, Medical Services Act

The Pomurje region traditionally has compact health care delivery organised at the primary and the secondary levels. There is a regional general hospital, four PHCCs (Gornja Radgona, Lendava, Ljutomer and Murska Sobota), a number of private healthcare providers offering primary and secondary health care services, and four spa resorts offering medical rehabilitation. Their geographical distribution ensures a rather good coverage of the population. In 2005, health care providers in Pomurje employed a total of 2 125 persons.

For public health, the national responsibility lies in the Institute of Public Health of the Republic of Slovenia, while on the regional level regional institutes of public health operate. Institutes cover the areas of communicable diseases, health statistics and research, environmental health, and health promotion. Implementation of national targets is co-ordinated through vertical co-operation between national and regional institutes, while the horizontal co-operation with other sectors is established on the regional as well as on the national level. In Pomurje, the Institute of Public Health Murska Sobota is especially strong in health promotion. It is not only implementation that takes place on the regional level; development of programmes, concepts and tools and research activities also represent a significant part of the work.

Slovenia in 2000: a call to address regional disparities and the socioeconomic determinants of health

In 2000, Slovenia was facing increasing regional inequalities in economic, social and health development. This trend reflected that of other countries in Europe. In response, the EU called for increased attention and policy emphasis to be given to addressing disparities in regional growth, with a focus on the regions lagging furthest behind.

In preparation for its 2004 accession to the EU, the Slovenian Government scaled up action and investment in regional development. In all strategic development documents, regional development that reduced disparities and fostered balanced growth was emphasised. This was accompanied by financing through direct and indirect incentives for balanced regional development. Indicators in regional development were intensively analyzed and monitored. The Government Office for Local Self-government and Regional Policy and the National Agency for Regional Development co-operated

with regional development agencies for design of regional development plans and implementation.

In 2001, the national survey on lifestyle in connection with health was carried out according to the methodology of the CINDI Health Monitor Survey[11]. It revealed wide regional differences concerning health and lifestyle indicators. These were most visible in the links between health and socioeconomic status; education; vocation; employment/unemployment; gender; living in urban, suburban or rural environments; and living in the eastern, central and western parts of Slovenia. The survey acted as an important tool, which put forward and clearly articulated the link between health status and socioeconomic indicators.

It became apparent that increased emphasis needed to be given to addressing the socioeconomic determinants of the poor health status of people living in the region, and to achieving this through increased integration of health improvement as a goal within regional policy and investment decisions. This would mean focusing the actions of different policy sectors on common priorities with gains for health and development. Implicit was the principle that the stewardship function of the health at the region should focus on creating the conditions for good health. This entailed promoting healthier lifestyles and, at the same time, demonstrating how improved health is a resource for development in the region and how development is a resource for better health.

Technical support and options for delivering this was provided by the WHO European Office for Investment for Health and Development, in Venice. WHO had been synthesising the evidence and developing tools to support countries to better incorporate health as a concern within broader social and economic development agendas at the national and subnational level since 1996. The evidence and tools were being used by a number of middle and higher-income countries who were keen to act as pathfinders for strengthening this aspect of their approach to health policy and health improvement. Slovenia was one of the pathfinder countries that had been working with WHO. In fact, in 1996, Slovenia was the first country to request an Investment for Health appraisal.

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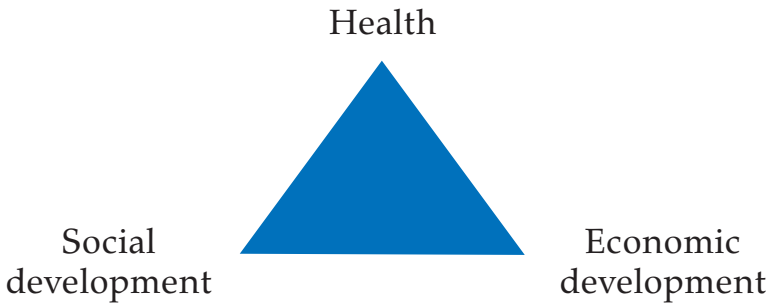
[11] Zaletel-Kragelj L., Fras Z., Maučec Zakotnik J. Results of CINDI Health Monitor surveys in Slovenia as a tool for development of effective healthy nutrition and physical activity intervention programmes. J Public Health 2006; 14:110-118.

Figure 1: Investment for Health and Development Triangle (Source: WHO/Europe)



It was in this context that the Public Health sector of the Ministry of Health of the Republic of Slovenia took a lead on advocacy and awareness raising around the socioeconomic determinants of health and the need to address health inequities. Given the Government's priority to achieve balanced regional development, the Ministry of Health assessed an opportunity to synergize with the focus on regional development, particularly of the most vulnerable regions. As a first step, it also began to identify feasible means to systematically integrate health into the broader development agenda of Slovenia, and also began to engage other sectors in coalitions that enabled investment for improvements in health, social and economic performance. It advanced cooperation with sectors including regional development, food and agriculture, tourism, environment and education. It was in this context that the opportunity arose to focus energies on a concrete pilot site for Investment for Health and Development in the Pomurje region.

Part II: Pomurje – Moving from Aspirations to Partnerships for Action on Health and Development

This section describes the steps and mechanisms put in place during the period 2000–2005, during which national and regional stakeholders were engaged in implementing the goals of investment for health and development in the Pomurje region. It highlights how the use of intelligence (including European and international research), dedicated human resources and leadership, and new tools for achieving better policy coherence were used to: a) identify opportunities for health gains in other sectors, b) build common agendas for action, c) establish mechanisms for improved co-ordination and delivery of policy and interventions, and d) enable adequate financing.

Convening stakeholders and advocacy of the need for the IfH approach

A starting point was to make the case and build interest and understanding across government and with key stakeholders of the relationship between health and development outcomes. In doing so 'Investment for Health' was used as a common term of reference to describe the incentives, benefits and ways of working involved in the process of integration of health improvement as a goal within broader development policy and investment decisions. Special attention was given to how health-promoting actions could contribute to economic growth. In keeping with the Ottawa Charter, health promoting actions were seen as not only those influencing individual lifestyle behaviours, but also those acting on the socioeconomic determinants of health, such as employment and education, and addressing health inequities.

Once the need for a cross-governmental Investment for Health approach was identified as a priority, the Public Health section of the Ministry of Health began the complex process of building political support for action. The largest possible support of experts and

the general public was needed in order to exert appropriate influence on national, ministerial and regional levels. The Minister of Health also had to actively support the inter-ministerial activities carried out by the Public Health section and in managing obstacles and building commitment to policy coherence for health and development.

Key initiatives undertaken during this period included a series of 'masterclasses on Investment for Health', which brought together different stakeholders to dialogue the evidence and implications of health improvement as a key concern within development policy. The first masterclass was in June 2001, when the Ministry of Health, the Institute of Public Health Murska Sobota, and WHO Regional Office for Europe organised a workshop on socioeconomic determinants of health and on differences in public health. There were more than 30 participants from the regional level, spanning health and other sectors including labour, agriculture, education, tourism, environment and regional development. These masterclasses have since been used in other Member States to tackle wider determinants of health, and have proved effective in building common ownership of health as a government priority and of the need for cross sectoral action to improve health and development outcomes.

In February 2002, the Ministry of Health organised a further two-day international consultation meeting on investment for health and development in Pomurje. There were more than 90 participants from various sectors and from national and regional level. Sectors present included those listed above, with the health sector and regional development sector leading the discussion. At the meeting, evidence on national and regional health and development trends and opportunities was reviewed and debated. This included the results of the Health Impact Assessment conducted on agriculture, food and nutrition policy in Slovenia after the planned accession to the EU. Following the review and debate of evidence, participants discussed development scenarios, looking at options for decreasing regional disparities and ensuring economic growth, while also fostering social cohesion, promoting health and enabling environmental sustainability. These discussions laid the groundwork for the development of Programme MURA, while also strongly influencing recognition of the overall concept of IfH/Health in All Policies in Slovenia.

In May 2002, the Ministry of Health officially presented a «Report on developmental issues in Pomurje and the assessment of

needs for additional regional development incentives» to the Slovenian Government. It included analytical data provided by the Ministry of Health and a description of the influence of developmental differences and the adverse socio-economic situation on people's health. In this key report, broader problems about inequities in public health in Slovenia were presented and discussed within the framework of governmental policy. In response, the Government allocated different responsibilities to different ministries to address development issues in Pomurje. The above activities resulted in the affirmation of the need for Programme MURA, as well as the delineation of its aim and objectives.

The aim of the Programme was identified as:

> «*Identifying, developing, implementing, and strengthening best practices in the field of social-economic and environmental development for achieving better health and quality of life for the people in the Pomurje region.*»

Specific project objectives are featured in Box 1.

Box 1: Programme MURA Objectives

1. *To spread knowledge on the economic, social and behavioural determinants of health and quality of life;*
2. *To make people aware of and accountable for their health and to equip them to take adequate actions through health promotion programmes;*
3. *To improve the regional state of health indicators and the quality of life of the inhabitants of Pomurje;*
4. *To identify the natural, entrepreneurial and human resources of the region;*
5. *To identify and to remove main obstacles for better health and socioeconomic development of the region;*
6. *To improve the network of professional and university colleges in the region;*
7. *To reduce ecological burdens in the region;*
8. *To encourage economic and social development by promoting and supporting strategic partnerships and programmes in the region.*

Defining areas of action and a joint work plan for implementation

In order to capitalise on and sustain the increased understanding of the need for integrating health and development targets and policy, the Ministry of Health and the Institute of Public Health Murska Sobota catalyzed a joint planning process involving multiple stakeholders, which resulted in the identification of six broader fields of action that are interdependent in many ways. These are listed below.

Agriculture and tourism. Restructuring local agriculture and the production of healthy, and above all ecologically produced, food in quantities required by local and national markets would enable the inclusion of local farmers in the development potential of the region. With the provision of healthy food, a farmer becomes a development partner in tourism who develops and supplies new tourist products (i.e. locally produced healthy food and healthy nutrition). Thus, local agriculture and tourism gain added value and a development partnership is established.

Education, knowledge and research. There is a need to invest in education, knowledge and research in order to prevent a «brain drain» and to facilitate development in the region. This could be enabled by developing suitable professions in the spheres of agriculture, food processing, tourism and catering, by establishing tertiary educational institutions, and by supporting research potential.

Healthy environments. The Pomurje region is facing environmental threats because of intensive agriculture and weak environmental-protection measures. Priorities in this field include building a regional supply system for drinking water and establishing extended wastewater management systems. Rehabilitation measures of contaminated areas are also required. These activities should be accompanied by stronger public awareness and information-exchange activities for nature protection. Establishment of Landscape parks Goričko, Regional park Mura, Landscape Park Jeruzalem and Landscape park Negova as a part of larger biosphere reserve in Europe under European Nature 2000 net and habitat directives has been seen as essential. Currently only Landscape Park Goričko has all the necessary administrative and institutional establishments, while other natural valuable areas are under local community jurisdiction and responsibility in order to protect nature and the cultural landscape environment.

New employment opportunities. With the development of new possibilities in agriculture and tourism, the unemployed population will be offered new job opportunities. The development of relevant training and new educational programmes in schools is important to enable the development of the appropriate professional profiles, while offering new posts.

Revitalising the cultural heritage. Pomurje has (a) a rich cultural heritage, (b) a number of major ethnological differences from other regions and (c) a large number of new cultural activities. Revitalising the first two and maximising all three spheres, and including these in the tourism provision and other markets can add value to regional economy.

Improvement of lifestyle through health promotion. The Institute of Public Health Murska Sobota manages health promotion programmes in conjunction with local authorities and communities. These aim to enable increased physical activity and better nutrition habits for the population, while also increasing awareness of healthy products and market opportunities for food and tourism providers.

Managing intersectorality through multiple co-ordination mechanisms

Collaboration between intersectoral stakeholders and the delineation of joint workplans was made possible by dedicated co-ordination mechanisms and functions at both the national and regional levels. For the most part, institution resources were already in place, while programme specific coordination mechanisms needed to be created.

Governmental Project Group for Health and Sustainable Development in Pomurje. Government decision Nº 304-06/2002-1 from 13 June 2002 asked the Ministry of Health to propose the establishment of an inter-ministerial working group to co-ordinate the work of different ministries in the field of investment for health and development in the Pomurje region. The working group was to have a political and strategic role in directing and accelerating development in the region. It was to analyse the situation in individual sectors, identify and assess development possibilities and initiatives, coordinate initiatives and measures of individual sectors, identify key development problems and propose measures for the removal of ob-

stacles, propose amendments for the improvement of development flows, propose financial measures, monitor and assess development indicators in the region and implement other strategic tasks to optimise the effects of Programme MURA. Among the members of the national programme group were representatives of all ministries, and the representatives from the Pomurje region. The working group was chaired by the state secretary for public health from the Ministry of Health and cochaired by the state secretary for regional development from the Ministry of Economy.

Institute of Public Health Murska Sobota. The main actor in the Pomurje region for public health is the regional Institute of Public Health Murska Sobota. The institute is part of a national network of institutes for public health accountable to the Ministry of Health. Institute played a key role in the development of Programme MURA, in cooperation with the Regional Development Agency Mura. In the beginning, the institute built on existing knowledge and network focusing on partnership building, entailing the establishment of a wide regional partnership network as demonstrated below. A Programme Manager was hired to co-ordinate regional partners and communicate with the Ministry of Health, regional development agency, governmental project group and the local programme council (see below).

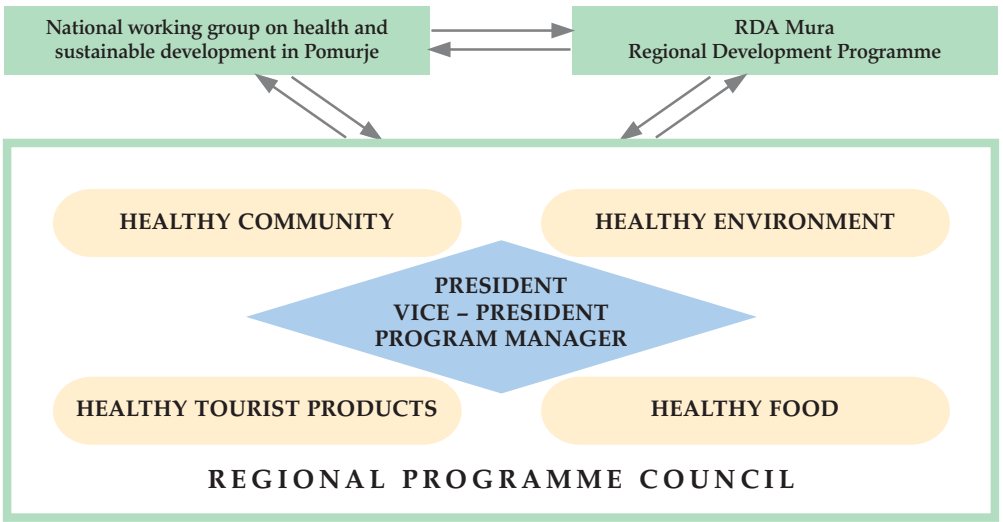
Centre for Health and Development. In 2004, the Ministry of Health, the Governmental Project Group for Health and Sustainable Development in Pomurje and the Institute of Public Health Murska Sobota called for and supported the establishment of the Centre for Health and Development. Housed in the Institute of Public Health Murska Sobota, the centre is responsible for promotion of politics, programmes and projects which have positive impacts on economic and social development, health and quality of life in Pomurje. Coordination and development of interdisciplinary implementation projects has been its focus since establishment. Together with the Institute of Public Health Murska Sobota, the centre represents and coordinates the wider partnership network in the region.

Regional programme council. In parallel to the establishment of the national project group, a regional programme council was also established, bringing together members of the regional partnership network. Within the council, four working groups were formed to ad-

Figure 2. Regional partnership network, with the Centre for Health and Development (CHD) and Institute of Public Health Murska Sobota (IPH) as co-ordinating bodies.

vance work on each of the pillars and foundation of Programme MURA. A president and vice-president were elected. The programme council co-ordination is responsibility of program manager. The group's structure is flexible and it accepts new members on the basis of their interest and in agreement with active partners in the network. There are currently 25 regional organisations which are active members in the council. Figure 3 portrays the structure of the council and the communication pathways between different structures.

Figure 3: Co-ordinating and communication mechanisms



Members of the regional programme Mura council

Financing agreements

At the start of Programme MURA, there was a need to develop adequate instruments to assure horizontal/inter-ministerial programme financing. Before the programme a sector specific financing has been common with limited practice of joint financing schemes of different ministries. A goal of governmental project group has been to look across different sectors' priorities and financial instruments to concentrate funds in Pomurje region for Programme MURA in order to reach synergies and better outcomes.

National strategic documents, such as Strategy of Economic Development of Slovenia 2002–2006 and National Development plan 2002–2006 have been national frameworks for priority setting and programme development. Only the projects that have been linked to priorities and objectives in these documents and the Regional Development Programme Pomurje 2000+ could be financed through different national and EU funds in the period 2002–2006. Therefore, it was important to place health interest and targets into these documents. Programme MURA became a development priority in the Regional Development Programme Pomurje 2000+ for the period 2002–2006.

Based on the three year implementation plan of Programme MURA, which has been part of the Implementation Programme of the Regional Development Programme Pomurje 2000+, governmental project group proposed to government to allocate founds for the implementation projects identified within the program for the period 2004–2006.

After formal approval of the Regional Development Plan for Pomurje and governmental approval, the Ministry of Health created a new financial instrument for tackling health inequalities and provided by this instrument substantial funds for decreasing regional differences in health in the Pomurje region. During the following years, the ministry provided direct financial means or co-financed implementation projects within Programme MURA.

By integration of Programme MURA into the regional development plan as a priority and with the support of the mayors from all 26 municipalities of Pomurje, who signed a Letter of Commitment together with other regional stakeholders, it was possible to get financing of implementation projects within the programme from direct regional investments allocated for the balanced regional development and EU funds, such as Phare and Interreg. Annex 1 features the Letter of Commitment from local authorities and regional stakeholders.

Synergies with national policies and strategies

At the national level, significant efforts have been underway since 2000 to advocate for public health, address socioeconomic determinants of health, and integrate health-promoting measures into the policies of other sectors. Policies and programmes that address determinants and apply a Health in All Policies approach include, but are not limited to:

- National Programme on Primary Prevention of Cardiovascular Diseases
- Resolution on National Programme of Food and Nutrition Policy 2005–2010
- Food and Nutrition Action Plan for Slovenia 2005–2010
- National Health Enhancing Physical Activity Programme from 2007–2012
- National Development Plan 2001–2006
- National Strategic Reference Framework 2007–2013
- Strategy of Economic Development of Slovenia 2001–2006
- Strategy of Slovenian Tourism 2002–2006
- Slovenia's Development Strategy.

Programme MURA has linked its targets, objectives, activities and outputs with targets and measures of the above policies and programmes, as appropriate.

Synergies with regional strategies

Reducing health inequalities between different regions in Slovenia and between different social and ethnic groups is a national priority. To effectively reduce inequalities in health, initiatives such as the «Investment for Health and Development in Pomurje – Programme MURA» must be integrated in a more encompassing strategy. To that effect, the Health Promotion Strategy and Action Plan for Tackling Health Inequalities in the Pomurje Region was developed as a result of bilateral collaboration between the Institute of Public Health Murska Sobota in Slovenia and the Flemish Institute for Health Promotion, within the co-operation programme between Flanders and the Candidate Member States of Central and Eastern Europe. The project aimed to (a) strengthen the capacity of health promotion professionals in the region to tackle health inequalities through health promotion and (b) create a policy environment which reduces social inequalities in health.

The strategic plan was prepared for the regional council in order to integrate its objectives into Regional Development Programme 2007–2013. At the same time, the strategic plan provides a framework and guidance for health professionals in the region as to the emphasis and priority actions that should be taken to reduce health inequalities. Although it is specifically designed for the Pomurje region, the strategic plan also provides a valuable input for national strategy in the field of health inequalities.

External technical support and collaboration with WHO

Formal relations between the WHO Regional Office for Europe and the Slovenian Government have contributed to the implementation capacity of Programme MURA. During the 2000–2005 period, involvement in WHO activities—particularly in the area of IfH and addressing health determinants—have enabled representatives from national and regional levels to engage in exchange of know-how with other regions (in the Czech Republic and the United Kingdom) facing similar development challenges and opportunities. In addition, direct technical support provided by the WHO European Office for Investment for Health and Development continues to improve capacity for performance management of Programme MURA and of national activities relating to the integration of a Health in All Policies approach. Other parts of the WHO Regional Office for Europe also contributed valuable expertise to this process.

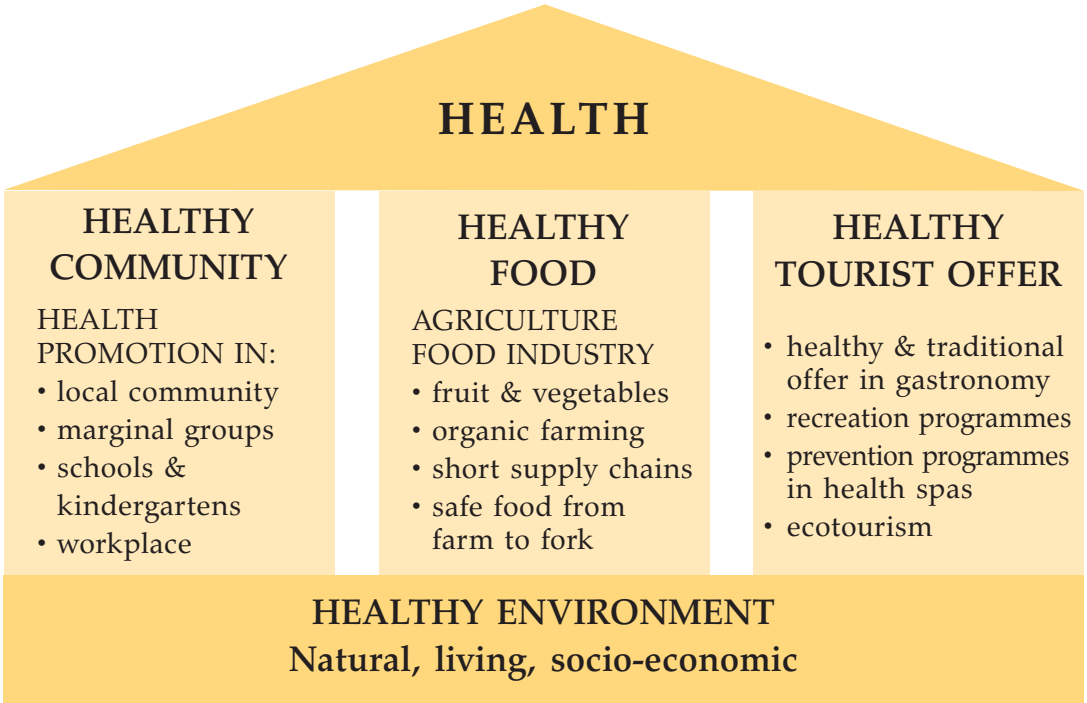
Part III: Activities and Outcomes

This section provides an overview of activities and implementation to date for Programme MURA. It also highlights efforts thus far to assess the health and development impact of activities.

Based on the identified areas of action, working priorities were set out as the following:

- increase healthy food production and distribution;
- develop health-friendly tourist services (products and programmes) in the region;
- improve healthy lifestyles through health promotion; and
- preserve natural and cultural heritage and reduce the ecological burden.

Figure 4: Programme MURA structure



These priorities resulted in the following main activities during the 2002–2007 period: the «Let's Live Healthily» project promoting healthy lifestyles; activities related to improving the supply and demand for healthy food products (shorter supply chains for food, local procurement, the SVIT ecological centre, a consortium of fruit and vegetable providers); secondary and tertiary education programmes; initiatives to promote healthy tourism offer; and improving the environment (KP Goričko) (see Annex 3).

Programme «Let's Live Healthily»

Based on health statistics and certain health indicators, the Institute of Public Health Murska Sobota developed a programme for the promotion of healthy lifestyles among adult inhabitants in local rural communities. The goal of the programme is to improve health and to enable inhabitants to take an active role in health promotion and protection, while encouraging local stakeholders to foster the conditions to make this possible. The Institute for Public Health Murska Sobota has involved stakeholders from the local community in programme activities, enabling partners to include schools, food stores, local caterers, civil society and voluntary organizations, pharmacies, the media, churches and tourist-offer providers.

Public health professionals supported by multidisciplinary teams of experts run health promotion activities related to:

- heart disease, hypertension, cancer and diabetes
- body weight, and healthy weight loss
- nutrition, healthy cooking,
- promotion of self supply with vegetables
- early diagnosis of breast cancer
- physical activity
- stress control
- control of other risk factors (BMI, percentage of body fat, cholesterol level).

«Let's Live Healthily» currently operates in 50 communities in Pomurje, having expanded from eight pilot communities in 2001. Since its inception, it has entailed approximately 1 500 workshops and involved on average 50 to 60 people per workshop. Identified as

a good practice, it has been transferred to approximately 30 local communities in other regions in Slovenia. Institutes in other regions continue to involve new communities. It was also piloted in a municipality in Hungary. The programme was presented at numerous conferences in Slovenia and abroad (Hungary, Wales, Croatia, Macedonia and to European Commission). Supporting implementation in Pomurje, a health promotion network was established. The network involves more than 140 professionals (experts and local coordinators) from various institutions, non-governmental organisations and local communities.

Pre- and post-evaluations of participants in the «Let's Live Healthily» show increased knowledge, skills and awareness of healthy lifestyles, as well as increased physical activity levels. They also show sustained nutritional changes among the majority of participants, as evidenced in the below table.

Table 10: Perceived change of lifestyle among participants in program «Let's Live Healthily»

Perceived change of lifestyle (self-reported)	% Participants
Nutrition (any change)	95 %
Consumption of more vegetables	67 %
Consumption of more fruit	53 %
Consumption of less fat	64 %
Consumption of less salt	36 %
Increased physical activity	36 %
Self-rated increased knowledge about healthy lifestyles	65 %

Source: Institute of Public Health Murska Sobota, calculated by Ema Mesarič

Participants report sharing information with their family members, friends, and neighbours, thus expanding the reach of the programme. Additional outcomes include the establishment of self-support groups for physical activity (exercise, walking, biking) are in all 50 local communities where the programme is running. There are also many mass activities organised by local communities. For example, for more than four years the local municipality Razkrižje is organizing weekly walking sessions in different parts of the region and even in the cross border area.

Pomurje inhabitants engaging in physical activity through the «Let's Live Healthily» programme.

Improving the demand and supply of healthy food products

The second part of the implementation programme was oriented towards improving the demand for/procurement of healthy food products as well as the supply/production of these by local farmers. This is an investment for health in that it both increases the supply of high-quality nutritional foods such as fresh fruits and vegetables, while also addressing employment and environment as determinants of health.

The Ministry of Agriculture, Food and Forestry cooperated with the Ministry of Health to assess the economic, health and ecological benefits of the transition to sustainable food production, and assess the need for financial, human and technological resources. The Ministry of Education and the Ministry of Health studied the existing curricula for the catering and tourism programme and upgraded them with contemporary guidelines in terms of healthy nutrition.

The Ministry of Education, the Ministry of Health and the Ministry of Labour formed a coalition to secure healthy nutrition in preschools and schools for all children and adolescents. Guidelines and standards of healthy nutrition for public institutions including hospitals, preschools and schools, adolescents, old people's homes and health resorts are prepared by the Ministry of Health following the Food and Nutrition Action Plan for Slovenia 2005–2010, which

delineate the national establishment of standards and norms for healthy nutrition in the organized nutrition systems, as well as the strengthened knowledge and skills and preparation of guidelines for professional staff for planning and preparing healthy nutrition for children and adolescents.

On the local level, in order to strengthen supply, in 2004, a consortium of fruit and vegetable producers was established through Programme Mura. It now includes 13 producers and supplies around 20 institutes. To further strengthen supply, Ecological Centre SVIT supporting organic farming practices was created by partnership of NGOs and private initiative. The Centre provides training and resources to farmers for organic practices, and helps them develop and certify new (healthy) products with higher value added. An organic granary and mill was also established.

Local products development

To improve demand for healthy products from local producers, changes were advocated and adopted in the procurement practices of public institutions. The first institutions targeted were kindergartens and primary schools, which were encouraged to diversify providers and break down tender for food procurement by slots, considering green procurement guidelines (i.e., giving preference to small-scale providers within a 60-100 kilometre radius), and selecting 2 to 3 providers by slot, thus giving more opportunity to small scale local producers. One-third (12 out of 38) of kindergartens and primary schools have made changes in this area in first two years of project.

In addition to modifying procurement practice, extensive awareness-raising activities have been carried out to increase demand for healthy food. In more than half of all schools in the region, activities such as workshops and seminars promoting healthy nutrition in the school setting have been carried out, involving approximately 60 catering staff, 80 teachers, 300 parents, and 4 000 students.

Pomurje region

Secondary and tertiary education programmes

Activities in this area have been focused on both increasing opportunities for higher education as well as promoting the integration of at-risk youth. As documented in Part I, education status is a determinant of health, with evidence of links between lower education levels and greater levels of morbidity and premature mortality. Education is also a core investment in social capital for economic growth and regional development.

At the beginning of the Programme, in 2002, the Ministry of Education committed to researching three possibilities for improving the education offer in Pomurje. These were: (1) upgrading of the Vocational School of Agriculture in Rakičan into a Vocational College of Food and Agricultural Sciences, (2) upgrading the Vocational School of Catering and Tourism in Radenci into a Vocational College of Catering and Tourism, and (3) the potential establishment of a research and development centre for sustainable agriculture in Rakičan.

As a result of the research conducted, the two higher education programmes have been developed and approved by the higher education committee at the Ministry for Education. The first, on Agricultural Management and Biotechnics, has enrolled first students in the year 2005/06. The second, on Management in Tourism and related sciences, is preparing for launch.

To promote the integration of at-risk youth, a project targeting school drop-outs was developed in the late 1990s. It aims primarily to motivate these young people to continue their education. In the programme, each participant is accepted individually. Mentors guide students individually during the learning throughout. Each student starts with setting out her or his individual learning plan that has to be completed during the programme. In the year 2004, the Institute of Public Health Murska Sobota joined the programme with topics of healthy lifestyle. This plan is the foundation for all his or her activities in the programme. Specifically, the curriculum covers:

- enhancing social and coping skills
- finding supportive social contacts
- training for positive self image and healthy behaviour
- vocational development and career counselling workshops.

In nine years of the programme implementation, the success rate is 87 %, resulting either in re-entry of education system or employment.

Project education of dropouts has additional important outcomes, which are difficult to measure. These include new skills developed, including knowledge and tools for healthy lifestyles, better self-esteem, and stronger motivation for education and employment, etc. Programme results are impressive when taking into account international comparisons of similar programmes. The programme received the European Regional Champions Award among the social programs in the European Union for the year 2007 by the Committee of Regions.

Initiatives to promote a healthy tourist offer

Activities to promote a healthy tourist offer have focused on increasing infrastucture for ecotourism and developing a brandmark certificate for health-promoting products. This contributes to health by addressing economic indicators, at the regional and individual levels, as factors influencing health and wellbeing, with greater affluence often correlated with improved health behaviours and outcomes. This activity contributes to regional development goals by reinforcing the tourism sector's capacity to access niche markets, as well as the protection of the natural resources and sustainable management of natural resources.

Increased infrastructure for tourism included investment in the cycling potential of the region and the creation of a Landscape park Goričko, Mura and Jerusalem. Cycling paths have been identified, improved, marketed, maintained for use and promoted to sector stakeholders, the local population and tourists. The Landscape Park Goričko has identified cycling and walking, including Nordic walking tourism, as their top priority, in addition to developing nature-experience tourism. The Park's goal is also to connect all three parts of the 3-lateral Nature Park Goričko-Raab-Őrség across the borders with Austria and Hungary, and to be an active part of European Greenbelt area. The goal of the region is to connect all four health spas with biking routs and link these routes across the borders with neighbouring regions.

«In 2005, the Cancer Society of Pomurje, an active member of regional partnership network, started a programme to promote Nordic walking within the general promotion of physical activity as a part of healthy lifestyles. Through the programme, 100 Nordic walking guides were trained and received licenses. Nordic walking has been identified as a popular sport form for the local population of all age groups, as well as an interesting new tourist product.

Therefore, a Centre for Nordic Walking was established. It is an example of an NGO initiative to develop a new programme and product. As the NGO recognised its limitations in marketing Nordic walking as a tourist product, it transferred the responsibility to the Centre for Health and Development, which now coordinates Nordic walking initiatives in the region. Based on its good outcomes, the Tourist Board of the Republic of Slovenia engaged the Centre for Nordic Walking, which is part of the Centre for Health and Development, to coordinate development of Nordic walking as a tourist product at the national level.«

Nordic walking

To encourage the offer of healthy products, the Institute of Public Health Murska Sobota works with Ministry of Health and other partners to establish criteria and standards for a certificate of healthy offers in gastronomy. Under the proposed brand mark a healthy dishes, menus and providers would be promoted. A training manual for cooks has been already developed and pilot trainings in Pomurje took place in 2005 and 2006. By late 2008, the national criteria and training programme will be finalised.

Improving the environment

In this area, priority has been given to the design and construction of a common drinking water supply system in the region, and to educa-

tion of the general population on environmental health issues. This contributed to health by addressing environmental contamination as a determinant of population health, while contributing to development by promoting the sustainable management of natural resources.

The regional water supply system is one of the national priorities in cohesion structural funds. Additional issues addressed include organic agriculture (previously mentioned), assessment of the health impacts of the radio transmitter in the municipality Puconci, and cooperation with the Regional Landscape Park Goričko for nature protection and preservation. Promotion of healthy nutrition, physical activity and leisure active free time are integrated into the Landscape Park Goričko five-year management plan.

Assessing the impact of Programme MURA on health

To date, most evaluation measures conducted through Programme MURA have focused on assessing changes in risk factors for non-communicable diseases, mainly unhealthy eating habits and lack of physical activity.

Changes in lifestyles were confirmed by the national survey «Risk factors for non-communicable diseases among adults in Slovenia», which was conducted on the total Pomurje region population as a part of the CINDI Health Monitor Survey in 2001 and 2004[12]. From Pomurje region, 601 adults aged 25-64 participated in this survey (response rate: 61%). In preliminary analysis, selected health indicators (prevalence as %) were compared to their values in 2001. Chi-square test was used for statistical assessment. The results of testing the differences in prevalence between 2001 and 2004 showed a clear shift to more healthy behaviour in kind of fat used for food preparation (2001: olive oil 7,1%, lard 30,3%; 2004: olive oil 15,2%, lard 20,8%; $p<0,0005$), frequency of eating fried foods (at most 1-3 times per month – 2001: 37,1%; 2004: 54,0%; $p<0,0005$), and frequency of drinking soft drinks (every day – 2001: 42,9%; 2004: 29,1%; $p<0,0005$). Between the two surveys, there were considerable improvements in lifestyle habits. The results of the study, albeit rough, could point to the effectiveness of the health promotion programme, although standardisation on confounding factors (sex, education level) is necessary for a more reliable assessment

[12] CINDI Health Monitor Survey 2001 and 2004

(Table 11).[13] Overall, healthier eating habits were recorded in 2004. People used less animal fats in cooking and consumed fewer fried foods, sweet beverages and added salt. The survey also showed that people ate more fresh fruits and vegetables.

Table 11. Results of some variables in CINDI Health Monitor Survey in 2001 and 2004 in Pomurje region

	%			
	2001	2004	Diff.	p
KIND OF FAT FOR FOOD PREPARATION				
olive oil	7,1	15,2	8,1	<0,0005
vegetable oil	59,6	61,4	1,8	
margarine	1,2	1,3	0,1	
butter	1,2	0,4	-0,9	
lard or other animal fat	30,3	20,8	-9,4	
no fat at al	0,6	0,9	0,3	
FREQUENCY OF CONSUMPTION OF FRIED FOOD				
never	2,7	3,6	0,9	<0,0005
1–3x a month	34,4	50,4	16,0	
1–3x a week	52,0	42,2	-9,8	
4–6x a week	8,9	3,3	-5,6	
every day	2,1	0,5	-1,6	
FREQUENCY OF CONSUMPTION OF SOFT DRINKS				
never	8,5	13,19	5,3	<0,0005
1–3x a month	15,5	20,8	5,3	
1–3x a week	17,0	21,0	3,9	
4–6x a week	16,0	15,3	-0,7	
every day	42,9	29,1	-13,8	

Note: changes after 2,5 years of starting the global intervention programme

In the Municipality Beltinci, while implementing the pilot programme «Let's Live Healthily» in the year 2001, a project community intervention study with one year follow-up of a random sample of 303 inhabitants, aged 25-64 years was performed. The study showed significant favourable changes both in lifestyle as well as biological risk factors. Results are shown in Table 12.

[13] Zaletel-Kragelj L., Maučec-Zakotnik J., Belović B. Health promotion programme in Pomurje Region/Slovenia efficiency assessment. Preliminary Results of CINDI Health Monitor Survey 2004.

Table 12. Results of one year follow-up community intervention study in Pomurje region – municipality Beltinci

Lard for food preparation:

before intervention: 42,4 %

after intervention: 27,2 %

Change in quality of fat for food preparation: 39,1 % those who were using lard for food preparation before intervention, changed it for vegetable oils

	N	Measure-ment	Mean	St. dev.	% of change in mean value	p
Systolic BP	155	1 2	138,31 131,86	18,85 15,42	-4,7 %	<0,0005
Diastolic BP	155	1 2	84,74 81,23	10,92 9,57	-4,1 %	<0,0005
Cholesterol (total)	152	1 2	5,47 5,20	1,16 0,96	-4,9 %	<0,001
BMI	150	1 2	28,18 27,27	4,09 4,04	-3,2 %	<0,005
FI	51	1 2	89,47 98,18	21,71 21,87	+9,7 %	<0,003

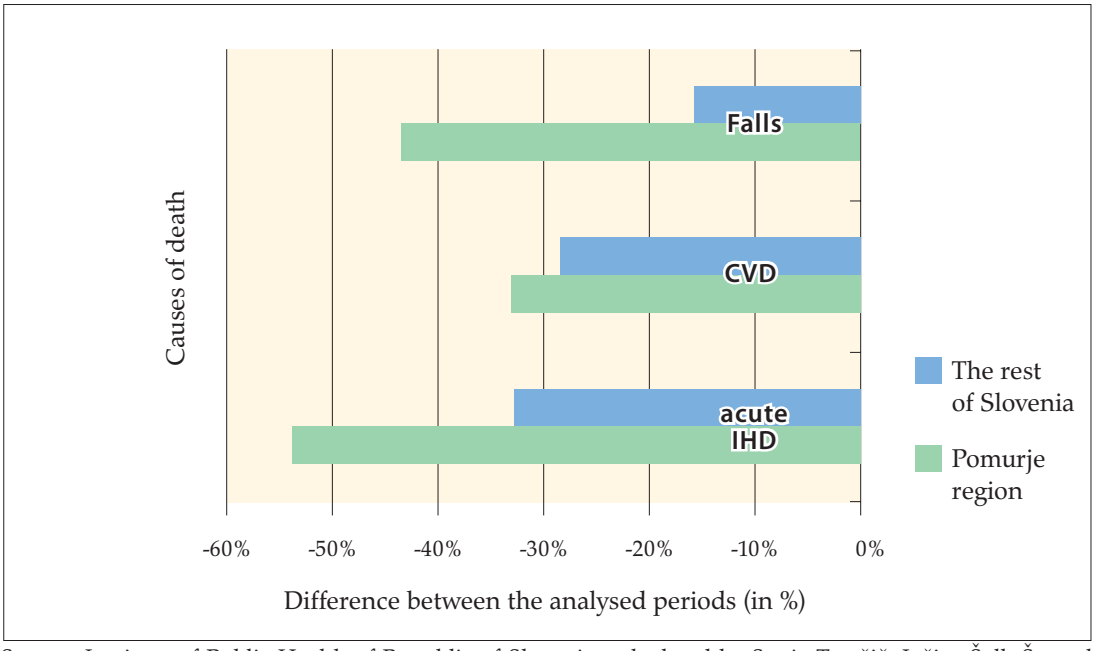
Note: changes after 2,5 years of starting the global intervention programme

Using data available to the regional Institute of Public Health Murska Sobota, a comparison of the health status of the population of the Pomurje region with the rest of the Slovenia was carried out. Two periods were analysed: 1997–1999 and 2003–2005. Data was drawn from three databases, covering (1) the main initial causes of death, (2) hospitalisation and the most serious diseases, and (3) prescription drugs issued excluding hospital use. Results of these analyses are featured below, although the difficulties in linking Programme MURA activities to population trends must be acknowledged.

Comparing the analysed periods for inhabitants younger than 65 years in the Pomurje region, the decrease in SMR was greatest for deaths due to falls (27,9 %), followed by deaths due to acute ischemic heart disease (21 %) and cerebro-vascular disease with a decrease of 4,6 %. The decrease in SMR due to all aforementioned initial causes of death was greater in the Pomurje region than in the rest of Slovenia. The SMR due to traffic accidents and suicides also decreased in the observed periods, although the decrease was

smaller in the Pomurje region than in the rest of Slovenia. This part of the country has suffered, because of inadequate transport infrastructure and a rapid increase in traffic (especially trucks) since EU accession.

Figure 5: Causes of death where SMR decreased for Pomurje region more than in the rest of Slovenia, for people younger than 65 years of age, comparing periods 1997–1999 and 2003–2005

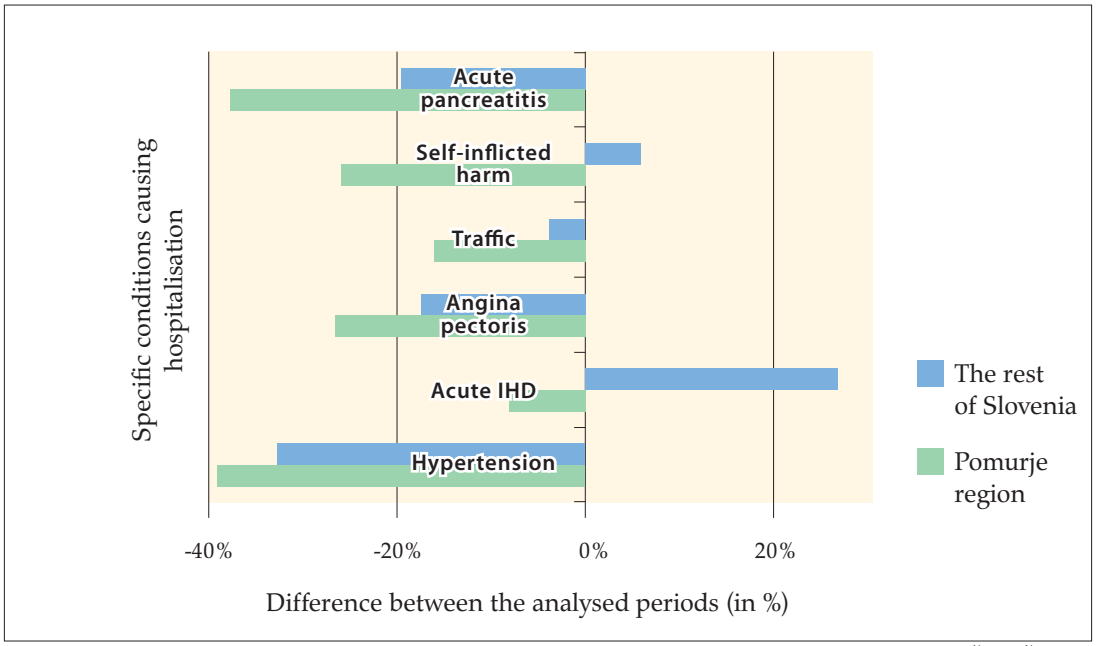


Source: Institute of Public Health of Republic of Slovenia, calculated by Sonja Tomšič, Jožica Šelb Šemerl

Analysing hospitalisation data for Pomurje region and the rest of Slovenia, the following differences between the analysed periods appeared. The SHR for inhabitants younger than 65 years in the Pomurje region decreased most for hospitalisation due to acute ischaemic heart disease (35 %), followed by hospitalisation due to self-harm (31,8 %), acute pancreatitis (18,4 %), traffic accidents (12,2 %), angina pectoris (9,2 %) and hypertension (6,3 %), all the changes being greater than in the rest of Slovenia. The decrease in SHR due to falls and gastroenterological disease was less than in the rest of Slovenia. SHR due to cerebro-vascular disease in the compared periods actually increased slightly in the Pomurje region, while it dropped slightly in the rest of Slovenia.

An analysis was carried out on prescription drugs for CVD for the period 2000–2006. It showed that the rate of issue of prescription drugs for CVD (e.g., digitalis, nitrates, anti-arrhythmic, vasodilatation drugs) per 1 000 inhabitants decrease in the Pomurje region, while it remained the same in the rest of Slovenia.

Figure 6: Diseases where SHR decreased for Pomurje region more than in the rest of Slovenia, for people younger than 65 years of age, comparing periods 1997–1999 and 2003–2005



Source: Institute of Public Health of Republic of Slovenia, calculated by Sonja Tomšič, Jožica Šelb Šemerl

The above data show significant changes in some health indicators. However, additional assessments have to be performed to draw conclusions. In addition, there is a need to further document impacts in other sectors.

Part IV. Lessons Learnt

The piloting of Programme MURA has produced important knowledge regarding stewardship for health. This section provides a synthesis of selected relevant principles[14] of effectiveness in positioning health improvement can be positioned as a goal within the overall development agenda and investment decisions of a country, and at the same time introduces some reflections on successes and challenges in the implementation of Programme MURA in relation to these principles.

Establishing working partnerships

- The process of building policy coherence for health and development – and, within this, intersectoral partnerships – is resource intensive. It requires sustained allocation of time and human, financial and information resources. In particular, building a common agenda for action requires strong stewardship from Ministry of Health. This is a role that changes over time in terms of where the point of control for building and sustaining action lies. Key to success is the understanding of the priorities of other sectors and making connections between these priorities and health or health determinants.
- The role of the health system is crucial in gathering evidence on priority needs and opportunities, strategic management of the process, and/or interfacing with other sectors. Strengthening the health intelligence function of the Ministry of Health to carry out this role is vital to success.
- High-level commitment to partnership by all involved agencies and bodies is required. Commitment needs to be sustained over time. Key to success is to institutionalise

[14] Please see Annex 4 for a description of the Investment for Health evaluation framework, which underpins the analysis behind this synthesis.

partnership mechanisms, either by adapting and strengthening existing mechanisms or, in rare cases, introducing new ones. In either case, having clear goals and conducting a review of these in a dynamic policy context is important.

Examples from Programme MURA

Successes: The Ministry of Health led the process of establishing the IfH approach across all Government departments, and forging the key alliance with the regional development sector. The establishment of a cross-government working group at the national level, and an IfH programme council regionally, provided the basis for developing and reviewing intersectoral policies and programmes. The establishment of the Centre for Health and Development in the Pomurje region provided a dedicated project team and allowed opportunities from other policy initiatives to be exploited, links between health policy objectives and those of other sectors to be made, and competing objectives and interests to be balanced. Political and wider support was established early in the region, with a letter of support signed by all important regional institutions in May 2002.

Challenges: The greatest challenge was in identifying common interests between the sectors and jointly establishing goals in a way that all partners saw a win-win or win-neutral situation. The health sector (at national and regional levels) needed to increase its intelligence for identifying and communicating potential gains in other policy areas and in using tools for policy scanning for gains in health and other sectors.

Developing policy

- Achieving policy coherence between different sectors requires that policies be aligned with broad, shared objectives that provide space for intersectoral working. Administration of finances should also permit joint working.
- Focusing intersectoral effort requires that identifying priorities are identified. There is a need to focus resources on areas of greatest opportunity for health (and social) gains, which means where resources are most likely to have the greatest impact and where conditions for success exist.
- During the policy formation stage, considering issues of delivery, capacity (human and financial), and mechanisms for monitoring and evaluation is crucial.

Examples from Programme MURA

Successes: The identification of working areas on the basis of common goals-healthy communities, food, and tourism, all underpinned by healthy environments-provided the basis for setting clear policy objectives. In this overall framework, specific priorities set within the Regional Development Plan to focus partnership resources and illustrate the IfH approach. The link with economic development and the overall Regional Development Plan and strategy to tackle health inequities ensured that delivery and capacity issues are considered over the longterm.

Challenges: Translating lesson learnt and know-how from pilot projects into mainstream programmes, and more widely to other regions or nationally, will require an analysis of opportunities and required resources.

Systems for delivery

- The establishment of clear roles and responsibilities is essential. Parties should be made accountable for their differing roles and levels of engagement.
- Performance management systems are required. These should account for milestones, targets (at all levels of implementation), outputs and outcomes, and the monitoring and review process.

Examples from Programme MURA

Successes: Health interests and targets have been incorporated into the Regional Development Plan. Inclusion in the Regional Development Plan has ensured that implementation projects within the MURA programme can be financed through national and EU funds. Funding has come from the Ministry of Health fund for tackling health inequalities, regional development funds, through the Phare and Interreg programmes and the funds of other ministries.

Challenges: The development and expansion of the programme, and the more active involvement of other agencies, will require a review and strengthening of performance management systems. Incentives to support intersectoral work will need to built into the performance management process of individual agencies. Monitoring and review of the impact of the programme will require the development of intelligence and indicators covering process changes, outputs in terms of activities, and the desired outcomes of improved health, and a reduction in health inequities.

Developing capacity

The health sector's capacity for stewardship needs to cover *developing intelligence* to support the health policy process, and providing the *training and communication* skills appropriate for the range of partners involved.

- Intelligence capacity needs to: (a) provide the initial evidence required to raise awareness and set the health agenda, (b) the data to monitor and evaluate progress (identifying the potential contribution of other sectors and the benefits they can gain) and to (c) provide learning from other experiences, including internationally.
- Training and communication capacity needs to support:
  - ◊ high-level and sustained commitment for the Health in All Policies/IfH approach by the major agencies responsible for economic, social, and environmental determinants of health;
  - ◊ wider involvement of the range of bodies with an interest in health, including community and voluntary groups;
  - ◊ political commitment within an accountability and scrutiny process;
  - ◊ involvement of the wider population to raise awareness of health issues to support behaviour change, self-management of health, and a better relationship with a more responsive health care service.

Let's live Healthily: preparation of healthy food

Examples from Programme MURA

Successes:

Knowledge. The national Health Impact Assessment of Agriculture, Food, and Nutrition in Slovenia in relation to EU accession provided the basis for identifying the influences and potential impact on the region's population. Liaison with the WHO provided valuable technical support and the opportunity to exploit learning from other IfH experiences internationally. The baseline study of the socioeconomic position of the region provided an important context for the project.

Training and communication. The two-day international consultation meeting in December 2001 was important in securing intersectoral commitment and setting the basis for the project. Similar events regionally established the partnerships and priorities to take it forward, and secured political support. Extensive health promotion programmes such as «Let's Live Healthily» reached a wide population to influence behaviour, and involve a wide range of groups.

Challenges: The relationship between policy formulation, delivery systems, and building capacity changes over time, and needs to be strategically managed. The health sector's stewardship capacity needs to develop to reflect these changes and focus on:

- a better understanding of social, economic and environmental determinants, and the key players in influencing health;
- recognising supporting policy drivers, and identifying risks and opportunities;
- providing the mandate and support to allow health sector partners to influence other sectors;
- developing capacity to evaluate progress, and monitor the impact of policies on health outcomes, including the reduction of inequities in health;
- recognition that changes in health require long-term effort and commitment, and that the factors which will sustain IfH need to be constantly reviewed.

Considerations for the future

As highlighted in preparations for the forthcoming (June 2008) WHO European Ministerial Conference on Health Systems in Tallinn, Estonia, «governance of health» is a cross-sectoral responsi-

bility that requires effective integration of health and development decision-making and delivery processes.

The following reflections stem from the acknowledgement of the need to scale up Slovenia's stewardship and governance of health capacity at a national and regional level, learning from the lessons offered by the pilot Programme MURA.

Strengthening public health capacity

Starting in 2000, strong leadership for public health and institutional capacity for enabling Investment for Health/Health in All Policies were key for the activation and take-up of the Investment for Health approach in Slovenia, resulting in the launch of the Pomurje region pilot. There is a need to maintain and strengthen this capacity, both at the level of health sector professionals working in the health system at different levels, and at the level of institutional capacity.

At the individual level, training opportunities would be useful on issues including:

a) mapping of plans, policies and strategies in other sectors to identify how the incorporation of health-promoting actions can help achieve multisectoral development goals;

b) use of Health Impact Assessments and economic arguments for investing in health;

c) methodologies and tools for establishing, financing, and monitoring cross-governmental and participatory action for health and development.

At an institutional level, requirements include the dedication of specific functions charged with coordinating intersectoral stakeholders for health and development, as well as sustained allocation of dedicated budget lines for activities.

Evaluation

With time and the constant evolution of contexts and know-how, some approaches and activities may become more or less effective and thus efficient. Without proper re-analysis and re-evaluation,

such changes in the field may not be detected and consequently newly raised opportunities missed.

Some components of Programme MURA—particularly those that focus on changes in health behaviours such as eating habits and physical activity levels—have been evaluated. However, there is a need to strengthen evaluation methodologies for health outcomes (morbidity and mortality) and health service usage (e.g. screening, hospitalisation).

It is also necessary to define means of synchronising evaluation by different sectors for impacts on socioeconomic indicators such as employment levels and sector-specific impacts (e.g. agriculture, tourism and education).

Pomurje in action

Making benefits of the IfH approach available to other Regions

Other Regions in Slovenia have already adapted specific elements of Programme MURA, specifically the «Let's Live Healthily» programme. However, to take up the approach in its entirety, Regions require increased infrastructure (such as delegated functions to coordinate stakeholders and engage in the IfH) and financing capacity. The national level has a key role in providing support for the transfer of tools, mechanisms and capacity for Investment for Health to other regions. Meanwhile, the Pomurje region (as pilot) could coordinate sharing and support application in other regions.

Sharing the lessons learnt from the pilot

As Programme MURA was established as a pilot, an important next step would be to share the lessons learnt as they apply to strengthening the policymaking/strategy-design context at national level with reference to better policy coherence between health and development goals. It should be noted that this is already underway in an ad hoc way for certain development priorities. However, this could be mainstreamed and involve focused exploration of how the IfH approach/Health in All Policies orientation could be applied to address current development priorities for Slovenia (e.g. through use of policy mapping to identify opportunities for joint/intersectoral delivery of objectives, and use of integrated Health Impact Assessment methodologies).

While the health sector could take responsibility for convening this review, it is important that it be done by and with other sectors (for instance, involving those ministries that signed on to the original resolution and that have been involved in implementation). The commitment to making Health in All Policies a truly sustained approach in governance for health in Slovenia would underpin this activity.

Annex 1. Letter of Commitment from Local Authorities and Regional Stakeholders

REPUBLIKA SLOVENIJA
MINISTRSTVO ZA ZDRAVJE

Številka: 929-114/99
Datum: 15. 4. 2002

Regional Development Agency Mura Ltd.
RRA Mura
Regionalna razvojna agencija Mura d.o.o.

PISMO O NAMERI

Na sestanku, dne 27. 2. 2002 v Izobraževalnem centru dvorca Rakičan, so prisotni razvojni partnerji izrazili javno podporo razvojnemu projektu «Zdravje in razvoj v Pomurju – Projekt MURA«. Projekt obeta uresničitev realnih družbenih in ekonomskih razvojnih možnosti ter obenem izboljšanje zdravstvenega stanja ljudi v pomurski regiji, ki je po vseh kazalcih zdravja in razvoja na repu v Sloveniji.

Raziskave v svetu so pokazale, da je socialno – ekonomski razvoj močno soodvisen od zdravja ljudi in obratno, zdravje od stopnje socialno ekonomskega razvoja. Iz teh spoznanj izhajajo priporočila Svetovne zdravstvene organizacije, da prizadevanja za boljše zdravje in zmanjšanje razlik v zdravju nujno zahtevajo vlaganje v usklajen socialno ekonomski razvoj in izobraževanje, v zmanjševanje socialno ekonomskih razlik, v zmanjševanje brezposelnosti, onesnaženosti okolja in v prizadevanja za trajnostni razvoj, v omogočanja ljudem, da soodločajo v družbenem in političnem dogajanju ...

Cilj razvojnega projekta «Vlaganje v zdravje in razvoj v Pomurju – Projekt MURA« je, da bi z ozaveščanjem javnosti dosegli razumevanje zdravja kot razvojnega kapitala regije. Vključitev elementov zdravja v pridelavo, predelavo in ponudbo hrane, v elemente turistične ponudbe, v izobraževalne sisteme in programe vseh družbenih ter starostnih skupin, v delovno in bivalno okolje, omogoča doseganje sinergijske razvojne dodane vrednosti v različnih resorjih.

Osnovni elementi in ukrepi razvojnega projekta MURA so:

- **Prestrukturiranje kmetijstva v regiji in preusmeritev kmetijstva v načrtovano lokalno pridelavo hrane na načine, da varujemo zdravje in okolje** (integrirana in ekološka pridelava poljščin in vrtnin, sadja in zelenjave, ter živil živalskega izvora), **razvoj potrebne podporne infrastrukture** (namakanje, ogrevanje, pokrivanje površin), razvoj dodatnih dejavnosti na kmetijah in kmečkem turizmu.
- **Razvoj novih, zdravih turističnih produktov z dodano tržno vrednostjo** (zdravilišča, kmečki obrati, gostinstvo – ponudba zdrave, lokalno pridelane

hrane in prehrane – «zdrava hrana – zdrav obrok«, rekreacijsko gibalne aktivnosti znotraj celovite turistične mreže ter v povezavi s kulturno dediščino); turizem v partnerstvu z lokalnim kmetijstvom (zagotavlja trg), živilstvom, šolstvom in kulturo.

- **Vpletanje kulturne dediščine in novodobne kulture v zdravo turistično ponudbo.**
- **Vzpostavitev dveh visoko/višje šolskih študijev in raziskovalno razvojnega središča** (v Rakičanu visokošolski študij na področju kmetijstva, živilstva in tržnega managementa in v Radencih s področja gostinstva in turizma in tržnega managementa. Trenutno v Radencih in Rakičanu obstajajo srednješolski programi. Pomembna bi bila **vzpostavitev informacijskega središča** na področju kmetijstva, živilstva, turizma, gostinstva, tržnega managementa in podjetništva.
- Sanacija nekaterih okoljskih nevarnosti v Pomurju, ukrepi za varovanje okolja in okoljsko načrtovanje, ki omogoča trajnostni razvoj.
- **Implementacija programov varovanja zdravja in okolja** v vsa izobraževalna okolja (od vrtcev do tretje življenjske univerze), v delovna in bivalna okolja.

Za načrtovanje in implementacijo tako celovitega projekta je nujna vključitev in ustvarjalno sodelovanje vseh relevantnih partnerjev na regionalni ravni ter konsenz in maksimalna podpora projektu na nacionalni ravni. Medresorni projektni svet na ravni regije bo načrtoval in koordiniral posamezne razvojne elemente projekta na regionalni in lokalni ravni ter tesno sodeloval z nacionalnim projektnim svetom, ki se bo vzpostavil na ravni države ali s posameznimi predstavniki na resornih ministrstvih. Po možnosti bo projekt MURA postal vladni pilotski razvojni projekt. Vladna koordinacija bi omogočila boj usklajeno strateško načrtovanje ter doseganje sinergij pri sami izvedbi projekta.

S podpisom pričujočega Pisma o nameri se zavezujemo, da bomo lastne aktivnosti izvajali v skladu z začrtanim projektom «MURA« ter v medsebojnem sodelovanju z namenom, da dosežemo optimalne učinke s posebnim poudarkom na informiranju in ozaveščanju širše javnosti ter doseganju skladnega socialno ekonomskega razvoja in boljšega zdravja v Pomurju.

Zavezujemo se tudi k temu, da bomo delovali skladno z začrtanimi cilji med katerimi je tudi vzajemno, medresorno sodelovanje na nacionalni ravni, med ključnimi ministrstvi s področja zdravstva, kmetijstva, gospodarstva, prostorskega načrtovanja, turizma, šolstva, dela in kulture ter na regionalni ravni z Zavodom za zdravstveno varstvo Murska Sobota, Regionalno razvojno agencijo, zdravstvenimi domovi, kmetijsko svetovalno službo, kmetijsko gozdarskim zavodom, gospodarsko zbornico, šolami, lokalno-turističnimi organizacijami, zdravilišči, živilskimi industrijami, nevladnimi organizacijami, itd.

V Murski Soboti, 12. aprila 2002

Predsednik Programskega odbora za pripravo Regionalnega razvojnega programa, Rudi Cipot

Regionalna razvojna agencija Mura
Danilo Krapec - Direktor

Kmetijsko svetovalna služba
~~Damjan Jerič - direktor~~
Metka Gaberšek

Gospodarska zbornica
Franc Pucko - direktor

Lendavske Toplice
Franc Huber - direktor

Kmetijsko gozdarski zavod
Janko Slavič - direktor

Zdravilišče Radenci
Milan Hojnik - direktor

Zdravilišče Moravske Toplice
Dušan Bencik - direktor

Občina Šalovci, ki jo zastopa
župan Aleksander Abraham

Občina Turnišče, ki jo zastopa
župan Jožef Kocet

Občina Tišina, ki jo zastopa
župan Alojz Flegar

Občina Velika Polana, ki jo zastopa
župan Štefan Prša

Državna sekretarka na Ministrstvu
Jožica Maučec Zakotnik, dr.med.

Andrej Gerenčar
Poslanec

Geza Džuban
Poslanec

Horvat Franc
Poslanec

Marija Pozsonec
Poslanka

Jože Špindler
Poslanec

Razvojni center Lendava
Helena Kramar

Razvojna agencija Sinergija
Stanko Sraka

Zasebna ambulanta za ortopedijo
in športne poškodbe Prettner dr.
Mladen Prettner, dr.med.spec.ortoped

Občina Lendava, ki jo zastopa
župan Jožef Kocon

Občina Gornja Radgona, ki jo zastopa
župan Miha Vodenik

Občina Veržej, ki jo zastopa
župan Drago Legen

Mlinopek
Karel Pojbič - direktor

Pomurka - mesna industrija
Milan Koren - direktor

Zavod za zdravstveno varstvo Murska Sobota
Zorica Levačič, dr.med., direktorica

Občina Beltinci, ki jo zastopa
župan Jožef Kavaš

Občina Cankova, ki jo zastopa
župan Viktor Voršič

Občina Črenšovci, ki jo zastopa
župan Anton Törnar

Občina Dobrovnik, ki jo zastopa
župan Marjan Kardinar

Občina Gornji Petrovci, ki jo zastopa
župan Franc Šlihthuber

Občina Grad, ki jo zastopa
župan Daniel Kalamar

Občina Hodoš, ki jo zastopa
župan Ludvik Orban

Občina Kobilje, ki jo zastopa
župan Pavel Nemet

Občina Križevci, ki jo zastopa
župan Feliks Mavrič

Občina Kuzma, ki jo zastopa
župan Jožef Škalič

Občina Moravske Toplice, ki jo zastopa
župan Franc Cipot

Občina Murska Sobota, ki jo zastopa
župan Anton Slavič

Občina Odranci, ki jo zastopa
župan Ivan Markoja

Občina Puconci, ki jo zastopa
župan Ludvik Novak

Občina Radenci, ki jo zastopa
župan Herbert Šefer

Občina Razkrižje, ki jo zastopa
župan Stanko Ivanušič

Občina Rogašovci, ki jo zastopa
župan Janko Halb

PRA Ljutomer
Goran Šoster

PRA GIZ
Pomurska razvojna agencija
Stari trg 3, Ljutomer

Občina Sveti Jurij, ki jo zastopa
župan Slavko Mihalič

Annex 2. Health Promotion Strategy and Action Plan for Tackling Health Inequalities in the Pomurje Region

The strategic plan was prepared for the Regional Council in order to integrate it into Regional Development Program 2007–2013. At the same time, the strategic plan provides a framework and guideline for the health workers in the region as to the emphasis and priority actions that should be taken to reduce health inequalities. Although it is specifically designed for the Pomurje region, the strategic plan also provides a valuable input for the national strategy in the field of health inequalities.

Since the Pomurje region is the least economically developed region of Slovenia and also has the poorest health indicators, its population can be considered in general as a risk group for less favourable health compared to the population in central Slovenia. Examples of risk groups with a less favourable health status within the region are less educated people, unemployed, elderly and ethnic minorities.

Goal	Aims	Objectives	Targets
Reduce interregional and intraregional health inequalities in Pomurje	Put health (inequalities) to the centre of attention of community and individuals	Increase the awareness and responsibility of regional stake-holders about health inequalities in region and about the importance of good health for the development of the region	
		Integrate health as a value to other policies and integrate health into regionally approved programmes of other sectors	Ensure the adoption of the strategy on reduction of health inequalities by regional stake-holders
			Enhance the presence of health in policies, programs and activities of other sectors
		Increase the awareness and responsibility of local population for their health and motivate them to take part in local activities	
		Support the evidence base on health inequalities and health promotion	Promote the development of health inequality statistics
			Promote development of information on health promotion intervention effectiveness

Goal	Aims	Objectives	Targets
Reduce interregional and intraregional health inequalities in Pomurje	Increase community capacity	Inprove a health support of local institutions, NGO's and individuals	
		Enforce the community to participate in decision-making process	
		Encourage the use of existing resources of the community to its wellbeing	
		Improve the capacity of professionals and lay-workers in health promotion	Enhance the capacity of public health professionals in health promotion
			Improve capacity of health support network members and lay workers on health promotion
	Reduce interregional inequalities using health promotion activities	Encourage healthy lifestyle	Encourage healthy nutrition
			Increase the amount of daily moderate physical activity
			Encourage drug-, tobacco- and alcohol-free behaviour among young population
			Encourage safe behaviour on the road
			Encourage environment supporting healthy and safe lifestyle
		Enhance social wellbeing among the population and individuals	Increase the wellbeing in the community
			Increase the social atmosphere in schools
		Increase early detection of NCDs	Educate people to recognise early signs of disease and to seek advice
			Increase utilisation of early disease detection services
	Reduce intraregional inequalities health inequalities by supporting vulnerable groups	Increase early utilisation of prenatal services by pregnant women from different risk groups (Roma, single mothers, women from socially deprived environment etc.)	
		Encourage smoke-free pregnancy and a smoke free environment for children	
		Encourage healthy nutrition in pregnancy and childhood	Encourage healthy nutrition in the home environment
			Increase the supply of healthy nutrition in schools and institutions
		Encourage self-esteem and healthy behaviour of school dropouts	
		Increase skills of unemployed	

Goal	Aims	Objectives	Targets
Reduce interregional and intraregional health inequalities in Pomurje	Reduce intraregional inequalities health inequalities by supporting vulnerable groups	Encourage social contacts, mobility and independence of elderly	Encourage the participation of elderly in the community
			Improve capacity of family members and friends to provide home care
			Support safe private environment
		Support health improvement of individuals with special needs	Encourage healthy lifestyle of individuals with special needs
		Encourage healthy behaviour of minorities and ethnical groups	Enable lingual accessibility for Hungarian minority to health promotion activities
			Mobilising Roma community on health issues through empowerment approach
			Identify the health needs of Roma
			Increase level of culturally appropriate health promotion for Roma
			Increase utilisation of preventive health care services by Roma
	Support clean and healthy environment	Encourage positive behaviour of people towards the physical environment	
		Encourage environment friendly policies on local level	

Annex 3. The Implementation Projects in the Period 2001–2007

YEAR	PROJECT TITLE	LEAD PARTNER	AIMS, ACTIVITIES AND OUTCOMES OF THE PROJECT
2001	Let's Live Healthily	Community Health Care Centre Murska Sobota – Health Station Beltinci with partners: 1, 2, 21	Health promotion intervention in 8 local communities with the aim to achieve better health, encouraging participation of the local inhabitants in improving their own health. Activities include 48 workshops in 8 local communities, 8 tests of physical ability, final quiz among participating communities on health promotion topics, and a study on biological risk factors on 303 inhabitants aged 25-64 with one year follow up (see page 52)
2002	Together for Health (Let's Live Healthily)	Cancer Society of Pomurje with partners: 1, 6, 40, 50, 51	Healthy lifestyle promotion programme with the aim to improve health and address risk-factors for chronic non-communicable diseases in 10 local communities (1 in Hungary and 1 Roma community). Activities include 140 workshops, 10 tests of physical ability, media activities and integration of healthy lifestyle topic into on-going activities in the local communities.
	Optimisation of Market Chain for Organic Products and Fruit and Vegetables – Models for the Pomurje region	Institute of Public Health Murska Sobota with partners: 38, 52, 53	Research project focusing on estimation of the potential for development of short food supply chains in the Pomurje region for organic products, fruit and vegetable. Outcomes included market research results showing the potential for organic products, situation analysis in fruit and vegetable production, as well as in organic farming, and the market potential of public institutions (e.g. hospitals, kindergartens, school) for the local producers in the region.
2003	PANONIA – The Tourist Destination of Europe	Institute of Public Health Murska Sobota with partners: 5, 32, 33, 34, 35, 36, 37	Tourism oriented project aiming at the promotion of the cross- border region as a tourist destination and the development of new health- friendly tourist products: cycling and healthy culinary offer. New cycling packages have been developed together with private initiative and the «Pomurje on bike» label has been promoted. Standards for healthy gastronomy offer have been developed and training of local food providers (restaurants, tourist farms, hotels) took place.

YEAR	PROJECT TITLE	LEAD PARTNER	AIMS, ACTIVITIES AND OUTCOMES OF THE PROJECT
2003	Let's Live Healthily	Institute of Public Health Murska Sobota with partners: 22, 23, 24, 25, 26, 27, 28, 29	Healthy lifestyle promotion programme with the aim to improve health and address risk-factors for chronic non-communicable diseases. Project included development of methodologies and establishment of a network of health promotion actors in rural communities across Slovenia. Good practices from the Pomurje region have been transferred to other 8 Slovenian regions. Activities included 259 workshops and 18 tests of physical ability, media activities and integration of healthy lifestyle topic into on-going activities in the local communities. The response in other regions have been very good; in the Gorenjska region attendance reached 400 participants per workshop, which is above the average attendance of 50 to 60 participants per workshop.
	Let's Preserve Children's Health	Institute of Public Health Murska Sobota with partners: 2, 5, and 30	Healthy nutrition promotion project aiming at improvement of eating habits of preschool and school children. Activities involved almost 300 workshops for teachers, catering stuff at schools, parents and children. Media activities had been targeting children and parents. Competition on healthy diet topic among schools took place and a web site «Diet for youth» has been created.
	Networking	Institute of Public Health Ljubljana with partners: 1, and 28	Project aiming at development of national network for health promotion with focus on healthy nutrition. Participating institutions developed networks in their local environment and through web forum these networks have the opportunity to connect at national level.
	Less Stress – More Health	Slovenian Red Cross – Local Branch Murska Sobota with partners: 2, 6, and 31	Aiming at contribution to better health, work productivity, well-being, quality of life and to reduction of burden of chronic non-communicable diseases this project focused on identifying, preventing and monitoring stress. Activities included training of educators, 115 workshops for children and adults, different physical activities to tackle stress, information activities for all target groups.
	Establishing a strategy to reduce health inequalities through health promotion	Flemish Institute for Health Promotion with partners: 1, 38, and 39	The project aimed at strengthening the capacity of the Ministry of Health of the Republic of Slovenia to develop and implement strategies addressing social inequalities in health through health promotion building on the experience regarding health promotion with socially disadvantaged groups in Flanders, as well as from examples of good practice in other EU countries as collected in pan-European study, carried out by the lead partner. Project outcomes include increased capacity in the Pomurje region and «Health Promotion Strategy and Action Plan for Tackling Health Inequalities in the Pomurje Region»

YEAR	PROJECT TITLE	LEAD PARTNER	AIMS, ACTIVITIES AND OUTCOMES OF THE PROJECT
2003	Investment in Health and Development - MURA	Institute of Public Health Murska Sobota with partners: 27, 34, 38, 43, 44, 45, 46 and 26	Project aiming at strengthening the strategic development capacity for reduction of social inequalities and improvement of health through health promotion. Project covered wide range of activities from preparatory work for establishment of the Centre for Health and Development to development of standards for gastronomy.
2004	Healthy Community 2004	Institute of Public Health Murska Sobota	Aiming at improvement of health, lifestyle and quality of life of the population in the Pomurje region this project has been first in a three- year programme to tackle interregional health inequalities financed by the Ministry of Health. Four areas of action included cross-sectoral partnership building and project development, implementation of «Let's Live Healthily» programme in another 10 local communities in the region, promotion of healthy nutrition and training of catering stuff in public institutions (kindergartens, schools), promotion of healthy lifestyle among high risk groups.
	Pomurje, the Land of Health and Friendly People	Regional Development Agency Mura with partners: 1, 34, 43, 44, 45, and 49	Tourism oriented project aiming at strengthening the regional identity as a tourist destination with health resorts and eco-tourism, providing health-friendly products and services. Activities and outcomes included promotion of organic farming and ecotourism, promotion of cycling and walking as a tourist products, regional cycling paths development plan, and regional promotion booklet about natural and cultural heritage.
	Research and Education Centre RIS	Regional Development Agency Mura with partner: 1	Within the project aiming at establishment of Research and Education Centre RIS the foundation for establishment of Centre for Health and Development has been lied down.
2005	Say YES to Life!	Institute of Public Health Murska Sobota with partners: 2, 4, 40, and 42	With the aim to protect and strengthen the mental health of youth this project has connected several partners contributing to foundation of «commune for drug addicts» in the region. Local educators have been trained and different workshops on how to prevent and deal with drug addiction for children and parents were carried out.
	Pomurje on Move	Cancer Society of Pomurje with partners: 1, 6, 34, 40, 41, and 42	In order to increase the percentage of physically active population in the Pomurje region the promotion of Nordic walking has been the focus of this project. 80 guides had been trained and equipped with the Nordic walking poles, Centre for Nordic Walking has been established and promotion of physical activity with focus on Nordic walking took place in the entire region. At the end of the project, Nordic walking has also been identified as an interesting tourist product for the regional tourist providers.

YEAR	PROJECT TITLE	LEAD PARTNER	AIMS, ACTIVITIES AND OUTCOMES OF THE PROJECT
2005	Enabling Quality of Life for the Elderly	Slovenian Red Cross – Local Branch Murska Sobota with partners: 2, 4, 41, 42	To improve quality of life of elderly, to enhance the communication with the elderly, and to motivate inhabitants in local communities to take care for elderly people in their home environment has been the aim of this project. Training of inhabitants in local communities for the care of aged and sick person at home and publication of a training manual for the trainers and trainees have been some of the activities.
	Local Food Supply in Public Institutions	Regional Development Agency Mura with partners: 1, 3, 43, 44, 45, 54	This project was focusing on promotion of healthy nutrition and local food supply chains. The aim was to increase awareness about local products and «healthy» offer in the region among consumers and customers (food procurement staff in public institutions) and to develop short food supply chains between local producers and local market. In order to support the development of short food supply chains the local consortium of fruit and vegetable producers and Ecological Centre SVIT have been established.
	Healthy Community 2005	Institute of Public Health Murska Sobota	Aiming at improvement of health, lifestyle and quality of life of the population in the Pomurje region this project has been building on the achievements of Healthy Community 2004 project to tackle interregional health inequalities financed by the Ministry of Health. Activities included cross-sectoral partnership building and project development, implementation of «Let's Live Healthily» programme in another 10 local communities in the region, health promotion in high risk groups (unemployed, Roma, and drop-outs), and health promotion at work place.
	On the Greenbelt between Slovenia and Austria	Institute of Public Health Murska Sobota with partners: 3, 12, 13, 14, 15, 16, 17, 18, 19, 20	Project aiming at increasing regional cooperation and exploitation of common resources in the field of tourism around the European Green Belt area focused on development of Nordic walking as a tourist product for nature protected areas. Nordic walking paths have been created between Slovenia and Austria; Greenbelt marking stones designed and placed in the nature protected areas with paths, guides trained and the web site about Nordic walking on the greenbelt created. Info points are providing on-line information about the existing tourist offer in the region and on the Greenbelt.
	Training for Herbs Production	Municipality Kuzma with partners: 1, 8, 9, 10, 11	To increase the employability/self-employability of women in the countryside was the aim of this project. Activities included theoretical and practical training for herbs production and processing, experimental harvest and product development, promotion of herbal products and development of Kuzma herbal garden. Also schools in the Landscape park Goričko area got involved in the project by creation of a herb garden around each school and promotion of herbal products in the local environment.

YEAR	PROJECT TITLE	LEAD PARTNER	AIMS, ACTIVITIES AND OUTCOMES OF THE PROJECT
2005	Roma Community - Tackling the Health Inequalities	Cancer Society of Pomurje with partners: 1, 3, 5, 6, 7	This project aimed at reducing the differences in health and the social exclusion of the Roma population through health promotion. Activities included research of the health related behavioural style and the perception of health and preparation of the strategic document, consultancy in Roma families and media activities.
	Let's Walk With Poles	Cancer Society of Pomurje with partners: 1, 48	To popularize Nordic walking was the aim of this project, building on the previous project of Cancer Society of Pomurje «Pomurje on Move». Activities included motivation workshops for general population, training of guides, and publication of promotion materials. Media and local communities have been very actively engaged in physical activity promotion.
2006	Healthy Community 2006	Institute of Public Health Murska Sobota with partner: 3	Aiming at improvement of health, lifestyle and quality of life of the population in the Pomurje region this project has been building on the achievements of Healthy Community 2004 and 2005 projects to tackle interregional health inequalities financed by the Ministry of Health. Activities included implementation of «Health Promotion Strategy and Action Plan for Tackling Health Inequalities in the Pomurje Region», cross-sectoral partnership building and project development, implementation of «Let's Live Healthily» programme in another 2 local communities in the region, and health promotion in high risk groups (Roma, Hungarian minority and school drop-outs).
	With Local Food Supply towards Health	Regional Development Agency Mura with partners: 1, 3, 43, 44, 45, 54 and 56	This project was focusing on the development of local food supply chains. The aim was to increase awareness about local products and «healthy» offer in the region among consumers and customers (food procurement staff in public institutions, tourist and gastronomy providers) and to develop short food supply chains between local producers and local market building on the project «Local food supply in public institutions». Activities and outcomes include animation of public institutions and tourist sector, promotion of healthy nutrition and local products to general population, market research, training, development of logistics and marketing, and establishment of first organic mill in the region.
	Healthy and Active with Nordic Walking	Centre for Health and Development Murska Sobota	Aiming at promotion of Nordic walking and Nordic walking paths in Murska Sobota this project has focused on motivation activities for general population and organisation of Nordic walking at major recreational events in the Municipality Murska Sobota.

YEAR	PROJECT TITLE	LEAD PARTNER	AIMS, ACTIVITIES AND OUTCOMES OF THE PROJECT
2006	With Partnership to Local Sustainable Food Supply	Centre for Health and Development Murska Sobota with partners: 1, 23, 24, 25, 55	This project was focusing on promotion of healthy nutrition and development of local food supply chains. The aim was to transfer good practices from the Pomurje region to other three regions in Slovenia and to the national level. Activities included training of health promotion professionals from other regions, motivation and training workshops for schools and kindergartens, as well as for producers in all regions, visit tour to the Pomurje region and final conference at the national level, where local procurement practices have been presented, together with the national quality standards for food procurement in schools and kindergartens.
2007	With Partnership to Health	Institute of Public Health Murska Sobota with partners: 3, 17, 57	Aiming at improvement of health, lifestyle and quality of life of the population in the Pomurje region this two- year project has been building on the achievements of Healthy Community 2004, 2005 and 2006 projects to tackle interregional health inequalities financed by the Ministry of Health. Activities include implementation of "Health Promotion Strategy and Action Plan for Tackling Health Inequalities in the Pomurje Region", cross-sectoral partnership building and project development, sustaining the "Let's Live Healthily" project activities in 50 local communities in the region.

PARTNERS IN THE PROJECTS

1. Institute of Public Health Murska Sobota
2. Cancer Society of Pomurje
3. Centre for Health and Development Murska Sobota
4. Slovenian Red Cross – Local Branch Murska Sobota
5. Állami népegészégügyi és tisztifëorvosi szolgálat Zala megyei intézete
6. Zalaegerszegi sziv és érbeteg egyesület
7. Slovenian Roma Association
8. Municipality Gornji Senik
9. Galex d.d.
10. Audit d.o.o
11. Employment Service of Slovenia, Regional Office Murska Sobota
12. Lebende Erde in Vulkanland
13. Municipality Cankova
14. Municipality Rogašovci
15. Municipality Kuzma
16. Municipality Tržič
17. Public Institute Landscape Park Goričko
18. Maribor Development Agency
19. Municipality Murska Sobota
20. Imark, Institute for Research and Education Beltinci
21. Municipality Beltinci
22. Institute of Public Health Maribor
23. Institute of Public Health Celje
24. Institute of Public Health Ravne na Koroškem
25. Institute of Public Health Kranj
26. Institute of Public Health Ljubljana
27. Institute of Public Health Novo mesto
28. Institute of Public Health Koper
29. Institute of Public Health Nova Gorica
30. Secondary School for Catering and Tourism Radenci
31. Society for the Promotion and Education for Health of Slovenia
32. Podjetje za informiranje Murska Sobota d.d.
33. ABAK.NET d.o.o. Murska Sobota
34. Pomurje Tourist Association
35. Chamber of Commerce and Industry of Slovenia
36. Chamber of Commerce in Zala
37. Chamber of Commerce in Vaš
38. Regional Development Agency Mura
39. Ministry of Health of the Republic of Slovenia
40. Municipality Kobilje
41. Municipality Razkrižje
42. Slovenian Heart Foundation
43. Development agency Sinergija
44. Prlekija Development Agency
45. Development centre Lendava
46. SUN d.o.o.
47. Agricultural and Forestry Institute Murska Sobota
48. CINDI Slovenia
49. Smart House Martjanci
50. Municipality Turnišče
51. Municipality Dobornik
52. University of Ljubljana, Biotechnical Faculty
53. Terme Radenci d.o.o
54. Ajda Prekmurje – Association for Bio-dynamic Agriculture
55. Institute of Public Health of Republic of Slovenia
56. Enterprise Development Agency Gornja Radgona
57. Ecological Centre SVIT

Annex 4. The Investment for Health Approach, and the Evaluation Framework for the Regional Collaboration

Investment for Health is a WHO Regional Office for Europe-led initiative, coordinated by the WHO European Office for Investment for Health and Development with inputs from other units/departments. It was designed to strengthen governance and stewardship for health. Central to the work is the recognition that good health is a vital resource for wider social, economic, and environmental improvements. The IfH approach reflects the growing recognition that health and wider development outcomes are closely related. IfH appraisals were undertaken during the 1996–2005 period in Hungary, Tuscany Region (Italy), Malta, Slovenia, and England (UK).

Better population health for example supports economic growth through factors such as improvements in the labour supply and its productivity, an increased ability to benefit from educational opportunities, and increased savings by a healthier and more educated population. Similarly economic growth supports improvements in health, particularly where the additional economic resources benefit lower income groups, and are invested in public systems for health and education.

There are an increasing number of international policies and programmes that recognise this inter-dependency, and the need to address the wider social, economic, and environmental determinants of health. One of the latest is the 'Declaration on Health in All Policies' in December 2007 by the EU and WHO. The IfH initiative includes a regional collaboration, in which Programme MURA in the Pomurje region is participating. A number of European Member States have participated as part of work to advance national capacity to improve the way in which health is positioned as a cornerstone of national and sub-national growth and development. Since 2006, five regions have been formally working to conduct policy-learning reviews of IfH development. The five regions are: Pomurje, North West England (UK), and the Liberec, South Moravia, and South Bohemia regions in the Czech Republic.

The aim of the collaboration is to generate learning on successful policy development, and the barriers to implementing policies to improve

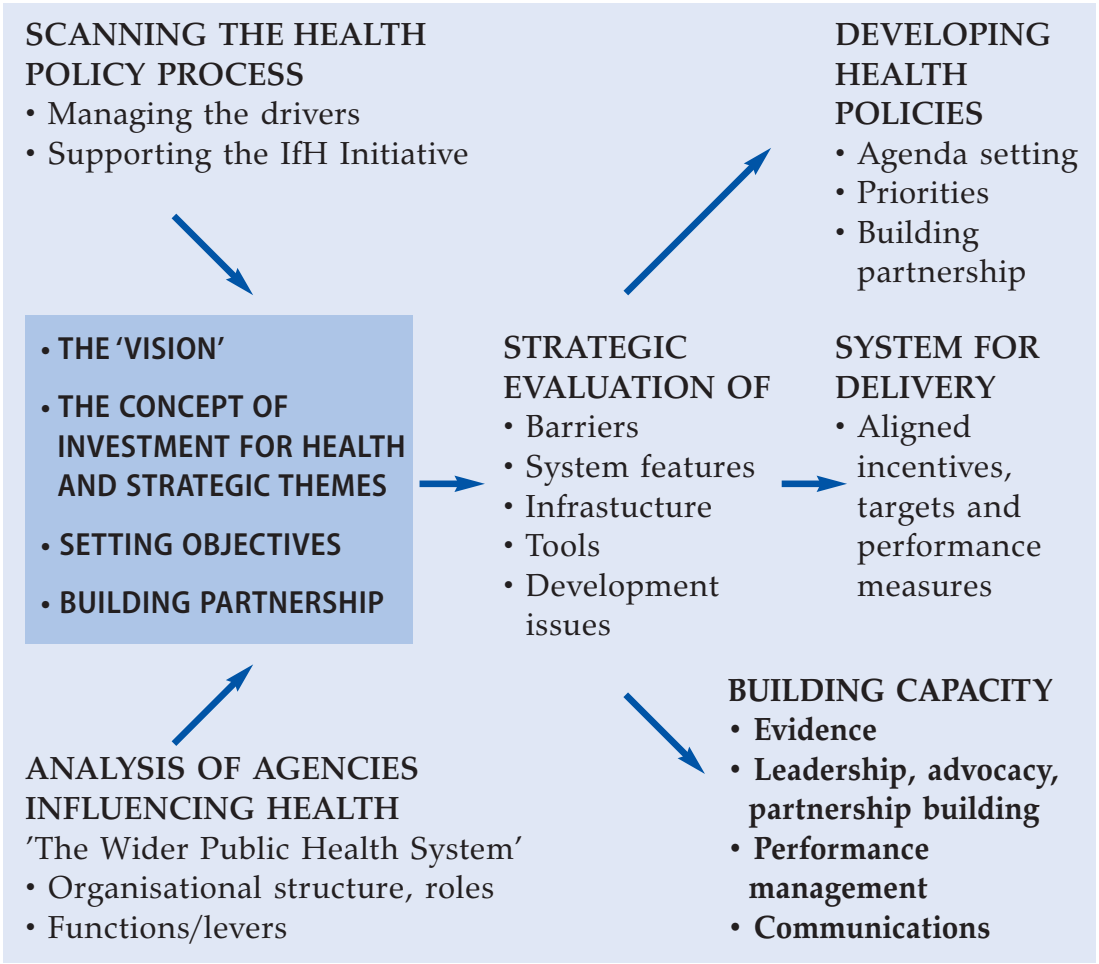
health and reduce socially determined health inequities. An evaluation framework, developed in the North West England region, is being used to exchange policy experience in a structured and systematic way.

The framework is set out in Figure 6. It attempts to describe the vision, concept, objectives, and partnership arrangements in each region to implement an IfH approach. In each region the IfH initiative was introduced in a different national policy context and health system structure. The evaluation framework attempts to capture these influences. It then covers a strategic evaluation of three important elements in supporting IfH development:

- the policy formulation process
- developing systems for delivery
- building capacity and capability.

This report covers experience in the Pomurje region, and policy learning reviews are currently being prepared for the other four regions. They will provide the basis for an evaluation report that will aim to capture the learning from the overall regional collaboration.

IfH Framework for Policy Evaluation



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