Slovakia reports that half of the actions to promote an enabling environment for information and communication technologies (ICT) in the health sector have been taken, the majority of them likely to continue over the next two years. The promotion of availability of information in local languages in the recognition of cultural diversity is likely to be introduced by 2008. There are, to date, no plans to introduce regulations to protect the privacy and security of patient data. The implementation, in 2004, of a national eStrategy, which sets out the vision and objectives to promote the use of ICT across all sectors, is described as the most important initiative; it is expected to stimulate action in legislature and the implementation of international standards. Slovakia notes, however, that due to reforms by the Ministry of Health in 2004–2005, the implementation of the actions related to eHealth policies (specified in the Strategy on Implementing the Information Society) have been postponed. The Institute of Health Information and Statistics has been appointed by the Ministry of Health to organize a board of experts – eHealth Committee – to elaborate a national roadmap for the development and implementation of eHealth programmes in Slovakia. Increased cooperation with other institutions is expected to follow.

**Enabling environment – policies and strategies to support the information society**

<table>
<thead>
<tr>
<th>National information policy or strategy</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>National eHealth policy or strategy</td>
<td>U</td>
</tr>
<tr>
<td>Procurement policies or strategies</td>
<td>S</td>
</tr>
<tr>
<td>Public funding</td>
<td>C</td>
</tr>
<tr>
<td>Private funding</td>
<td>U</td>
</tr>
<tr>
<td>Public-private partnerships</td>
<td>U</td>
</tr>
<tr>
<td>eHealth standards</td>
<td>U</td>
</tr>
<tr>
<td>Citizen protection</td>
<td>U</td>
</tr>
<tr>
<td>Equity</td>
<td>C</td>
</tr>
<tr>
<td>Multilingualism and cultural diversity</td>
<td>U</td>
</tr>
</tbody>
</table>

Figure 1. Enabling environment for ICT in the health sector: actions taken or planned within 2 years and their effectiveness rating

**Infrastructure – access to information and communication technologies**

A national policy to reduce the costs of ICT infrastructure for the health sector will be implemented in 2006. Currently, no decision has been made as to which of the remaining listed actions in improving access to information and communication technologies in the health sector will be taken over the next two years.

**Cultural and linguistic diversity, and cultural identity**

At this stage, none of the specified actions to promote the development of electronic multicultural health content have been taken.

Figure 2. ICT infrastructure development for the health sector: actions taken or planned within 2 years and their effectiveness rating

Figure 3. Electronic multicultural health content: actions taken or planned within 2 years and their effectiveness rating
Health professionals have had access to online health content through international and national electronic journals since 1997 and 1998, respectively. Provision of locally created health information for the general public commenced in the 1990s. These services have been moderately to very effective and will be reviewed and continued over the next two years. A digital national open archive or repository for scientific research (published within the country) was launched in 2003 and is likely to continue. The national medical bibliography, Bibliographia Medica Slovaca, is highlighted as an important initiative to provide professionals with online access to health content. Slovakia reports the creation of a number of health-related web sites established by health institutions as the most effective action in this field, along with the initiative providing health-related web sites to the general public. A consortium of Slovak libraries has been created (project eIFL), to provide access to medical databases at affordable rates.

**Content – access to information and knowledge**

Health professionals have had access to online health content through international and national electronic journals since 1997 and 1998, respectively. Provision of locally created health information for the general public commenced in the 1990s. These services have been moderately to very effective and will be reviewed and continued over the next two years. A digital national open archive or repository for scientific research (published within the country) was launched in 2003 and is likely to continue. The national medical bibliography, Bibliographia Medica Slovaca, is highlighted as an important initiative to provide professionals with online access to health content. Slovakia reports the creation of a number of health-related web sites established by health institutions as the most effective action in this field, along with the initiative providing health-related web sites to the general public. A consortium of Slovak libraries has been created (project eIFL), to provide access to medical databases at affordable rates.

**Capacity – human resources knowledge and skills**

ICT skills courses as a part of university curricula for health sciences students and ICT skills programmes in the ongoing training of health-care professionals have been slightly effective and will be reviewed and may be continued over the next two years. There are plans to introduce health sciences courses through eLearning for health professionals (in training and practice) by 2008.

**eHealth tools and eHealth services**

All of the listed eHealth tools are rated from very to extremely useful if the World Health Organization could offer these as generic prototypes for adaptation to Slovakia. The specified eHealth services are considered from very to extremely useful.

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**Legend**

- **Effectiveness**
  - Extremely effective
  - Very effective
  - Moderately effective
  - Slightly effective
  - Not effective
  - Unknown effectiveness
  - Start date unknown
  - No data

- **Future action**
  - C – To be continued
  - RC – To be reviewed & continued
  - S – To be started
  - P – To be stopped
  - U – Undecided
  - O – No data / No action

- **Usefulness**
  - Extremely useful
  - Very useful
  - Moderately useful
  - Slightly useful
  - Not useful
  - No data

*per 100 inhabitants