Slovenia

Highlights on Health and Well-being

World Health Organization
REGIONAL OFFICE FOR Europe

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Abstract

Highlights on health and well-being give an overview of a country's health status, describing data on mortality, morbidity and exposure to key risk factors, along with trends over time. They are developed in collaboration with WHO European Member States. When possible, each report also compares a country to a reference group, which in this report is the whole WHO European Region and the European Union member countries prior to 1 May 2004. To make the comparisons as valid as possible, data as a rule are taken from one source to ensure that they have been harmonized in a reasonably consistent way. Whenever possible, the data in the report are drawn from the European Health for All (HFA) database of the WHO Regional Office for Europe. The HFA data are collected from Member States on an annual basis and include metadata that specify the original source of data for specific indicators.

Keywords

HEALTH STATUS, LIFE STYLE, DELIVERY OF HEALTH CARE – STANDARDS, COST OF ILLNESS, COMPARATIVE STUDY, SLOVENIA

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Overview

Data from 2000–2010 show a substantial and sustained health gain in Slovenia, which compares well with its neighbours, the 15 countries that joined the European Union before 1 May 2004 (EU15) and the wider WHO European Region. Although Slovenia joined the EU on 1 May 2004, the EU15 were chosen as a comparator group for this publication at the explicit request of the Ministry of Health of Slovenia. Decreases in early deaths from causes including heart disease and cancer have contributed to improvements in rates of life expectancy. There remain, however, some areas of concern, including deaths from falls and the comparatively lower proportion of healthy years of life for older people.

There are many good elements in the health system, including a strong approach to universal health coverage and a national commitment to adopt a policy approach aligned with Health 2020, the health policy of the Region. Slovenia also has one of the lowest rates of out-of-pocket expenditure on health in the Region, which suggests that the system provides good protection against the cost of ill health.

Introduction

This highlight summarizes the more detailed WHO profile of health and well-being in Slovenia. It shows how the country is progressing towards the shared health goals set out in the health policy of the WHO European Region, Health 2020, and describes some specific features of Slovenian health and health policy. Whenever possible, the data in the report are drawn from the European Health for All (HFA) database of the WHO Regional Office for Europe *(1)* unless stated otherwise.

Health 2020

Health 2020 aims to support action across government and society to significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality *(2)*. European Member States have agreed on a set of core indicators to monitor progress towards the Health 2020 policy targets in the Region and in all Member States *(3)*.

Slovenia is making solid progress in the core indicators for monitoring Health 2020 (Table 1). There are sustained and considerable reductions in the numbers and rates of premature deaths from the main causes, including heart disease, cancer and respiratory disease. Indicators reflecting lifestyle choices are heading in the right direction, but there is still some work to do to reach the best in Europe.

While there remain gaps in health status between different parts of the country and different socioeconomic groups *(4)*, the international inequality indicator (Gini coefficient) for Slovenia shows a higher degree of equality than in most parts of Europe. Innovative work is also being undertaken across Slovenia to build both equity and the capacity to reduce inequalities *(5)*.

Indicators of objective well-being are generally quite high for Slovenia when compared with other countries. These include high levels of sanitation, low levels of out-of-pocket expenditure on health care and a strong sense of community with 88% of people aged 50 years and over having social support in case of need. The

average life satisfaction score of 6.1 is below the average for the EU15 (6.7).

In terms of universal health coverage, Slovenia performs very well, with a comprehensive vaccination programme for childhood diseases and immunization rates among the highest in the Region.

Table 1. **Core indicators for monitoring Health 2020 policy targets, Slovenia,** most recent years available

Target	Indicator	Value			Year
		Male	Female	Total	
1. Reduce premature mortality[a]	Premature mortality rate from cardiovascular disease, cancer, diabetes mellitus and chronic respiratory diseases among people aged 30 to under 70 years	392.2	189.5	289	2010
	Prevalence of tobacco use among adults aged 18 years and over[b]	22.2	15.9	19.2	2012
	Pure alcohol consumption per capita among people aged 15 years and over	–	–	10.3	2010
	Prevalence of overweight and obese (body mass index ≥25) adults aged 18 years and over (age-standardized estimate)	66.1	55.1	60.6	2014
	Mortality rate from external causes of injury and poisoning, all ages	87	28.7	56.3	2010
2. Increase life expectancy	Life expectancy at birth, in years	76.6	83.2	80	2010
3. Reduce inequities[c]	Infant mortality rate per 1000 live births	2.1	3	2.5	2010
	Proportion of children of official primary school age not enrolled	3.2	2.2	2.7	2013
	Unemployment rate *(6)*	8.9	10.5	9.7	2014
	National policy addressing reduction of health inequities established and documented	NA	NA	Yes	2014
	Gini coefficient	–	–	25	2014
4. Enhance well-being[d]	Life satisfaction among people aged 15 years and older *(7)*	–	–	6.1	2007–2012
	Availability of social support among adults aged 50 years and older *(8)*	–	–	88	2014
	Percentage of population with improved sanitation facilities	–	–	99.1	2015
5. Universal coverage and "right to health"	Private household out-of-pocket expenditure as proportion of total health expenditure	NA	NA	12.1	2013
	Percentage of children vaccinated against measles (one dose by second birthday)	–	–	95	2010
	Percentage of children vaccinated against poliomyelitis (three doses by first birthday)	–	–	96	2012
	Percentage of children vaccinated against rubella (one dose by second birthday)	–	–	95	2012
	Total health expenditure as a percentage of gross domestic product	NA	NA	9.2	2013
6. National targets	Establishment of process for target-setting documented	NA	NA	Yes	2014
	Evidence documenting:				
	(a) national health strategy aligned with Health 2020	NA	NA	Yes	2014
	(b) implementation plan	NA	NA	Yes	2014
	(c) accountability mechanism	NA	NA	Yes	2014

NA: not applicable.
[a] Target 1 also includes the percentage of children vaccinated against measles, poliomyelitis and rubella.
[b] Prevalence includes regular daily smokers among people aged 15 years or more.
[c] Target 3 includes life expectancy at birth.
[d] Target 4 includes Gini coefficient, the unemployment rate and the proportion of children not enrolled in primary school.
Source: WHO European HFA database *(1)*, unless otherwise specified.

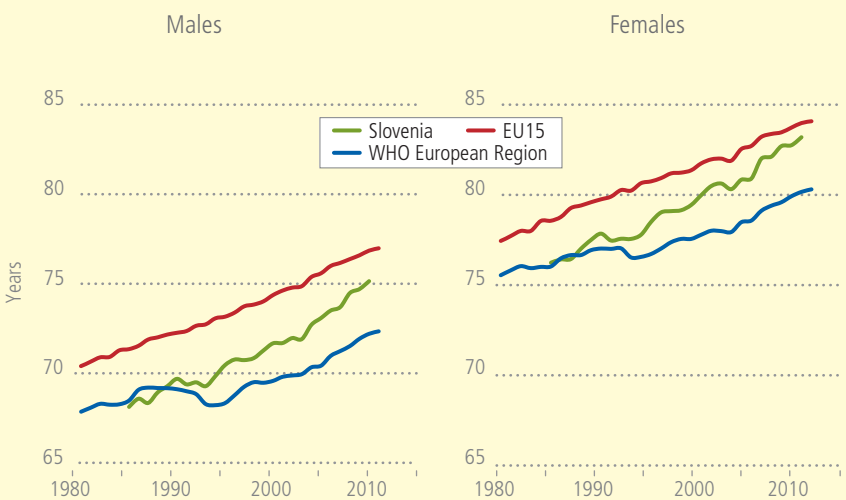
Life expectancy: adding years to life and life to years

Slovenia has made substantial progress in improving life expectancy for men and women. The latest available data show that the trajectory of improvement is increasing at a faster rate than the averages for the EU15 and the Region (Fig. 1). The gap between the sexes in life expectancy at birth has decreased by one year since 2000, and life expectancy at the age of 65 years for both sexes in 2010 was only one year below the EU15 average.

Since 2000 there have been substantial and sustained decreases in the annual number of deaths from a wide range of causes. As shown in Fig. 2, this is true not just of Slovenia but across the Region and the EU15. There is no single cause for this decline, but the combined action of new and focused health policies, health technologies, better treatments and lifestyle changes (including reducing the consumption of tobacco and alcohol) are thought to have contributed *(9)*.

Part of this health gain has occurred because of substantial and continued reductions in premature mortality from key causes of death, including noncommunicable conditions such as heart disease

Fig. 1. **Life expectancy at birth,** Slovenia, WHO European Region and EU15, 1980–2011



and cancers. The rate of premature mortality from heart disease decreased from 62 people per 100 000 in 2000 to 35 per 100 000 in 2010 for the population younger than 65 years (Fig. 3). The rate of decrease for cancer was not as steep, although premature deaths from cancer were reduced by 12%.

Fig. 2. **Mortality from leading broad causes of death,** Slovenia, WHO European Region and EU15, 1990–2010

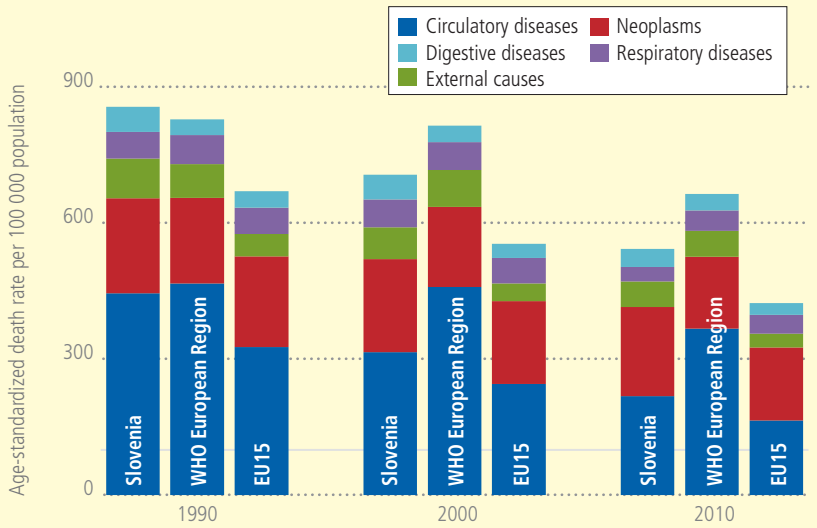
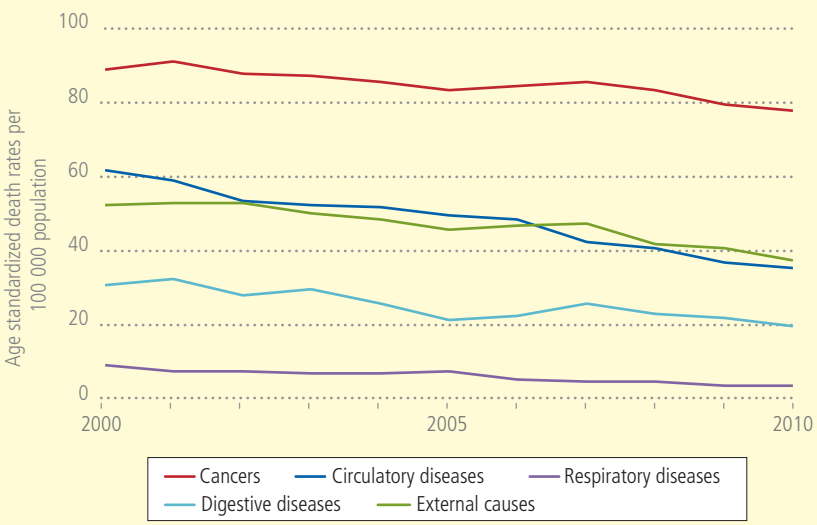


Fig. 3. **Premature mortality (under 65 years) from selected key causes of death,** Slovenia, 2000–2010



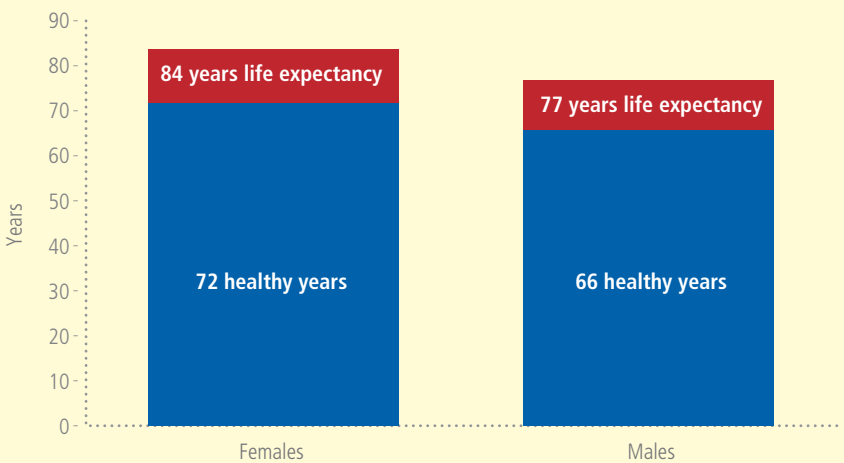
Challenges across the life-course

The resulting increase in life expectancy means that there are now more older people. Ensuring good health across the life-course is a key aim for all health policies. There are significant benefits to the whole of society with healthy and active populations at all stages of life *(2)*. As life expectancy increases it is crucial that good health is sustained across the whole length of life.

As people are getting older in Slovenia, however, there is some concern that they are not maintaining good levels of health in the additional years of life. WHO estimates show that only 86.1% of men's lives are considered healthy life-years – this is the second lowest in the Region and 1.9 percentage points lower than the regional average (Fig. 4). Equally for women, only 86.6% of a woman's life expectancy can be considered disability-free.

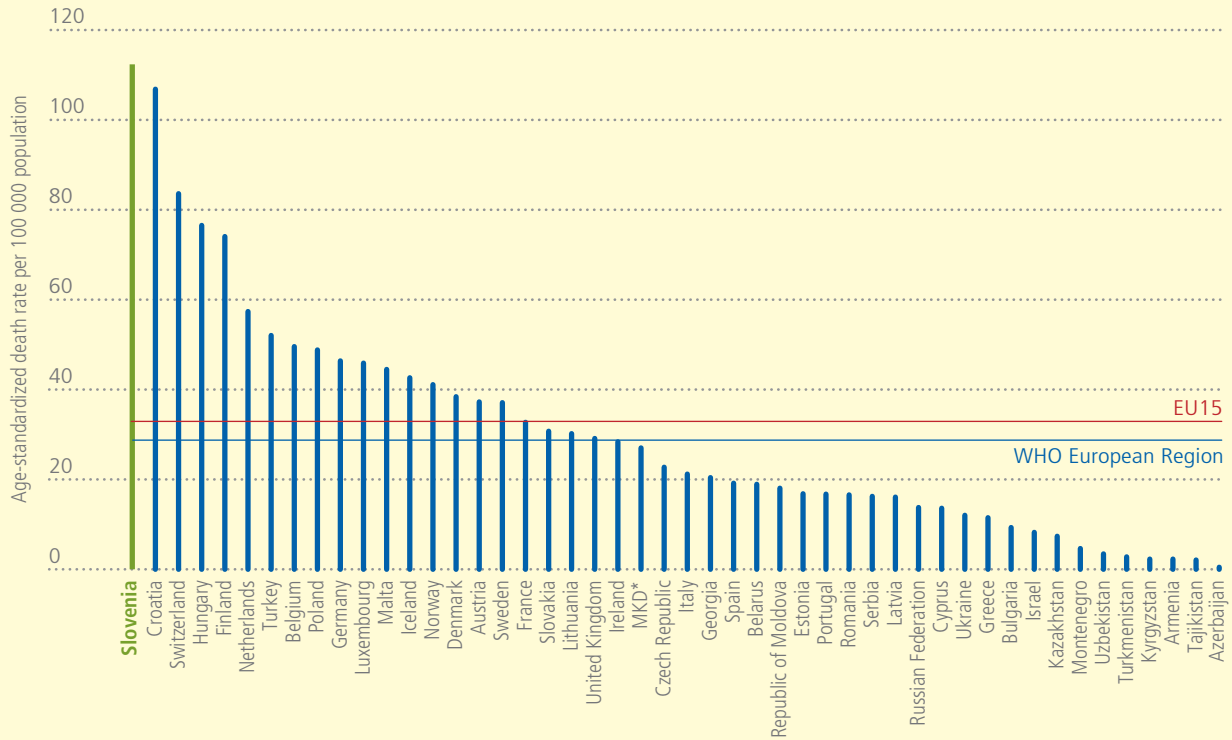
There are additional costs to health systems and the whole of society from older populations in poorer health, including additional medication and treatment and long-term care costs that could be avoided through preventive approaches to eliminate risk. One such area for the Slovene population is the excess mortality from accidental falls, which is the highest in the Region for people aged 65 years or more.

Fig. 4. **Estimated life expectancy at birth and healthy years of life,** Slovenia, 2013



Accidental falls can have a catastrophic effect on health in older populations. It is estimated that around 50% of injury-related hospitalizations for people aged ≥65 years are attributable to falls, with longer than average lengths of stay. Falls may also result in a post-fall syndrome that includes dependence, loss of autonomy, confusion, immobilization and depression, which can lead to a further restriction in daily activities *(10)*. In 2010, Slovenia recorded 525 deaths from accidental falls, of which 435 (82%) were among people aged over 65 years. Fig. 5 shows the latest available comparative data for deaths from accidental falls across the Region. Slovenia was an outlier for this cause of death when compared with rates for both the EU15 and the Region.

Fig. 5. **Deaths from accidental falls per 100 000 population aged ≥65 years,** Slovenia, latest available year



MKD: the former Yugoslav Republic of Macedonia.

Reorienting towards prevention

As Dr Margaret Chan, Director-General of WHO, said in her address to the United Nations General Assembly in 2011, "The worldwide increase of noncommunicable diseases is a slow-motion disaster, as most of these diseases develop over time. But unhealthy lifestyles that fuel these diseases are spreading with a stunning speed and sweep." *(11)*

The leading causes of death in Slovenia are from noncommunicable diseases, heart disease, cancer and respiratory and digestive conditions. The growing body of evidence suggests that these diseases are linked to four common risk factors, namely tobacco use, harmful use of alcohol, an unhealthy diet and lack of physical activity *(12)*. Reducing the impact of these risk factors is a task for more than the health care system: it relies on individuals, families, communities, organizations, civil society, businesses and government – the whole of society.

The latest comparative data for Slovenia show a mixed picture (Fig. 6). Around 20% of adults regularly smoke tobacco, less than the regional average but behind countries such as Sweden and the United Kingdom. The levels of overweight and obesity are lower than in many European countries but higher than for close neighbours such as Austria. Data on alcohol use show a mixed picture, with levels of consumption estimated to be broadly the same as the average for the EU15 but still considerably higher than in countries such as Denmark, the Netherlands and Sweden.

Fig. 6. **Selected lifestyle data,** Slovenia, 2010, 2012 and 2014

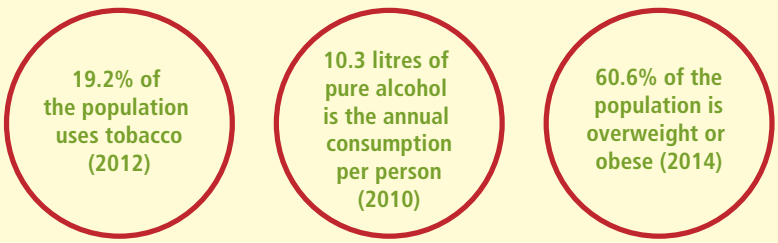
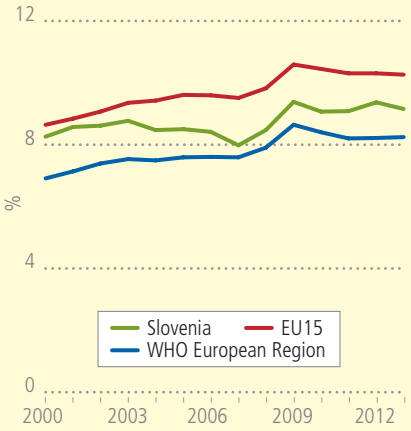


Fig. 7. **Total health expenditure as percentage of gross domestic product,** Slovenia, WHO European Region and EU15, 1995–2013



Health system

Slovenia is estimated to have spent 9.2% of gross domestic product on health in 2013, slightly less than the previous year and higher than the average for the Region (8.2%) but lower than the EU15 average (10.3%). The proportion of expenditure on health compared with other sectors has remained relatively stable since the onset of the global financial crisis in 2008. As shown in Fig. 7, the past decade has seen average growth rates broadly in line with those in the Region and the EU15. Slovenia has one of the lowest levels of out-of-pocket expenses for individuals in the Region, ensuring financial protection and the rare occurrence of catastrophic health expenditure.

Although the number of hospital beds is below the average for the Region and for the EU15, the number of hospital discharges is higher. This may be a reflection of the ageing population in comparatively poorer health. It could also point towards the possibility of shifting activity towards other care settings with lower costs and risks, including day-cases. Equally, even though the past few years have seen increases in the numbers of qualified health care professionals, the ratios of physicians and midwives to the population are lower than the averages for the EU15 and the Region.

Conclusions

The 21st century health landscape is shaped by growing global, regional, national and local interdependence and an increasingly complex array of interlinking factors influencing health and well-being *(2)*.

Slovenia is at a crossroads: public health is improving, but there remain some challenges for the future. Good health needs to be maintained across the life-course and improved for the poorest and most vulnerable in the community. Good health action plans are in place to ensure that children get a great start to life, with low levels of infant mortality and high rates of immunization. As life expectancy improves, it is important that the quality of life in older age is maintained. The higher than average rate of falls affects older people in particular, although prevention strategies can help to reduce it.

Slovenia's excellent work in reducing premature mortality from the leading causes of death, including heart disease, cancers and respiratory disease, needs to be sustained by concerted action regarding lifestyle factors that contribute to noncommunicable diseases. The WHO Commission for Social Determinants advocates that health promotion approaches be undertaken through an "equity lens" to level up the socioeconomic gradient that exists across the country *(13)*. Slovenia is taking some of the steps recommended, including aligning national strategies with the Health 2020 policy framework, which will potentially assist in improving health for all and reducing inequalities *(4)*.

The global financial crisis has placed pressures on the sustainability and continued growth of health systems around the world. Slovenia is no different. Continued investment in strong, resilient health systems remains vital for the country to capitalize on the improving gains in health experienced over the past decade. This means that clinicians must continue to be supported in delivering the best evidence-informed high-quality care through firm commitments to training, professional development and access to resources.

Sustaining a resilient healthy population relies on action in more than just one sector. By involving local people and generating community ownership of health issues, health and other systems are better able to cope with economic, social and environmental change. Slovenia continues to take part in these shared approaches through participation and leadership in groups such as the WHO Regions for Health Network *(14)* and the Healthy Cities *(15)* movement.

Slovenia has made excellent progress in improving the health of the population while carefully controlling total health expenditure and preventing catastrophic health expenditure. For the country to remain on that positive trajectory, it will need to continue building a sense of common purpose, involving the whole of society and the whole of government, with the aim of improving and protecting the health of the population. By adopting this shared approach, Slovenia will move towards a healthier future for all in 2020 and beyond.

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