



State of Health in the EU

Slovenia

Country Health Profile 2019

December 12th, 2019

Overview



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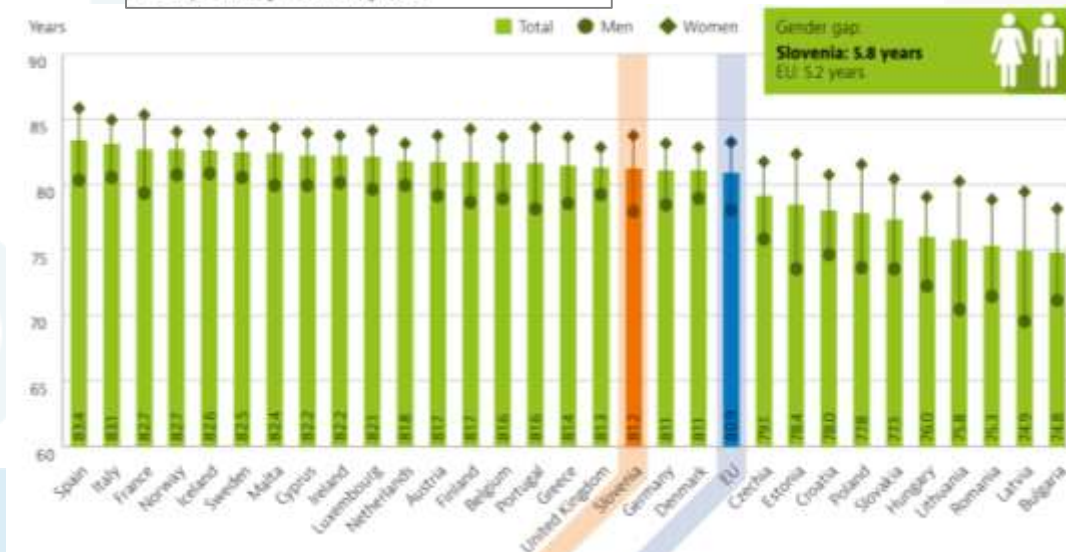
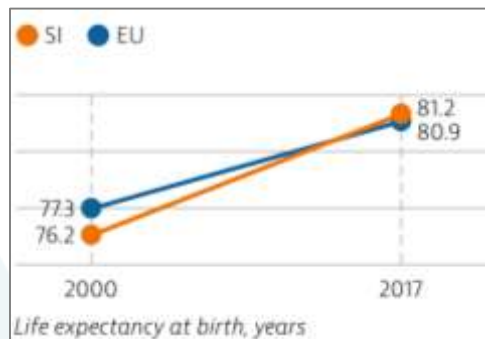


Health in Slovenia

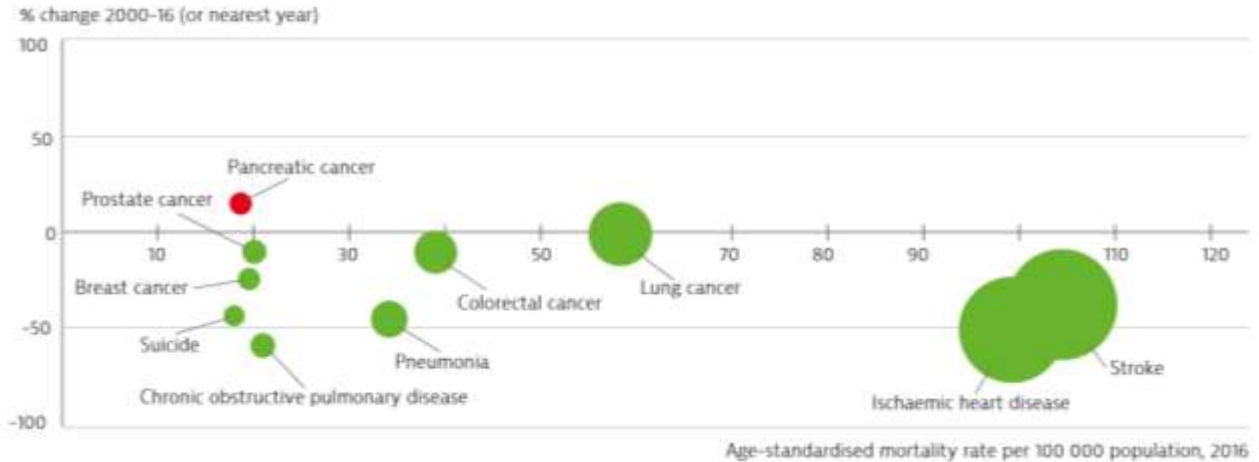
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Health in Slovenia

- Life expectancy at birth increased by five years between 2000 and 2017
- Life expectancy has overtaken the EU average but a considerable gender gap persists

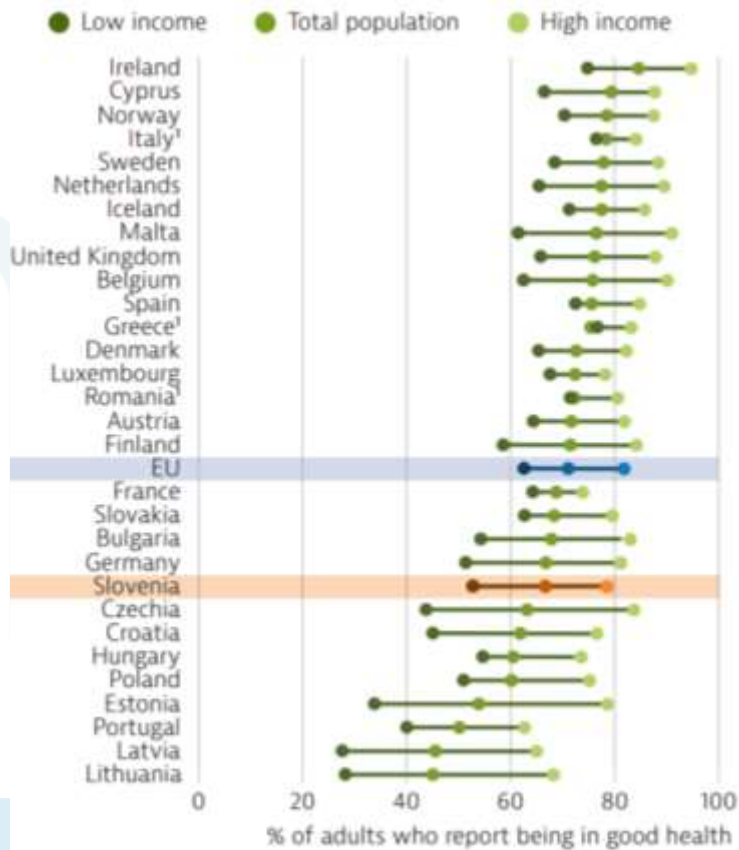


- Cardiovascular diseases remain the leading causes of mortality
- Only mortality from pancreatic cancer is rising
- Mortality rates from suicide decreased by more than 40% between 2000 and 2016



Note: The size of the bubbles is proportional to the mortality rates in 2016
Source: Eurostat Database

- The proportion of Slovenians reporting to be in good health is lower than the EU average
- Only 51.4 % of people in the lowest income quintile considered themselves to be in good health, compared to 77.1 % in the highest income quintile





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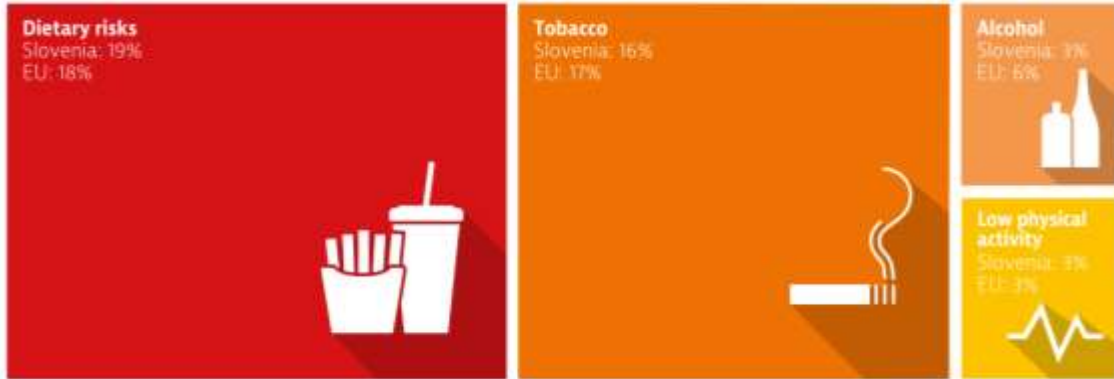


Risk factors

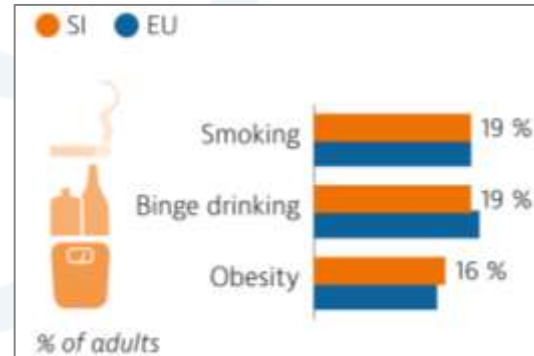
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Risk factors

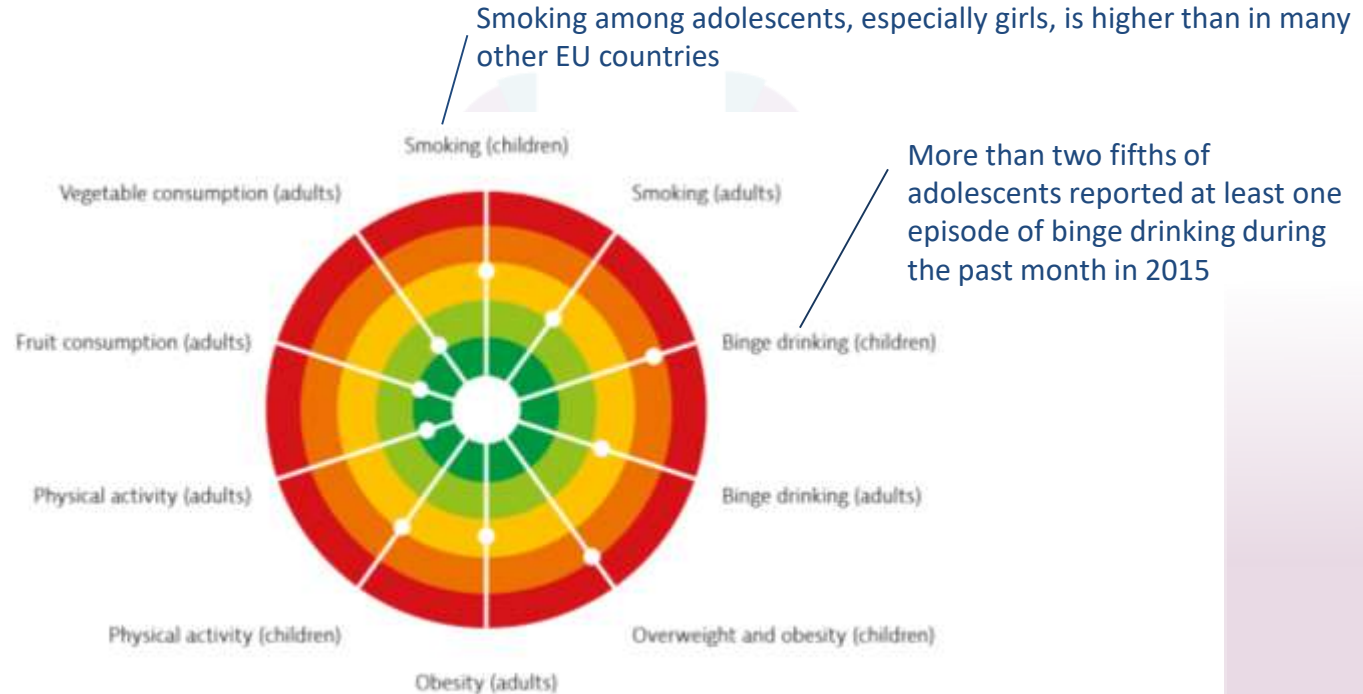
- Around 37 % of all deaths can be related to behavioural risk factors
- The percentage of adults who smoke daily has dropped since the early 2000s and is on par with the EU average
- Binge drinking among adults is just below the EU average
- Overweight and obesity rates are higher than in most EU countries



Source: IHME (2018)



- Many behavioural risk factors are more common among people with lower education or income



Note: The closer the dot is to the centre, the better the country performs compared to other EU countries. No country is in the white 'target area' as there is room for progress in all countries in all areas. Source: OECD calculations based on ESPAD survey 2015 and HBSC survey 2013–14 for children indicators; and EU-SILC 2017, EHS 2014 and OECD Health Statistics 2019 for adults indicators.



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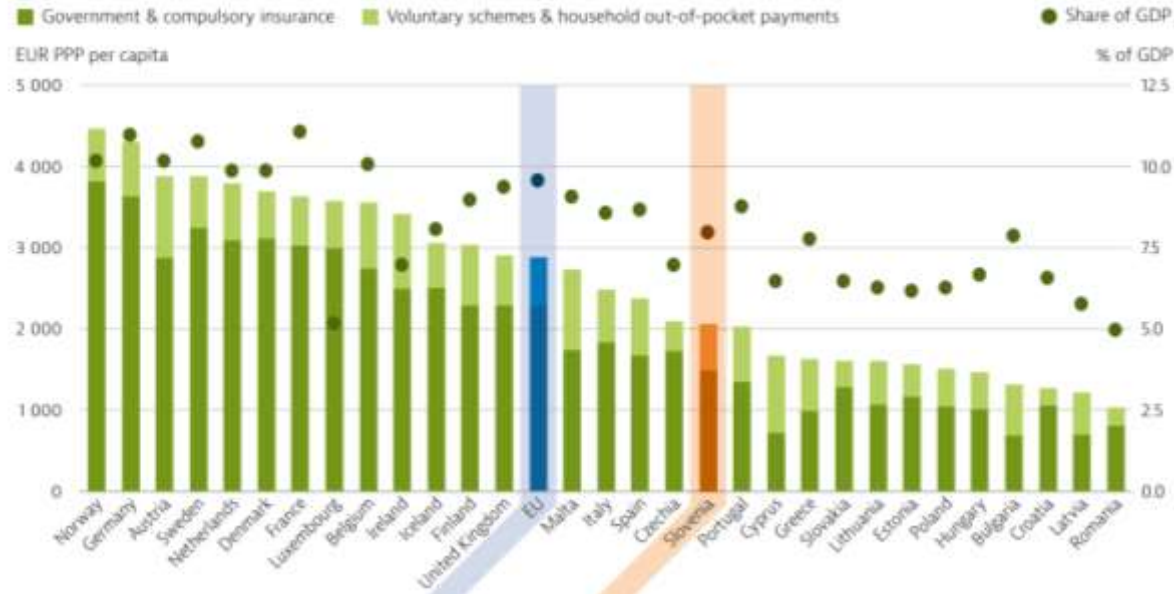


The health system

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The health system

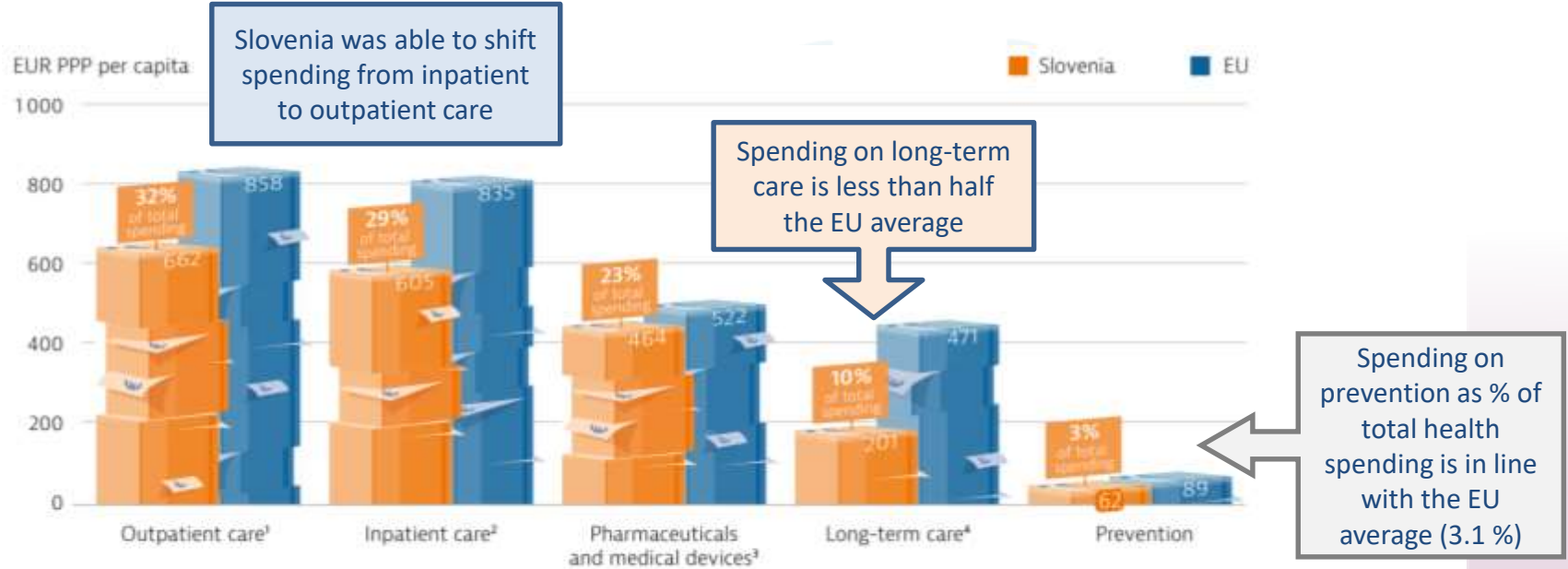
- Health expenditure has been slowly growing since 2006
- Public share of health spending is below the EU average (SI: 72.2%; EU: 79.3% in 2017)
- Private sources of financing accounted for 27.8% of total health spending
 - Voluntary health insurance accounts for 14.3% of total health spending
 - Out of pocket spending is at 12.3%, one of the lowest in Europe



Source: OECD Health Statistics 2019 (data refer to 2017)

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The health system



Note: Administration costs are not included. 1. Includes home care; 2. Includes curative-rehabilitative care in hospital and other settings; 3. Includes only the outpatient market; 4. Includes only the health component.

Sources: OECD Health Statistics 2019, Eurostat Database (data refer to 2017).

Increased focus on prevention, public health activities, and care coordination through skill mix innovations

- Role of health education centres in strengthening primary care
- About half (30 out of 61) of health education centres have already been transformed into health promotion centres
- GP model practices (*Referenčne ambulante*)



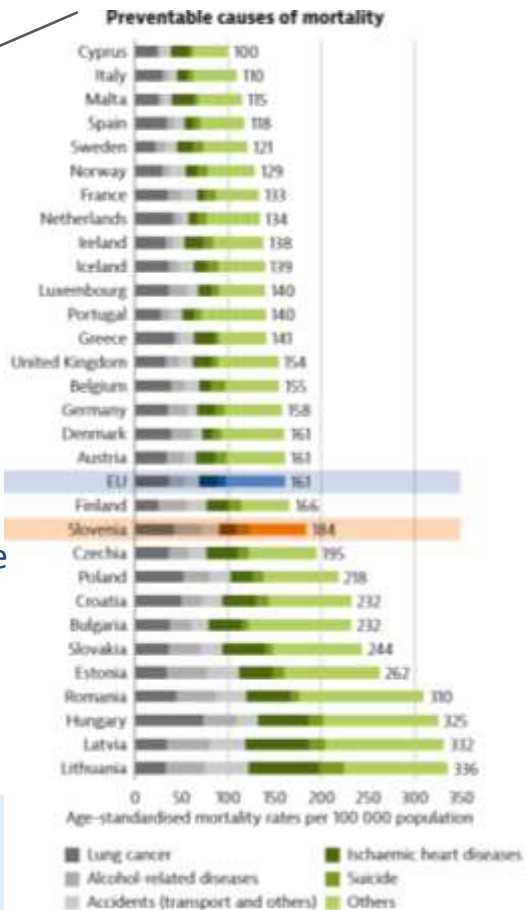
Performance of the health system

- Effectiveness
- Accessibility
- Resilience

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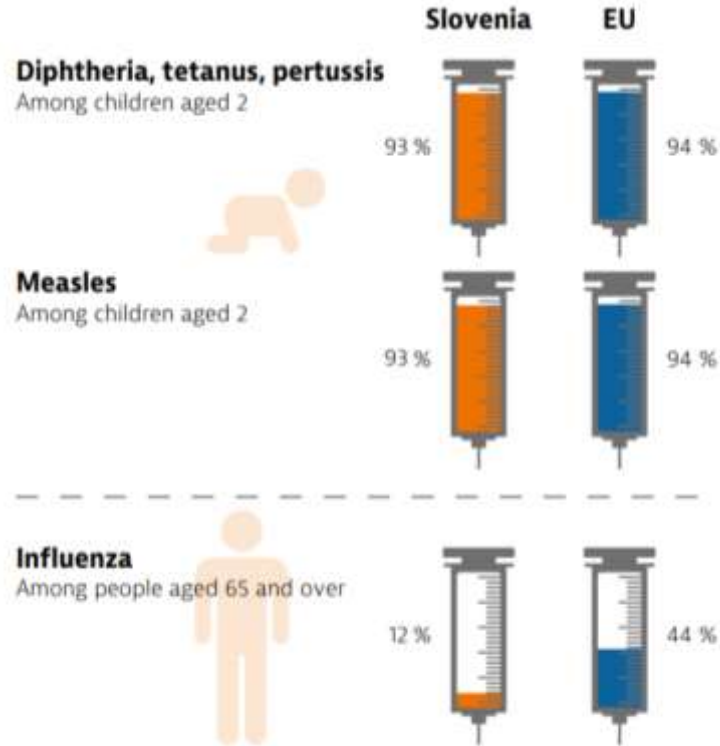
Effectiveness

- Substantial differences between genders
- The rate of preventable deaths due to alcohol-related diseases is almost double the EU average
- Lung cancer remains a top cause of preventable mortality



- Rates of avoidable deaths from treatable causes have been steadily decreasing
- Ischaemic heart disease, colorectal cancer and stroke accounted for the largest share of these deaths

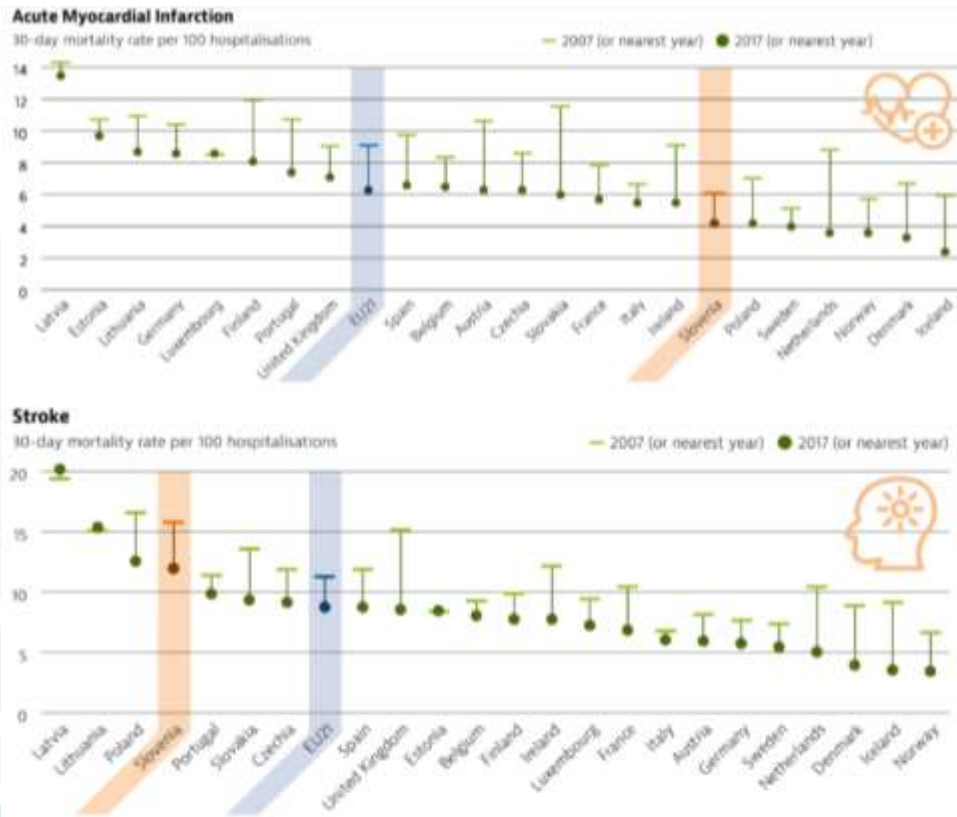
- Measles coverage is two percentage points lower than the 95 % target defined by WHO
- Vaccination rates against influenza among older adults are well below the EU average



Notes: Data refer to the third dose for diphtheria, tetanus and pertussis, and the first dose for measles.

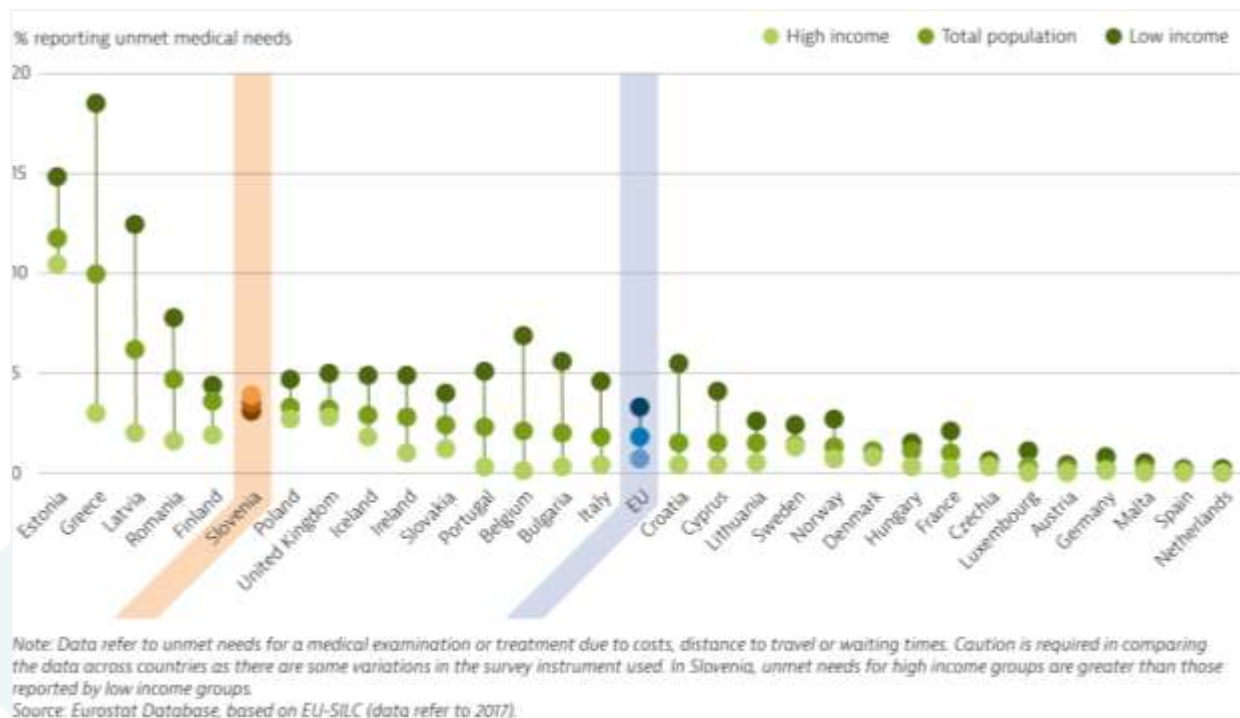
Source: WHO/UNICEF Global Health Observatory Data Repository for children (data refer to 2018); OECD Health Statistics 2019 and Eurostat Database for people aged 65 and over (data refer to 2017 or nearest year).

- The mortality rate within 30 days of hospital admission for heart attack in Slovenia is below many other EU countries
- The mortality rate within 30 days of hospitalisation for stroke is higher than the EU average

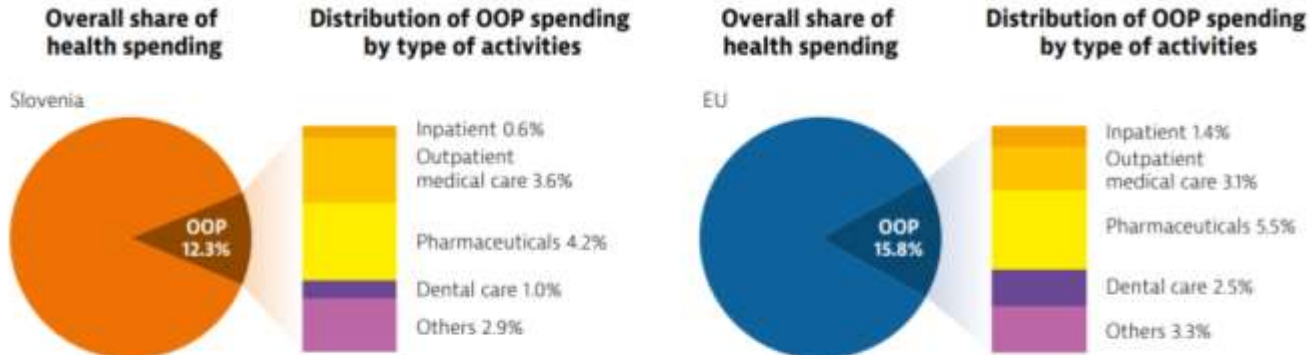


Note: Figures are based on admission data and have been age-sex standardised to the 2010 OECD population aged 45+ admitted to hospital for acute myocardial infarction or ischaemic stroke.
Source: OECD Health Statistics 2019.

- In 2017, 3.5 % of the population reported some unmet needs for medical care due to financial reasons, distance or waiting times
- This is almost double the EU average (1.7%)
- Long waiting times was the main factor influencing unmet medical and dental needs



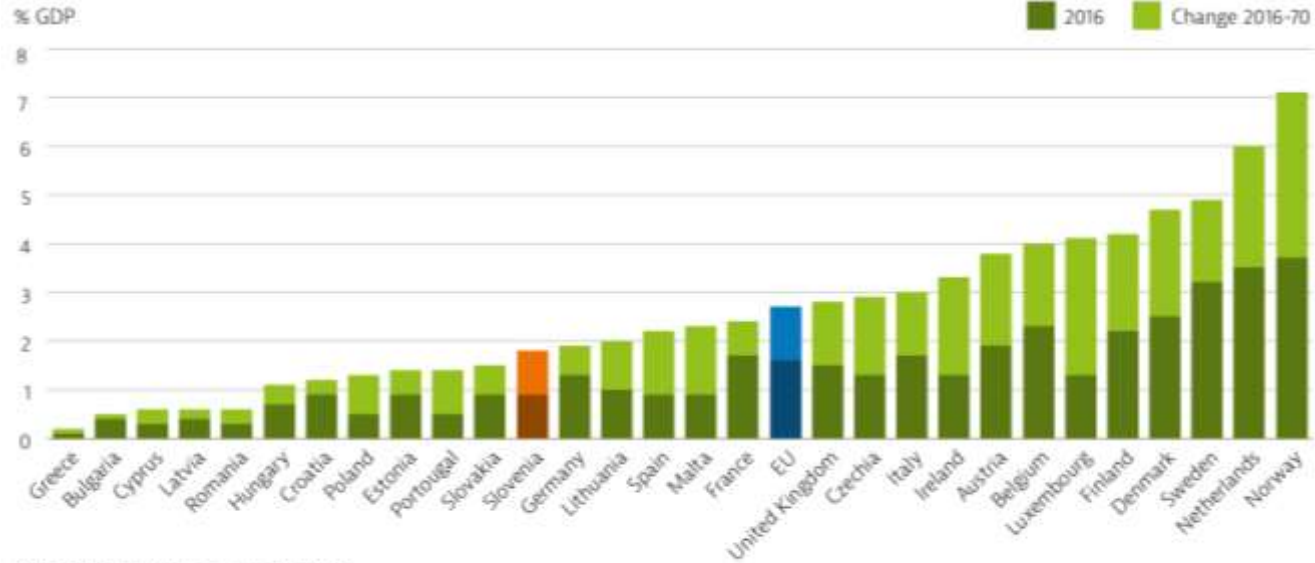
- Slovenia has one of the lowest out-of-pocket (OOP) spending in Europe
- Most health services and medicines are covered by compulsory and complementary health insurance schemes
- Low OOP spending suggests that Slovenian households are protected against catastrophic health spending



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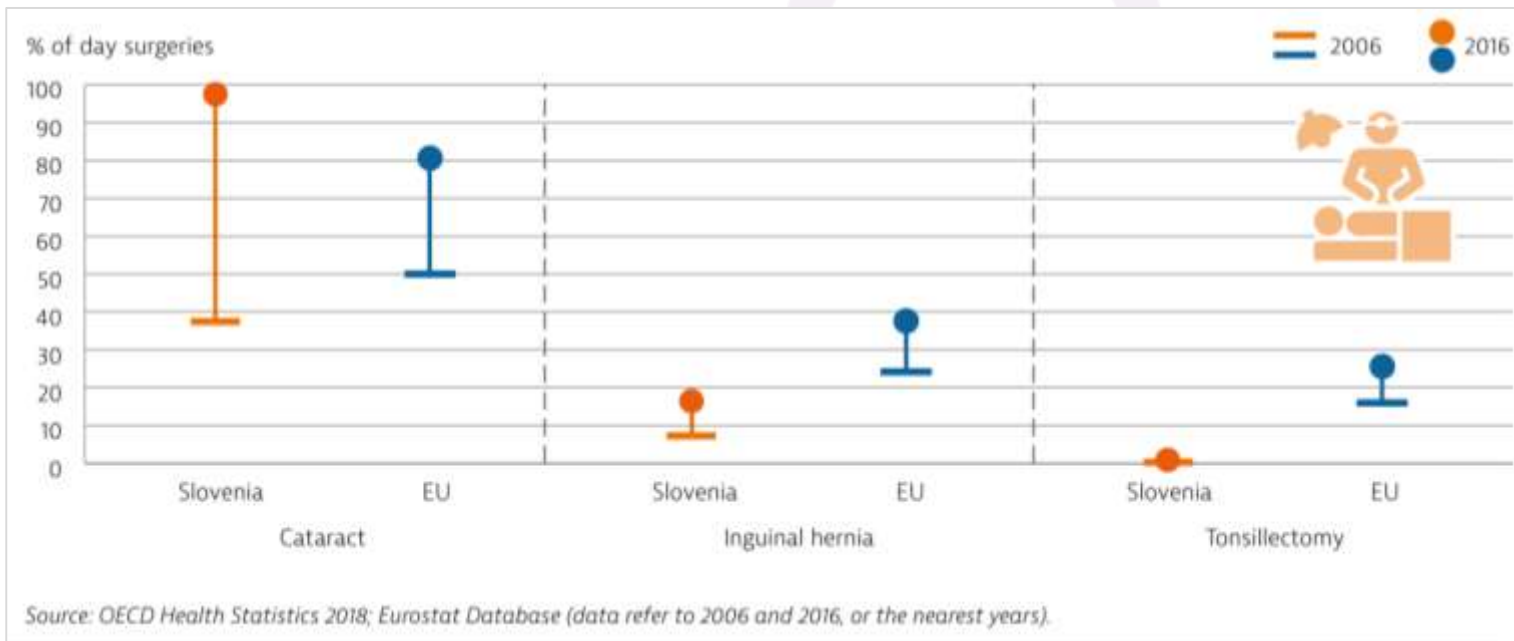
Resilience

- Public spending on long-term care as a percentage of GDP is projected to double from 2016 to 2070
- Securing long-term fiscal sustainability of the health system remains a priority



Note: The EU28 total is weighted by GDP.
Source: European Commission-EPC, 2018.

Further switching to day surgery can boost savings in hospital expenditure



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Key findings

- The health of the Slovenian population continues to improve, although gaps in life expectancy by gender and socioeconomic groups persist
- An important development in recent years has been the reorientation of the health system towards prevention and public health activities
- Out-of-pocket spending is low, which indicates that households are mostly protected against catastrophic health spending
- Long waiting times are the main reason for self-reported unmet medical and dental needs
- Slovenia faces a challenge with the projected growth of long-term care expenditure and the need for a shift in care models. These are projected to pose fiscal sustainability risks in the medium to long term.

For more information



ec.europa.eu/health/state

oecd.org/health/health-systems/country-health-profiles-EU.htm

euro.who.int/en/about-us/partners/observatory/publications/country-health-profiles



Thank you!

giada.scarpetti@tu-berlin.de