

# **KRONIČNE BOLEZNI KOT EDEN OSREDNJIH IZZIVOV ZDRAVJA IN RAZVOJA 21. STOLETJA – ČAS ZA AMBICIJE**

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## Pregled kazalnikov: primerjava dosežkov med državami in trendi Health at glance 2019, OECD indicators

Table 1.2. **Dashboard on health status**

	Life expectancy		Avoidable mortality		Chronic disease morbidity		Self-rated health	
	Years of life at birth		Deaths per 100 000 people (age-standardised)		Diabetes prevalence (% adults, age-standardised)		Population in poor health (% population aged 15+)	
Portugal	81.5	●	180	●	9.9	⊗	15.3	⊗
Slovak Republic	77.3	⊗	323	⊗	7.3	●	11.3	●
Slovenia	81.1	●	210	●	7.3	●	9.7	●
Spain	83.4	✓	146	✓	7.2	●	6.6	●
Sweden	82.5	●	144	✓	4.8	●	5.7	●

Note: ✓ Better than OECD average; ● Close to OECD average; ⊗ Worse than OECD average. Hungary, Latvia and Lithuania excluded from the standard deviation calculation for avoidable mortality, while Mexico and Turkey excluded from diabetes prevalence.

Table 1.3. **Dashboard on risk factors for health**

	Smoking		Alcohol		Overweight / obese		Air pollution	
	Daily smokers (% population aged 15+)		Litres consumed per capita (population aged 15+)		Population with BMI ≥ 25 (% population aged 15+)		Deaths due to pollution (per 100 000 people)	
Portugal	16.8	●	10.7	●	67.6	⊗	28.3	●
Slovak Republic	22.9	●	9.7	●	51.5	●	59.1	⊗
Slovenia	18.9	●	10.1	●	55.6*	●	56.8	●
Spain	22.1	●	8.6	●	53.0*	●	27.1	●
Sweden	10.4	✓	7.1	●	48.2*	●	18.5	✓

Note: ✓ Better than OECD average; ● Close to OECD average; ⊗ Worse than OECD average. Hungary, Latvia and Lithuania excluded from standard deviation calculation for air pollution. \* Likely under-estimate of obesity as self-reported.

Table 1.4. **Dashboard on access to care**

	Population coverage		Financial protection		Service coverage, primary care		Service coverage, preventive care	
	Population eligible for core services (% population)		Expenditure covered by prepayment schemes (% total expenditure)		Needs-adjusted prob. of visiting doctor (% pop 15+)		Prob. of cervical cancer screening (% pop 15+)	
Portugal	100	●	66.3	●	86	✓	71	●
Slovak Republic	94.6	⊗	79.9	●	74	●	69	●
Slovenia	100	●	71.8	●	71	⊗	78	●
Spain	99.9	●	70.6	●	84	●	69	●
Sweden	100	●	83.7	✓	64	⊗	81	●

Note: ✓ Better than OECD average; ● Close to OECD average; ⊗ Worse than OECD average.

Table 1.5. **Dashboard on quality of care**

	Safe prescribing		Effective primary care		Effective secondary care		Effective cancer care	
	Antibiotics prescribed (defined daily dose per 1 000 people)		Avoidable asthma / COPD admissions (per 100 000 people, age-sex standardised)		30-day mortality following AMI (per 100 000 people, age- sex standardised)		Breast cancer 5-year net survival (% , age- standardised)	
Portugal	16.4	●	90	✓	7.3	●	87.6	●
Slovak Republic	23.6	●	209	●	5.9	●	75.5	✗
Slovenia	19.0	●	128	●	4.1	✓	83.5	●
Spain	12.6	●	210	●	6.5	●	85.3	●
Sweden	10.2	✓	169	●	3.9	✓	88.8	●

Note: ✓ Better than OECD average; ● Close to OECD average; ✗ Worse than OECD average. Mexico excluded from standard deviation calculation for AMI mortality.

Table 1.6. **Dashboard on health resources**

	Health spending		Health spending share		Doctors		Nurses	
	Per capita (USD based on purchasing power parities)		As a % of Gross Domestic Product (GDP)		Practising physicians (per 1 000 population)		Practising nurses (per 1 000 population)	
Portugal	2 861	●	9.1	●	5.0*	ⓘ	6.7	●
Slovak Republic	2 290	⓪	6.7	⓪	3.4	●	5.7	●
Slovenia	2 859	●	7.9	●	3.1	●	9.9	●
Spain	3 323	●	8.9	●	3.9	●	5.7	●
Sweden	5 447	●	11.0	ⓘ	4.1	●	10.9	●

Note: ⓘ Above OECD average; ● Close to OECD average; ⓪ Below OECD average. United States excluded from standard deviation calculation for both health expenditure indicators. \*Includes all doctors licensed to practice, resulting in a large over-estimation.

# Zdravstveno stanje

Figure 3.1. Life expectancy at birth, 1970 and 2017 (or nearest year)

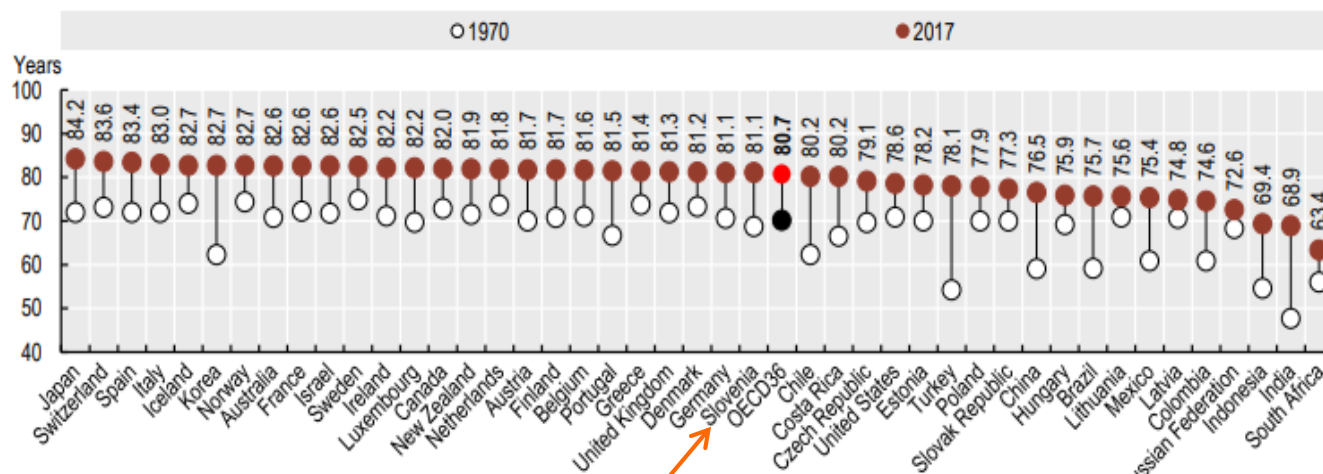
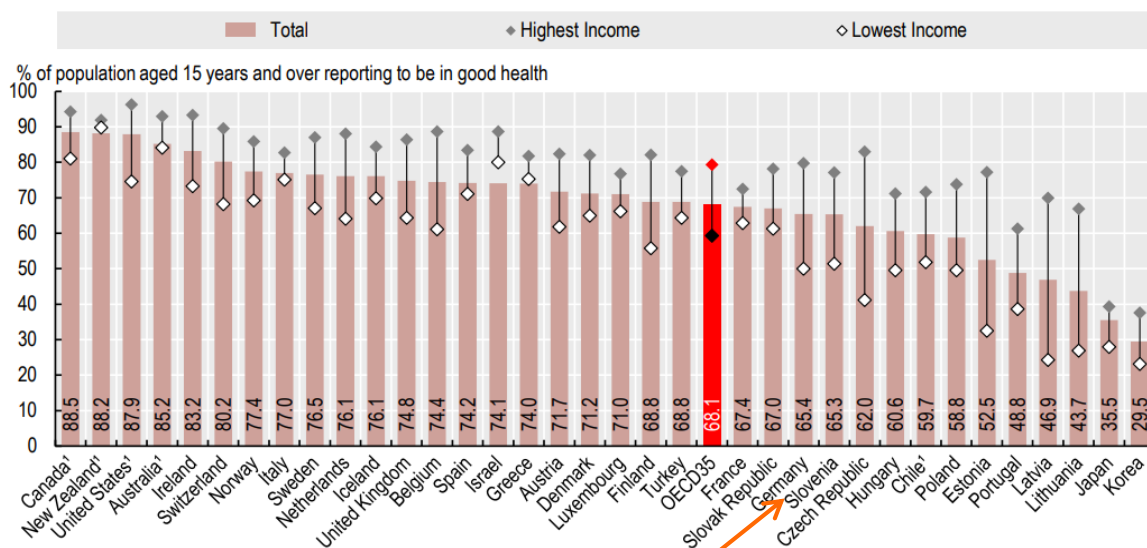


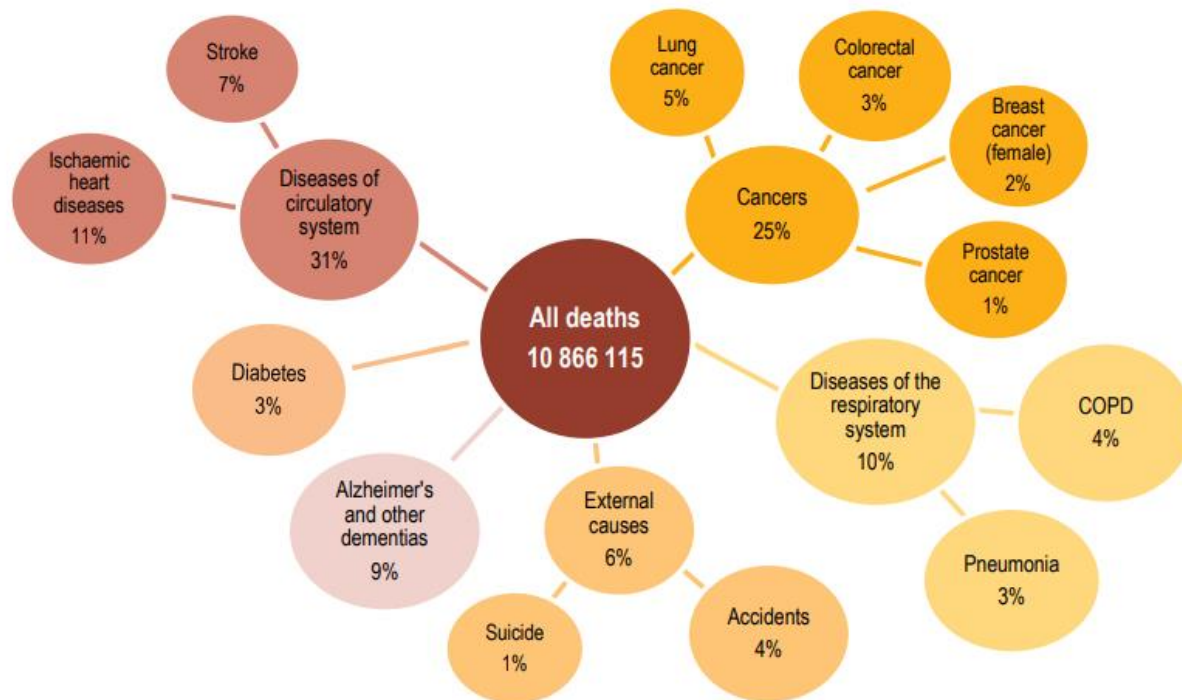
Figure 3.24. Adults rating their own health as good or very good, by income quintile, 2017 (or nearest year)



1. Results for these countries are not directly comparable with those for other countries, due to methodological differences in the survey questionnaire resulting in a bias towards a more positive self-assessment of health.

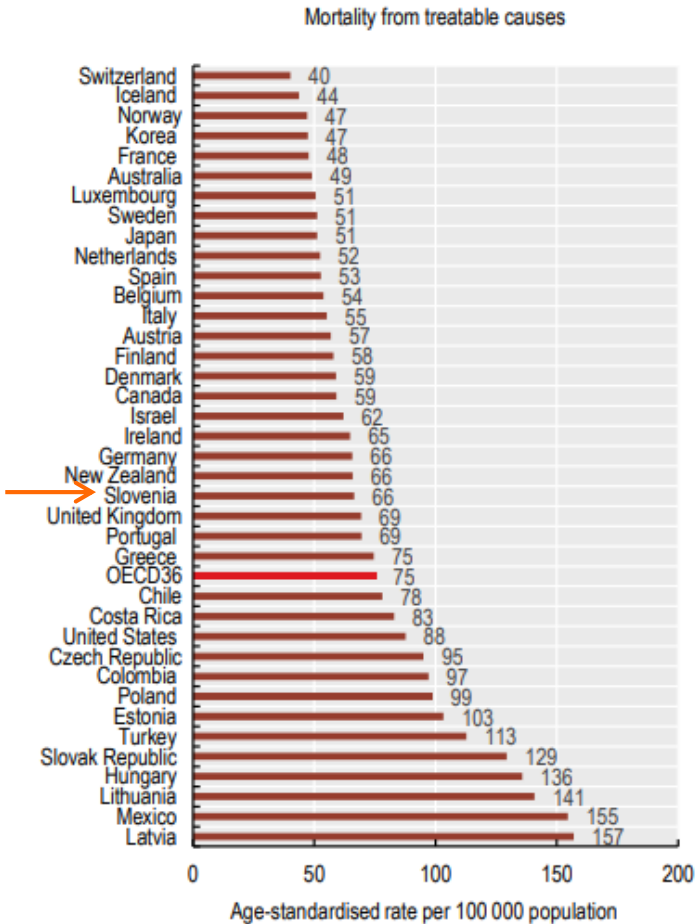
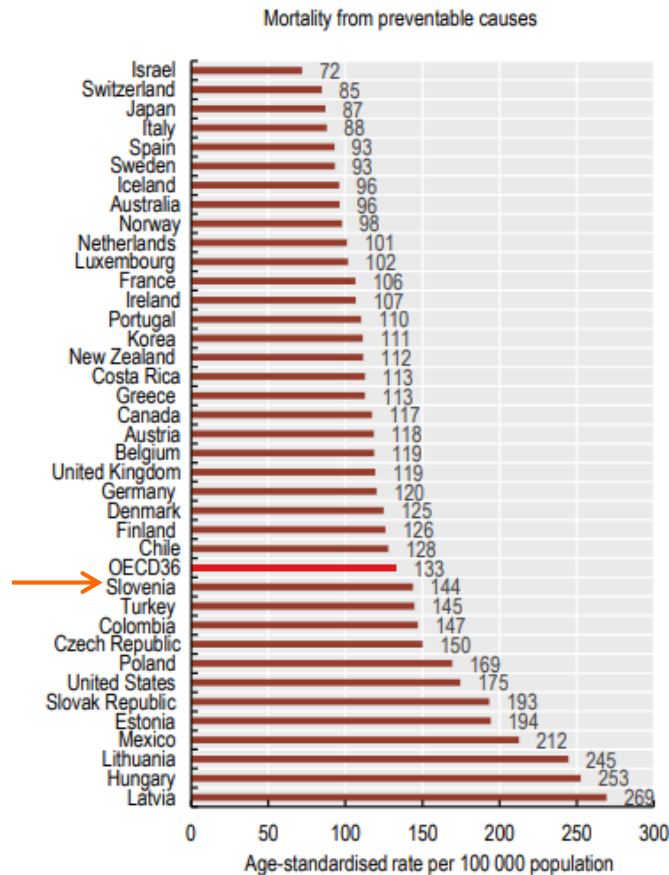
Source: OECD Health Statistics 2019 (EU-SILC for European countries).

Figure 3.7. **Main causes of mortality across OECD countries, 2017 (or nearest year)**



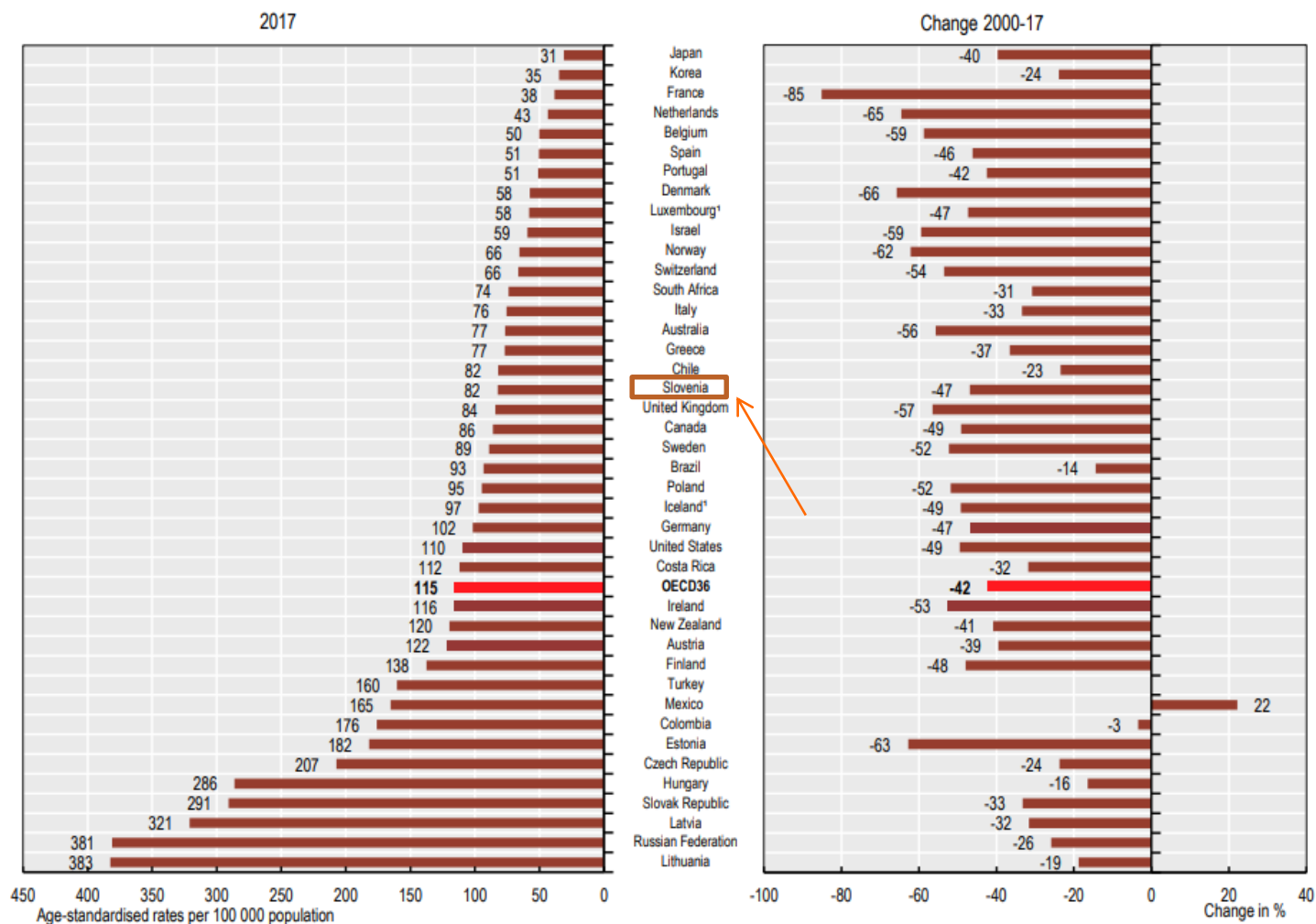
Note: Other causes of death not shown in the figure represent 15% of all deaths.  
Source: OECD Health Statistics 2019.

Figure 3.9. **Mortality rates from avoidable causes, 2017 (or nearest year)**



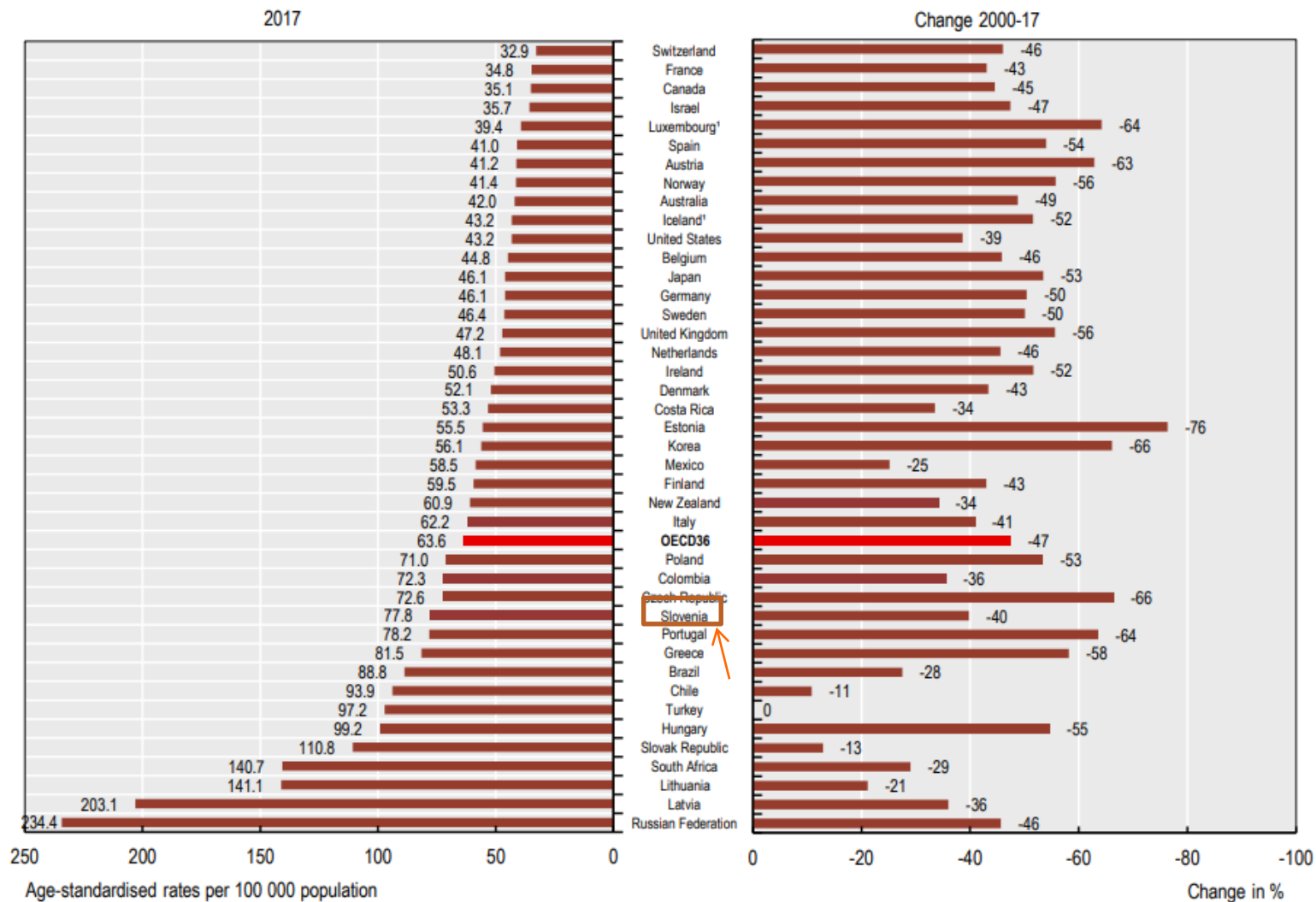
Source: OECD calculations, based on WHO Mortality Database.

Figure 3.10. **Heart attacks and other ischaemic heart disease mortality, 2017 and change 2000-17 (or nearest year)**



1. Three-year average.

Figure 3.11. **Stroke mortality, 2017 and change 2000-17 (or nearest year)**



1. Three-year average.

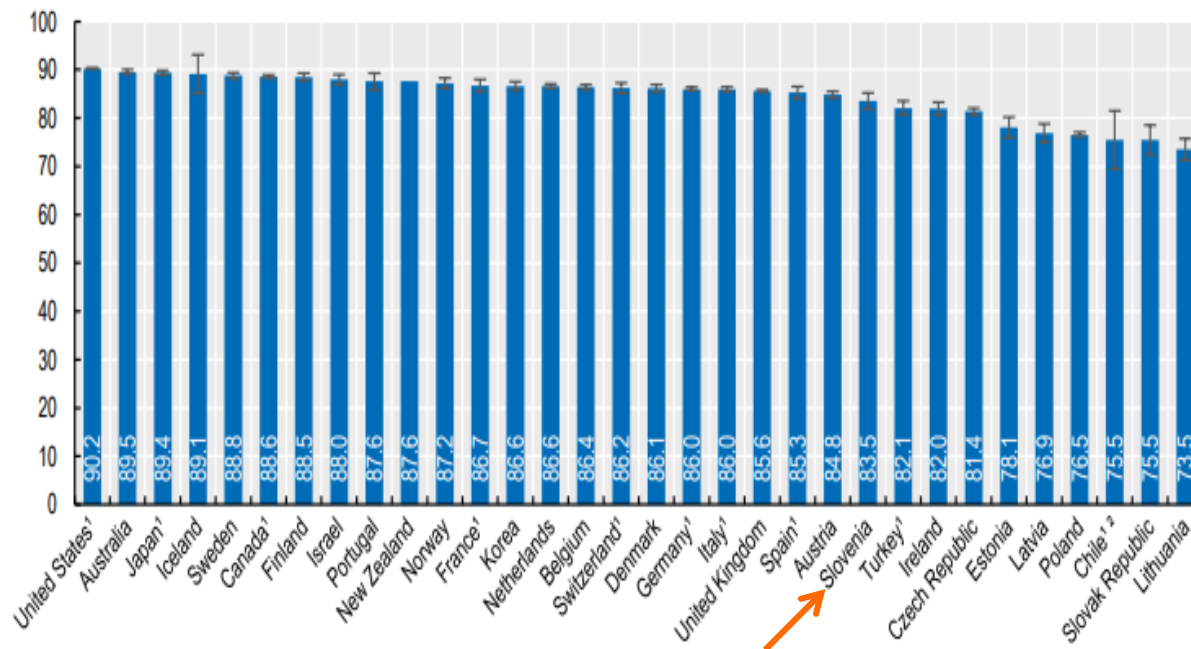
Source: OECD Health Statistics 2019.



## Figure 2.2. Cancer survival is similar between countries

Breast cancer age-standardised five-year survival of patients diagnosed from 2010-2014

Age-standardised five-year net survival (%)



Note: H lines show 95% confidence intervals. 1. Coverage less than 100% of national population. 2. Survival estimates considered less reliable.

Source: CONCORD programme, London School of Hygiene and Tropical Medicine.



Figure 4.8. Daily fruit consumption among adults by sex, 2017 (or nearest year)

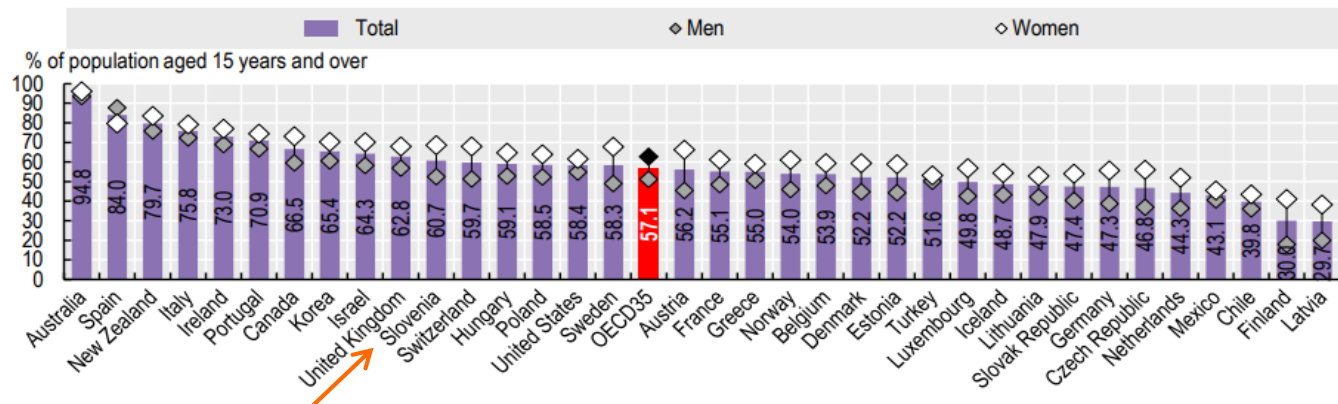
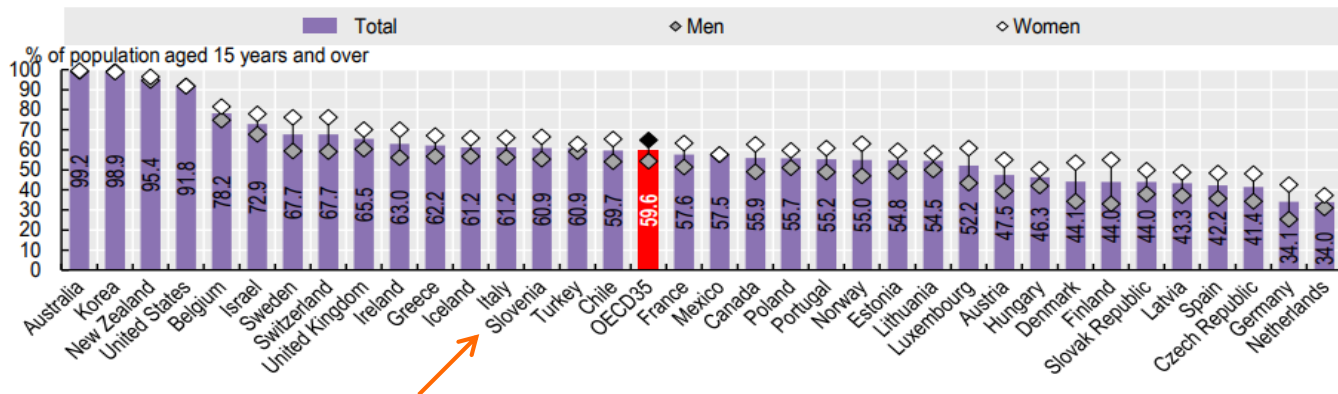
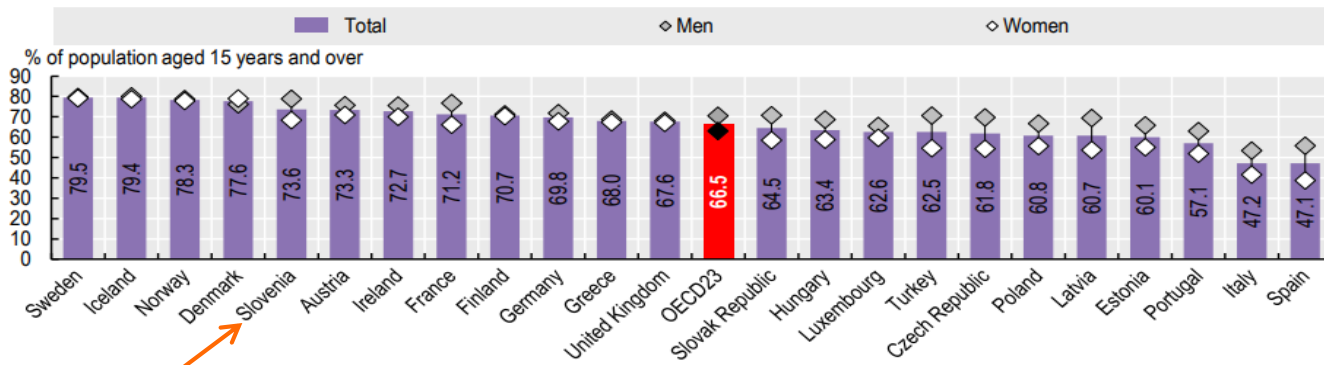


Figure 4.9. Daily vegetable consumption amongst adults by sex, 2017 (or nearest year)



Source: OECD Health Statistics 2019.

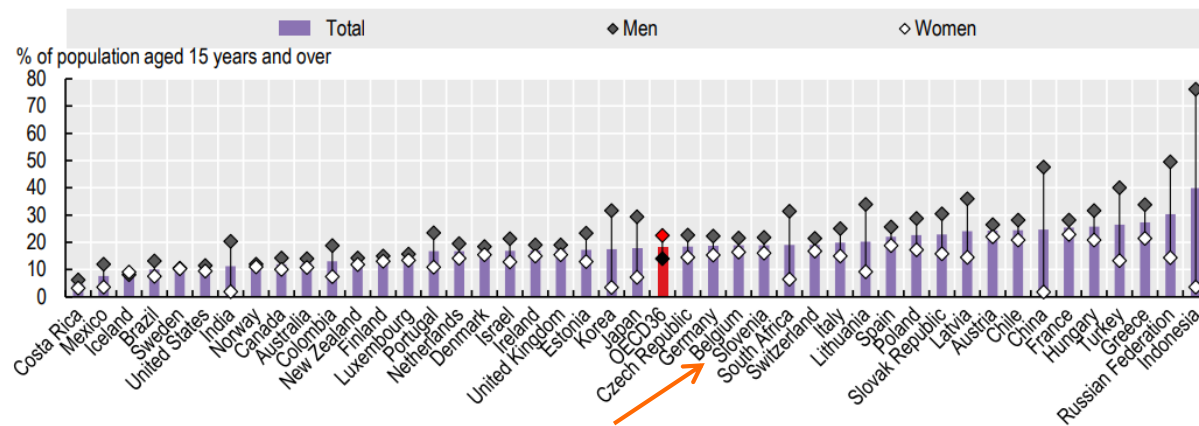
Figure 4.10. Moderate weekly physical activity among adults by sex, 2014



Source: Eurostat EHIS 2014.

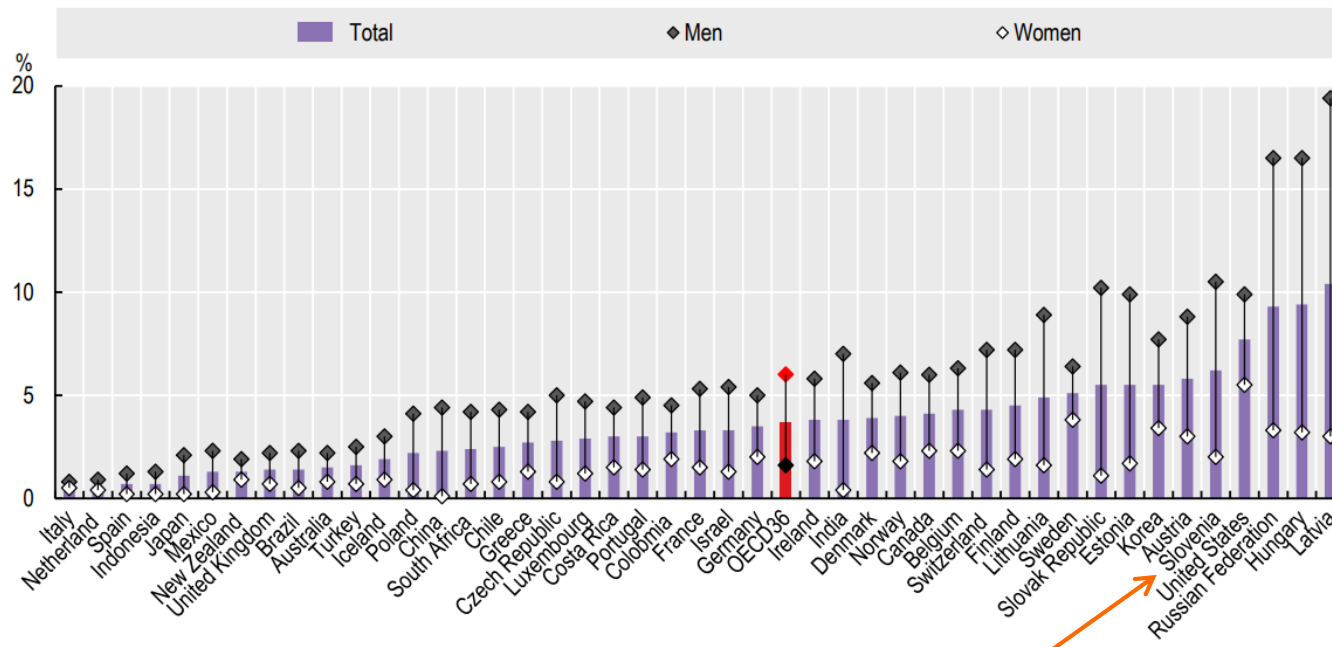
# Dejavniki tveganja

Figure 4.1. **Adult population smoking daily by sex, 2017 (or nearest year)**



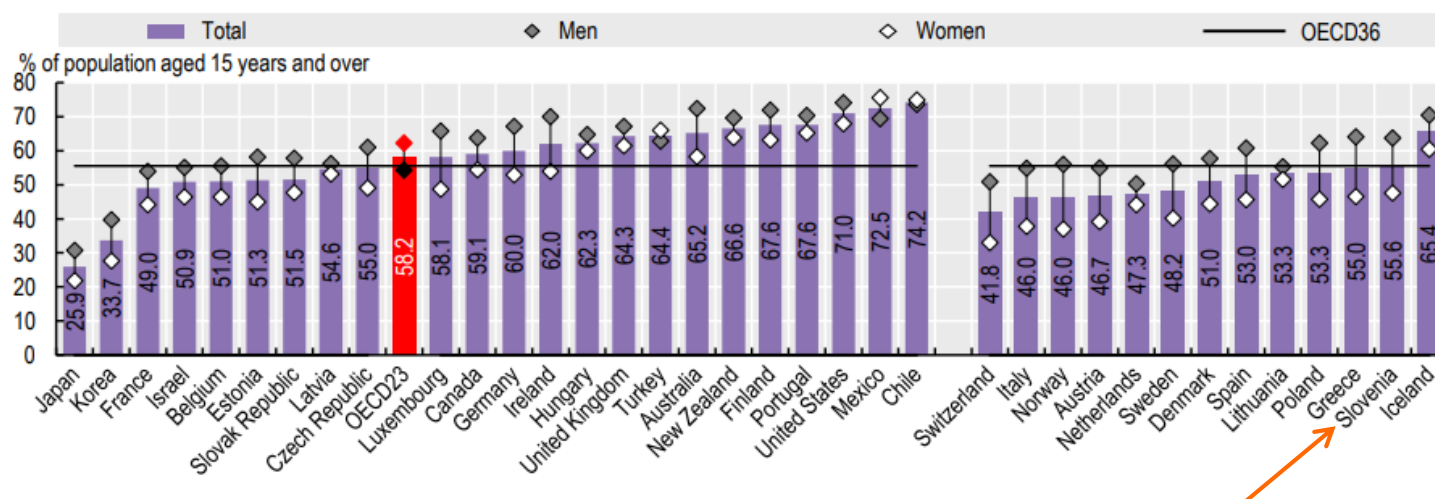
Source: OECD Health Statistics 2019.

Figure 4.5. **Share of dependent drinkers, by sex, 2016**



Source: Global Status Report on Alcohol and Health, WHO 2018.

Figure 4.11. **Overweight including obesity among adults by sex, measured and self-reported, 2017 (or nearest year)**

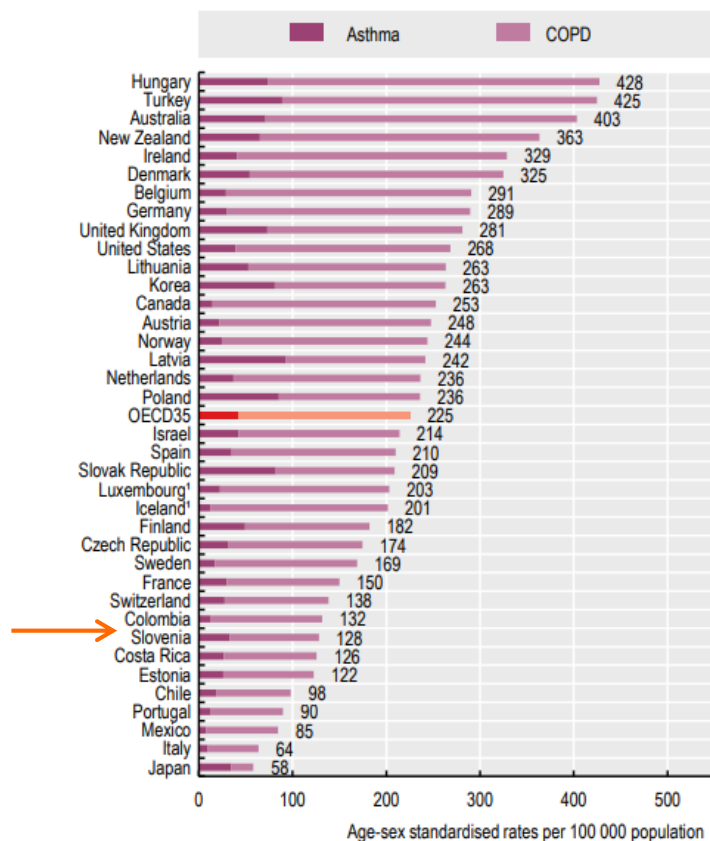


Note: Left- and right-hand side estimates utilise measured and self-reported data, respectively. OECD36 average includes both data types.

Source: OECD Health Statistics 2019.

# Kakovost in izidi zdravljenja

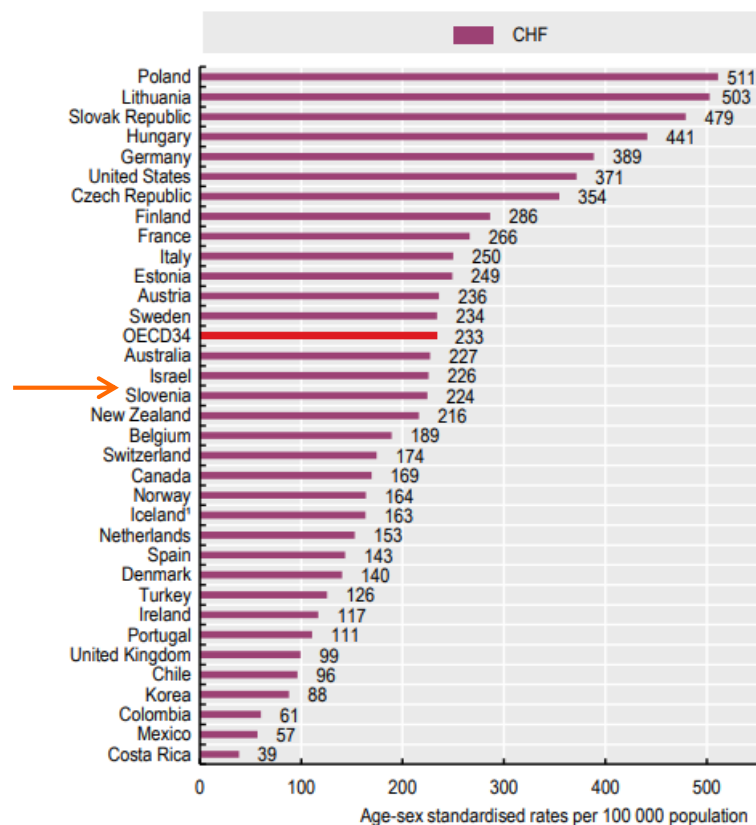
Figure 6.9. **Asthma and COPD hospital admission in adults, 2017 (or nearest year)**



1. Three-year average.

Source: OECD Health Statistics 2019.

Figure 6.10. **Congestive Heart Failure (CHF) hospital admission in adults, 2017 (or nearest year)**



1. Three-year average.

Source: OECD Health Statistics 2019.

# KAKŠNA SO SPOROČILA HEALTH AT GLANCE 2019 ?

- V nekaterih državah že opazajo upad pričakovane življenjske dobe, kronične bolezni in slabo duševno zdravje prizadenejo vse več ljudi.
- Dejavniki tveganja kot so kajenje, pitje in debelost še vedno pomembno vplivajo na prezgodnjo umrljivost in slabšajo kakovost življenja.
- Dostop do zdravstvene oskrbe še vedno obstaja, zlasti med ljudmi, ki imajo nižje dohodke.
- Kakovost zdravstvene oskrbe se izboljšuje, izkušnje pacientov so bolj v ospredju pozornosti
- Manj ljudi umira zaradi srčnega infarkta ali možganske kapi
- Preživetje za vrsto rakavih obolenj se je izboljšalo, kar odraža vlaganja v preventivo ter v sodobno zdravljenje



- Države namenijo več denarja za boljše zdravje, vendar ga ne porabijo vedno tako dobro, kot bi ga lahko.
- Zdravstveni izdatki so v preteklosti v veliki meri rasli hitreje kot gospodarska rast in tako kažejo tudi projekcije za prihodnost .
- Staranje prebivalstva povečuje povpraševanje po zdravstvenih storitvah, zlasti po dolgotrajni oskrbi. To povzroča večji pritisk na družinske člane, zlasti ženske, pri čemer približno 13% ljudi, starih 50 let in več, vsaj enkrat na teden nudi neformalno oskrbo vzdrževanemu sorodniku ali prijatelju.
- V zdravstvu je zaposlenih več delavcev kot kadarkoli prej. Preusmeritev nalog z zdravnikov na medicinske sestre in druge zdravstvene delavce v luči multidisciplinarne oskrbe lahko izboljša učinkovitost in omili pritisk na stroške.



# SLOVENIJA

- Po vseh zbirnih kazalnikih sodimo v povprečje držav OECD.
- Porabimo manj sredstev od povprečja OECD za zdravstvo, a dosegamo višjo življenjsko dobo.
- Smo med državami z najvišjo stopnjo smrtnosti zaradi raka (nad 240 smrti na 100 000 prebivalcev), kar odraža zmanjševanje umrljivosti zaradi srčno-žilnih bolezni.
- Stopnja samomorilnosti se je v zadnjih desetletjih znižala za več kot 40%, a smo po tem kazalniku med najbolj ogroženimi državami.
- Precepljenost starejših od 65 let proti gripi je med najnižjimi med državami OECD.

