

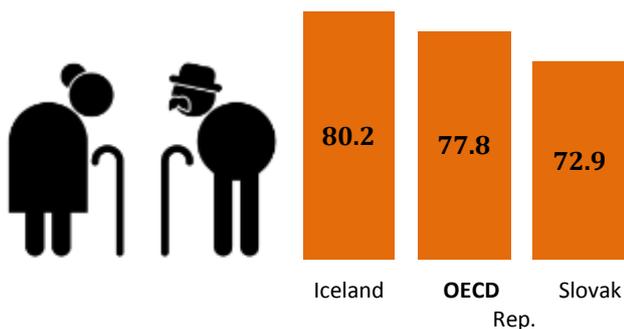
The Slovak Republic is struggling to attain the same health outcomes as its Western European Union neighbours. With 5.6% government expenditure on health as share of GDP and moderate private health spending, the country's financial resources for health are on par with neighbouring Central European countries and countries of comparable wealth. The people of the Slovak Republic also consume more health care services with more hospital discharges and outpatient visits than the OECD average. The challenge is to increase effectiveness with the resources at hand. The Slovak Republic needs to develop and expand its primary health care sector, modernise health promotion and disease prevention, and continue to reform its hospital services. Changing its skills-mix with a larger share of general practitioners (GPs), and more nurses trusted with additional responsibilities and reward, is another priority.

Medical outcomes are poor

► Third lowest life expectancy in OECD

Life expectancy at birth in the Slovak Republic is 76.5 years, which is the third lowest in the OECD. The difference between men and women is seven years. Also notable is the very low healthy life expectancy for the 65 year olds, the lowest among measured countries in the EU.

Disability-free life expectancy at age 65



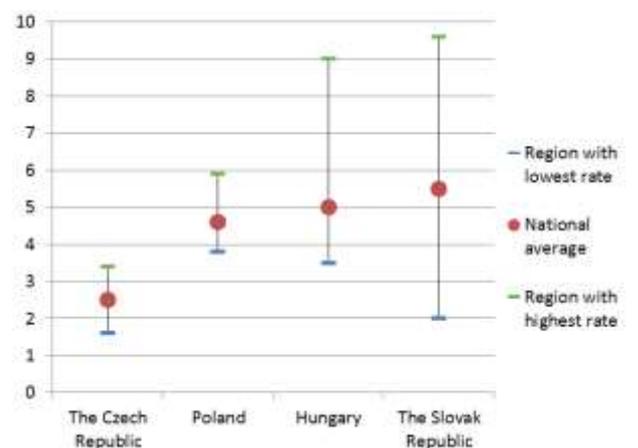
► High and increasing mortality rates

The Slovak Republic shows some of the highest mortality rates among OECD countries. Mortality from cardiovascular diseases is exceptionally troublesome. Rates for both ischemic heart and cerebrovascular diseases are the bottom end in OECD. In contrast to the general trend of declining rates over the last decades, The Slovak Republic is the only European OECD country which has experienced an increasing mortality for ischemic heart diseases since 1990.

► Large regional differences

Health outcomes in the Slovak Republic are unequally distributed across the country, both geographically and between population groups. The Slovak Republic has the highest low case infant mortality rate of all European OECD countries (5.1 deaths per 1000 live births) but with large differences between regions. Part of the poor health outcomes originates from regional differences in opportunity and resources.

Regional differences in infant mortality rate (deaths per 1 000 live births)



►► What can be done?

- Address the poor health outcomes and their regional differences by implementing policies for more equitably distributed services. Health resources can become more available to underserved population groups and geographical areas
- Expand cardiovascular disease prevention, including both primary prevention, like healthy lifestyle promotion, and secondary prevention by increasing the effectiveness of primary care

To read more about our work:

[Health at a Glance 2015](#)

[OECD Regional Statistics database](#)

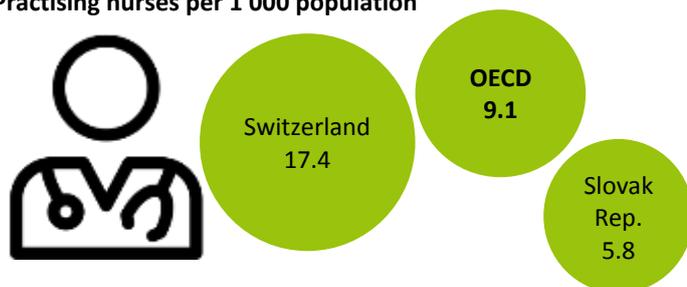
[Geographic Variations in Health Care](#)

The Slovak Republic needs to improve its health workforce

► The Slovak Republic needs to make the nursing profession more attractive

Unlike most OECD countries, the number of nurses in the Slovak Republic has been falling for the last 10 years and, at 5.8 per 1000 people, is one of the lowest in the OECD. There are several reasons for this. A large number of nurses find better paid jobs in other countries. Slovak nurses also have among the lowest wages relative to the national average wage, compared to other OECD countries.

Practising nurses per 1 000 population



► Many physicians, but few GPs

While the Slovak Republic generally is well endowed with medical doctors, there is a lack of GPs. For the last 15 years, the number of admissions to medical school has increased steadily while admissions to post-graduate specialist training are at the same level as in 2000. Only 9% of these doctors specialise in general medicine.

► The geographical distribution is a concern

The Slovak Republic has among the largest difference in doctors supply between urban and rural areas in OECD countries. While the number of doctors is high in the western region, including Bratislava with 6.8 physicians per 1000 population, the other regions have 2.6 to 3.3 physicians.

>> What can be done?

- Improve working conditions for nurses. There are also opportunities to develop the nursing role, so that skills and competence are better recognised
- Respond to the shortage of General Practitioners. The residence programme can be expanded so that a larger share of newly educated doctors can choose general medicine. The employment and remuneration conditions need to be improved to raise the attractiveness to work as a GP, especially in rural areas
- Adopt more and stronger policies to attract medical staff to regions outside the capital. This requires a broad set of actions, such as allocation of resources and incentives to retain old staff and attract new

To read more about our work:

[Health at a Glance 2015](#)

[Trends in Medical Education and Training in the Slovak Republic](#)

Room for improvement in service delivery

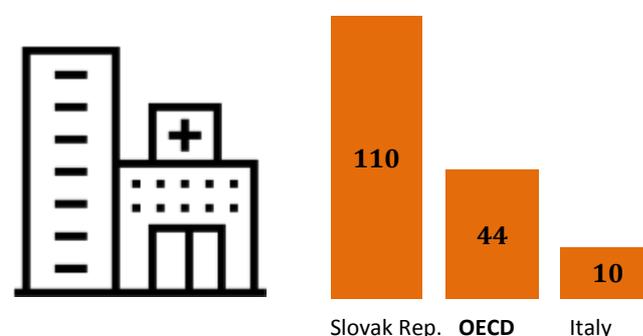
► Improving primary care to reduce unnecessary hospital admissions

The Slovak Republic has one of the highest hospital admission rates for asthma among OECD countries with 110 admission per 100 000 population, more than twice the OECD average of 44 admissions. Hospital admission rates for diabetes and hypertension, as well as congestive heart failure are also high by international comparison.

>> What can be done?

- Move from a hospital-centred system to providing more and better preventive services and primary care

Asthma hospital admission rate per 100 000 population



To read more about our work:

[Health at a Glance 2015](#)