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OECD: HEALTH AT A GLANCE 2023 & COUNTRY HEALTH PROFILE 2023: CZECHIA

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The Health Policy series

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BETTER POLICIES FOR BETTER LIVES

Presentation overview

- Introduction
- OECD and available databases
- Health at a Glance 2023
- State of Health in the EU series / Czechia: Country Health Profile 2023

Lucie Bryndová

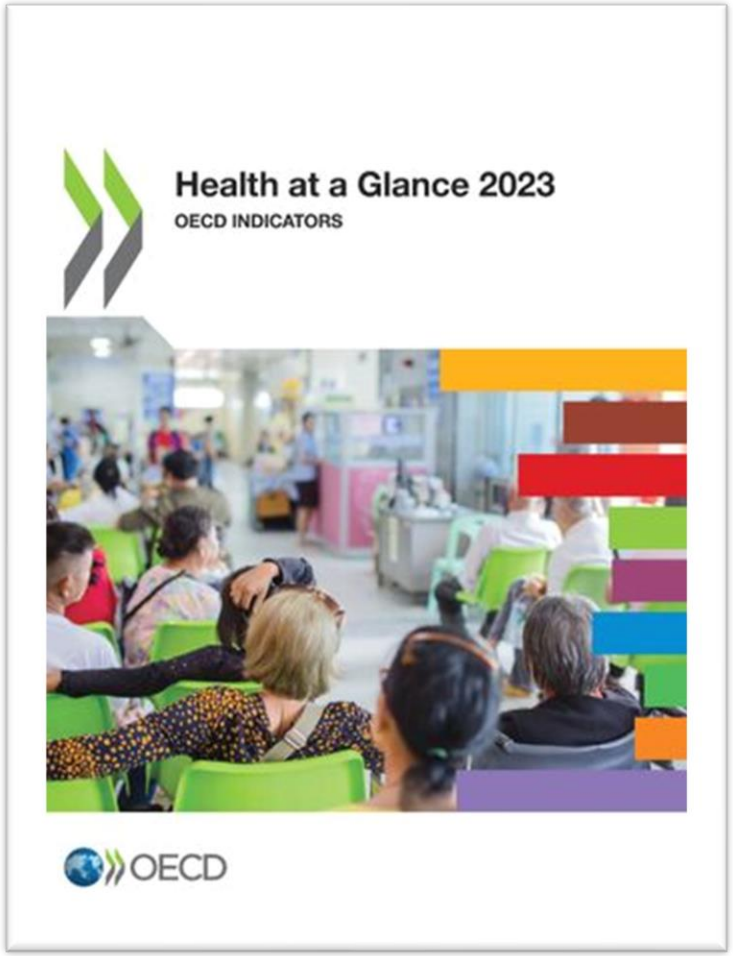
- OECD, Health Division
- FSV CUNI
- Ministry of Health of the Czech Republic
- General Health Insurance Company
- Ministry of Finance of the Czech Republic
- Deloitte consulting
- International consulting (WHO, European Observatory on Health Systems and Policies, OECD, WB)

OECD and available databases

- OECD Statistics https://stats.oecd.org/#
  - 4 regular data collection, annual but for HCQO
- Database - Eurostat (europa.eu) https://ec.europa.eu/eurostat/data/database
  - EHIS, EU- SILC
  - example: self-reported colorectal cancer screenings by income group
    - Statistics | Eurostat (europa.eu) https://ec.europa.eu/eurostat/databrowser/view/HLTH_EHIS_PA5I__custom_7681962/default/table?lang=en

Health at a Glance

- A flagship report
- Every two years
- Regional editions in the meantime



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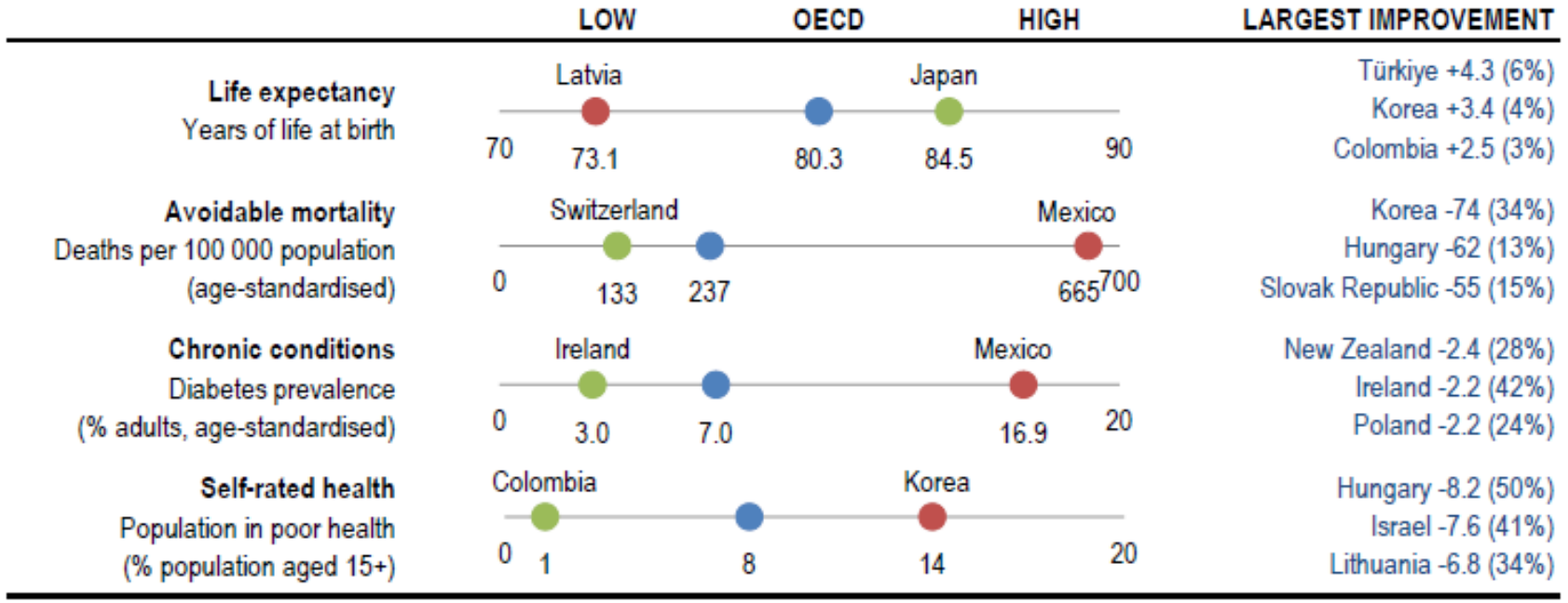
Health status

Figure 1.2. Health status across the OECD, 2021 (or nearest year)



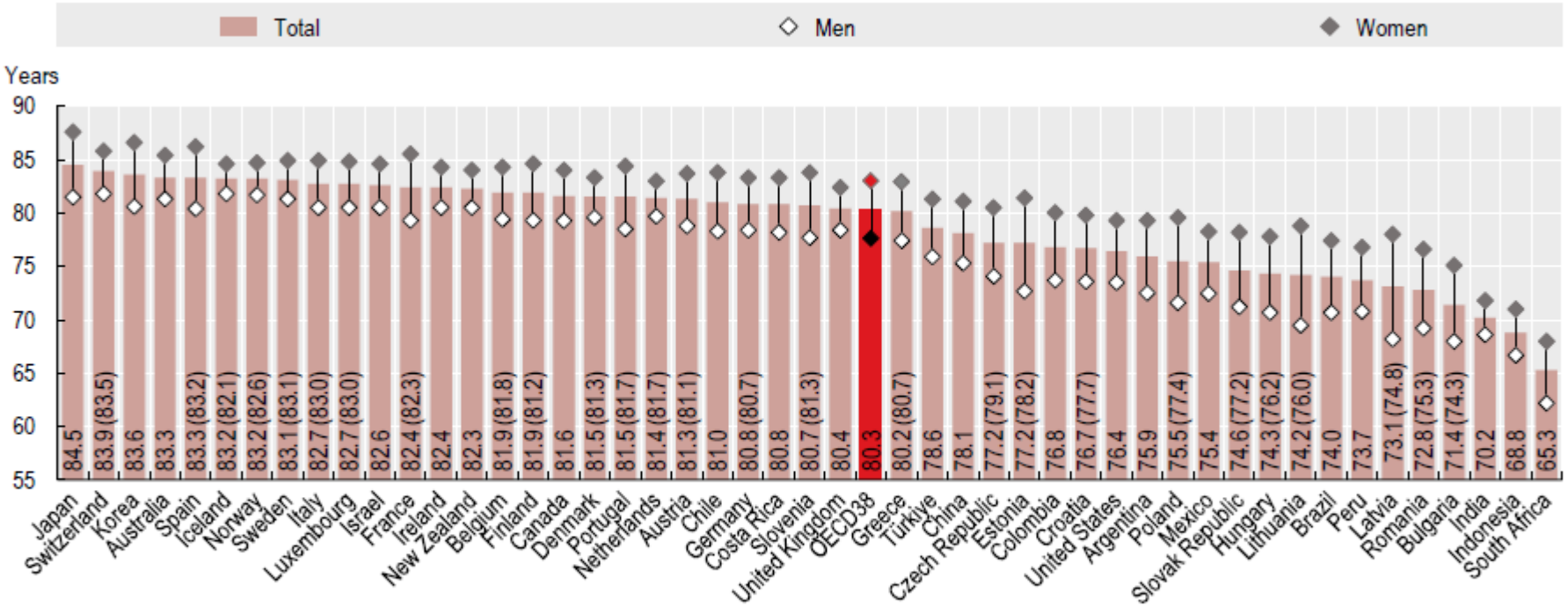
Note: Largest improvement shows countries with largest changes in absolute value over ten years (% change in brackets).
Source: OECD Health Statistics 2023; IDF Diabetes Atlas 2021.

Life expectancy

- While life expectancy has increased in all OECD countries over the past half century, progress was stalling in the decade prior to the COVID-19 pandemic, and many countries experienced outright drops in life expectancy during the pandemic.

- In 2021 life expectancy at birth was 80.3 years on average across OECD countries

Figure 3.1. Life expectancy at birth by sex, 2021 and 2022 (or nearest year)



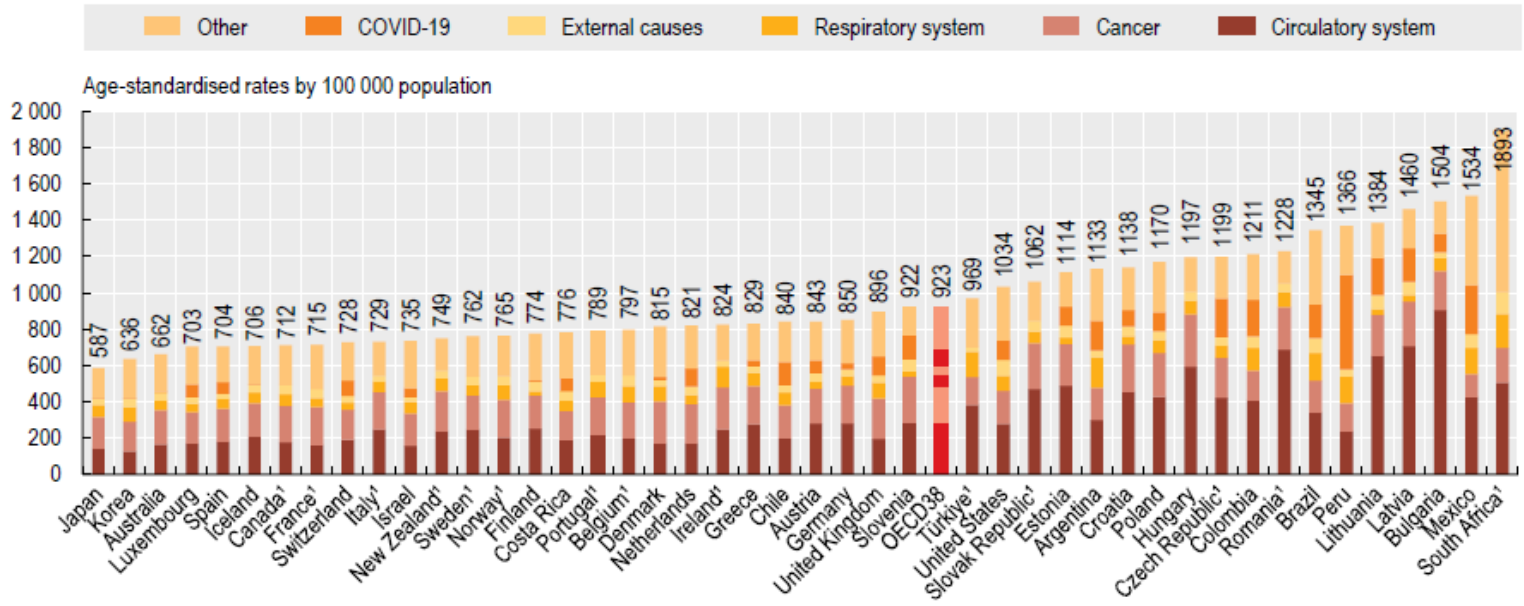
Note: Latest available data for the United Kingdom 2020; and for Türkiye 2019. Provisional 2022 values in brackets.
Source: OECD Health Statistics 2023, Eurostat 2023 for EU countries plus Iceland, Norway and Switzerland.

StatLink https://stat.link/5liuzu

Causes of mortality

- In 2021, over 12 million people died across OECD countries –equivalent to 932 deaths per 100 000 population.
- This is almost 1.5 million more than in 2019, largely due to COVID-19.
- Diseases of the circulatory system and cancer remain the two leading causes of death in most countries.
- There is an ongoing epidemiological transition from communicable to non-communicable diseases in many middle-income countries, which has already taken place in high-income countries
- Across OECD countries in 2021, heart attacks, strokes and other circulatory diseases caused more than one in four deaths; around one in five deaths were related to cancer.
- Population ageing largely explains the predominance of deaths from circulatory diseases – with deaths rising steadily from age 50.

Figure 3.6. Main causes of mortality by country, 2021 (or nearest year)



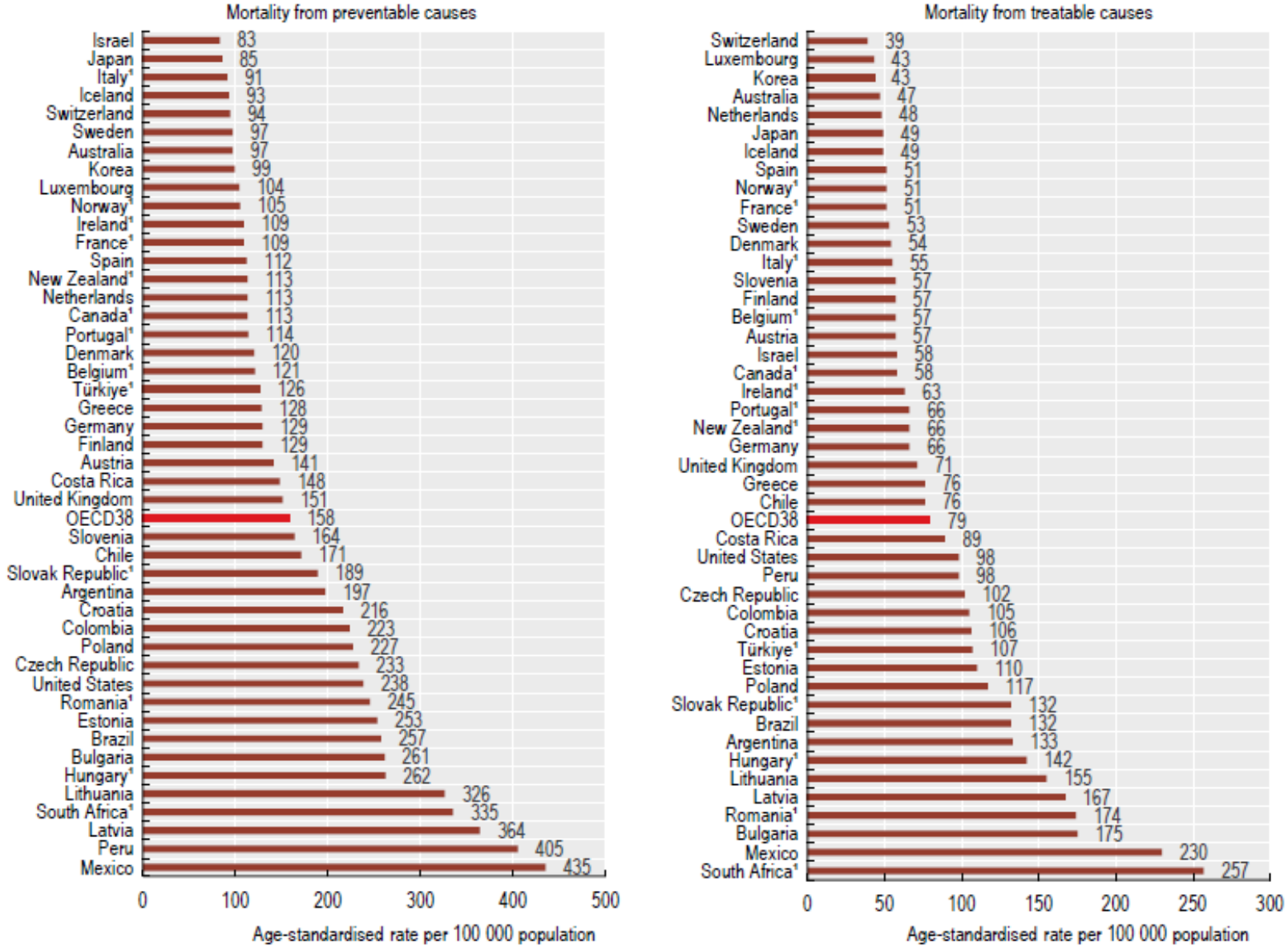
Note: External causes of death include accidents, suicides, homicides, and other causes. 1. Most recent data point corresponds to 2016-19.
Source: OECD Health Statistics 2023.

StatLink https://stat.link/94o85u

Avoidable mortality

- Indicators of avoidable mortality offer a general “starting point” to assess the effectiveness of public health and healthcare systems in reducing deaths from various diseases and injuries.
- Avoidable mortality includes both preventable deaths that can be avoided through effective public health and prevention interventions, and treatable deaths that can be avoided through timely and effective healthcare interventions.
- COVID-19 is categorised as a preventable disease in the “infectious diseases” category, on the basis that most deaths could be prevented through measures such as vaccination and the use of protective equipment.
- Across 26 OECD countries with available data for 2020 or 2021, over 3 million premature deaths among people aged under 75 years could have been avoided through better prevention and healthcare interventions. This amounts to almost one-third of all deaths.
- Of these, about 2.1 million were considered preventable through effective primary prevention and other public health measures, and almost 1 million were considered treatable through more effective and timely healthcare interventions.

Figure 3.8. Mortality rates from avoidable causes, 2021 (or nearest year)

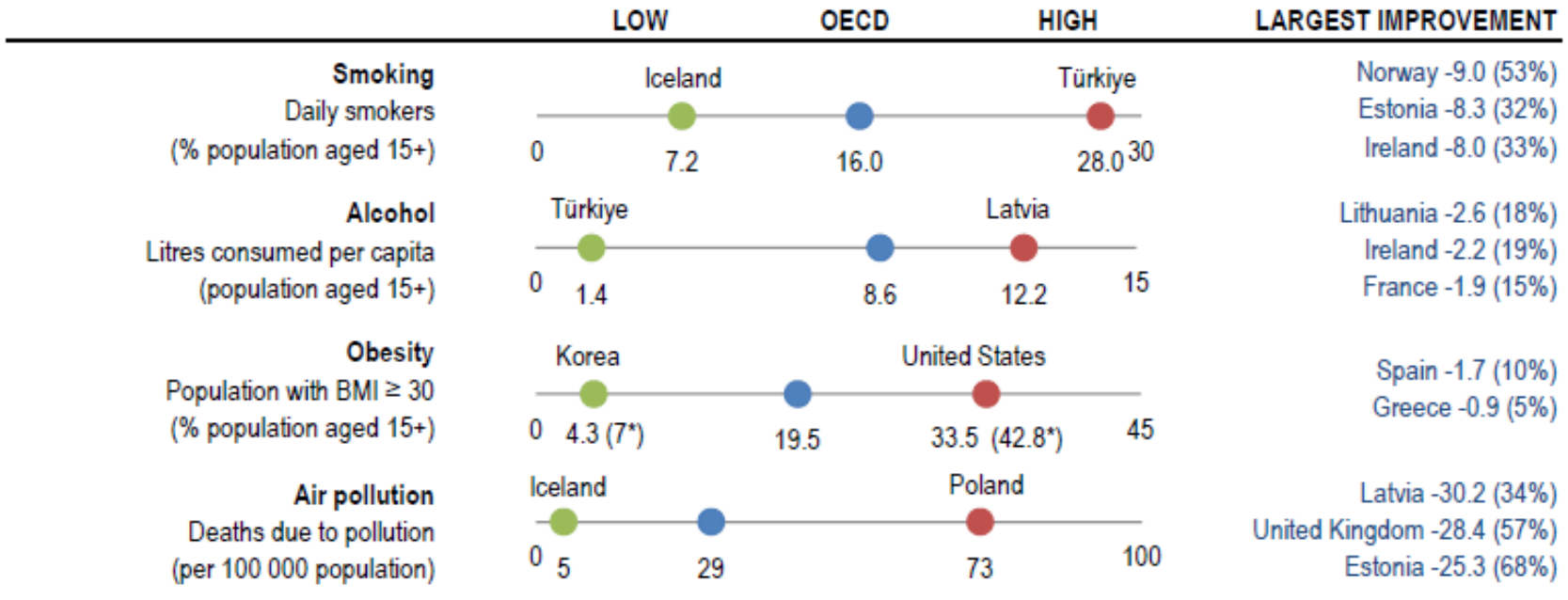


1. Most recent data point corresponds to 2016-19.

Source: OECD Health Statistics 2023, based on the WHO Mortality Database.

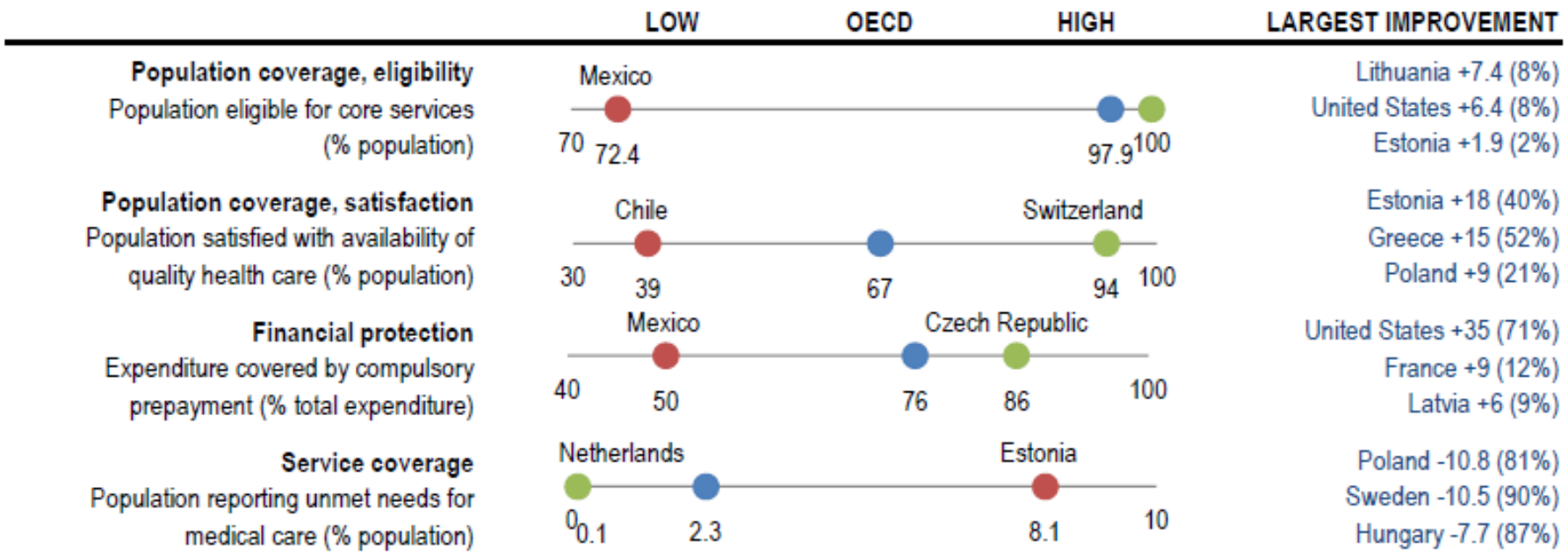
StatLink https://stat.link/gvxat7

Figure 1.3. Risk factors for health across the OECD, 2021 (or nearest year)



Note: Largest improvement shows countries with largest changes in absolute value over the past decade (% change in brackets). For obesity, values are self-reported except if marked with an asterisk when measured data are used. Air pollution data from 2019.
Source: OECD Health Statistics 2023; OECD Environment Statistics 2020.

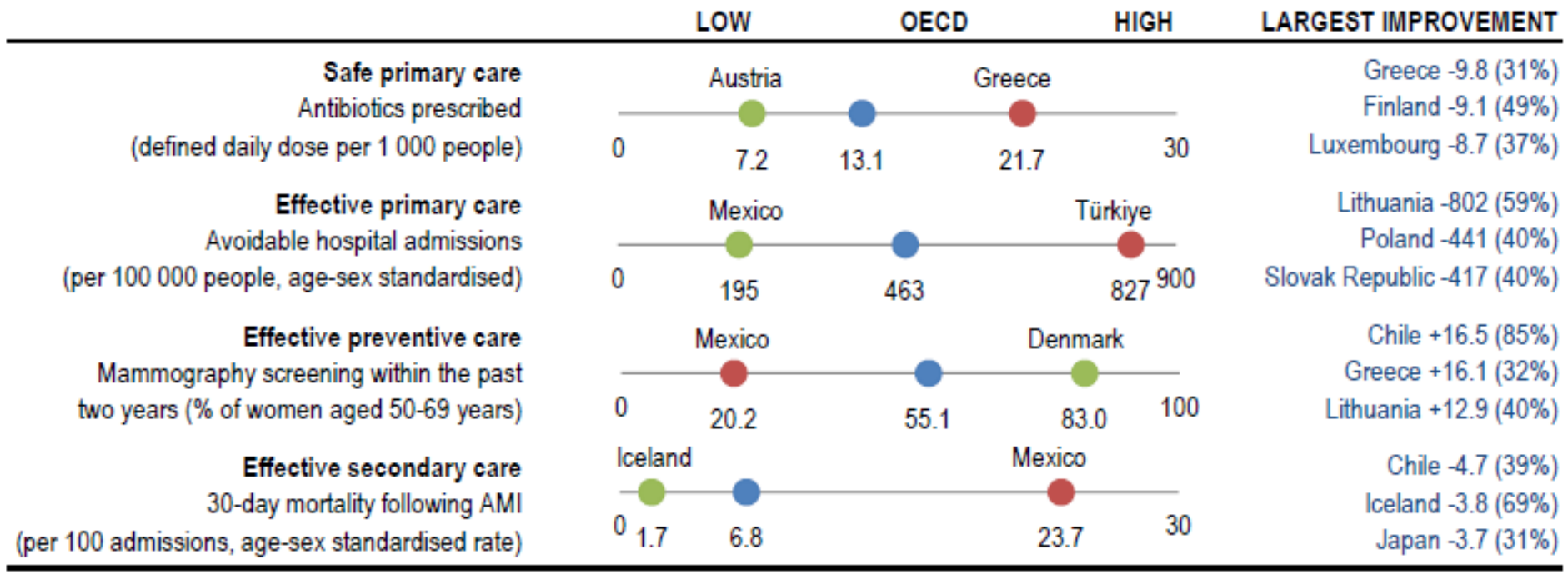
Figure 1.4. Access to care across the OECD, 2021 (or nearest year)



Notes: Largest improvement shows countries with largest change in absolute value over ten years (% change in brackets). Eligibility for population coverage is 100% in 22 countries. Population satisfaction data from 2022.

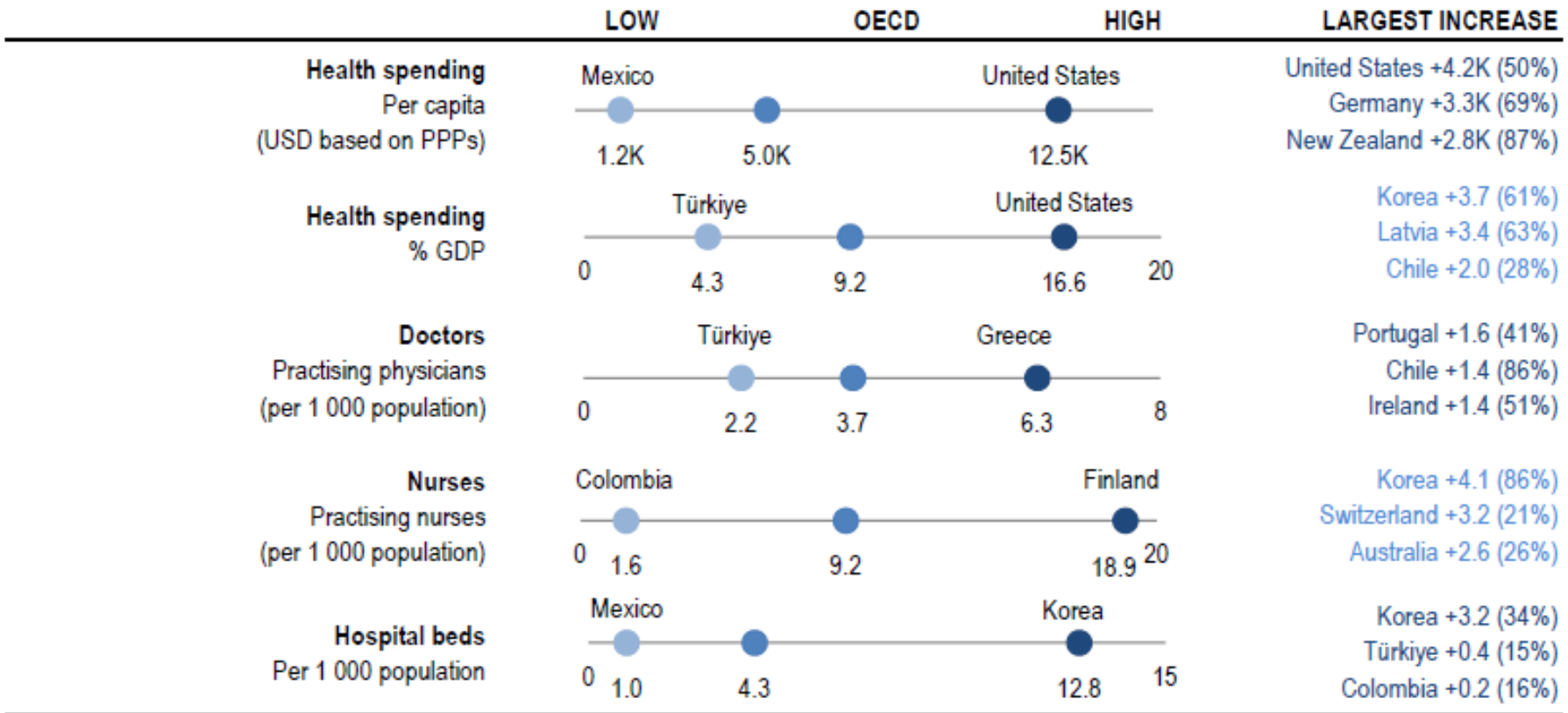
Source: OECD Health Statistics 2023, Gallup World Poll 2023, Eurostat based on EU-SILC.

Figure 1.5. Quality of care across the OECD, 2021 (or nearest year)



Note: Largest improvement shows countries with largest changes in absolute value over ten years (% change in brackets).
Source: OECD Health Statistics 2023; ECDC 2023 (for EU/EEA countries on antibiotics prescribed).

Figure 1.6. Health system capacity and resources across the OECD, 2021 (or nearest year)



Note: Largest increase shows countries with largest changes in absolute value over ten years (% change in brackets). Health spending data from 2022.
Source: OECD Health Statistics 2023.

European Commission

State of Health in the EU

Country Health Profiles: 2023 edition

launched on 15 December 2023

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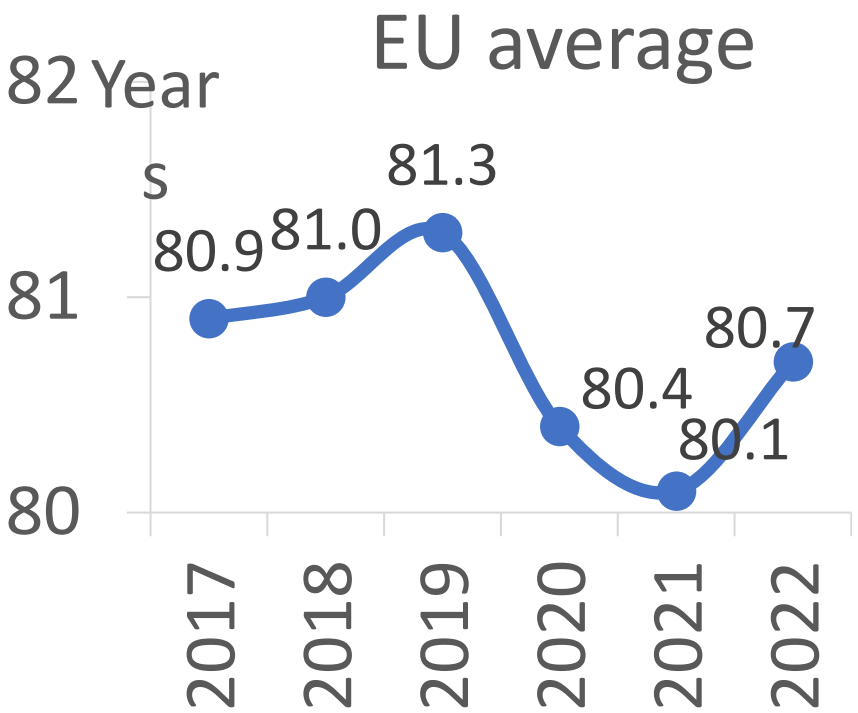
European Observatory on Health Systems and Policies
a partnership hosted by WHO

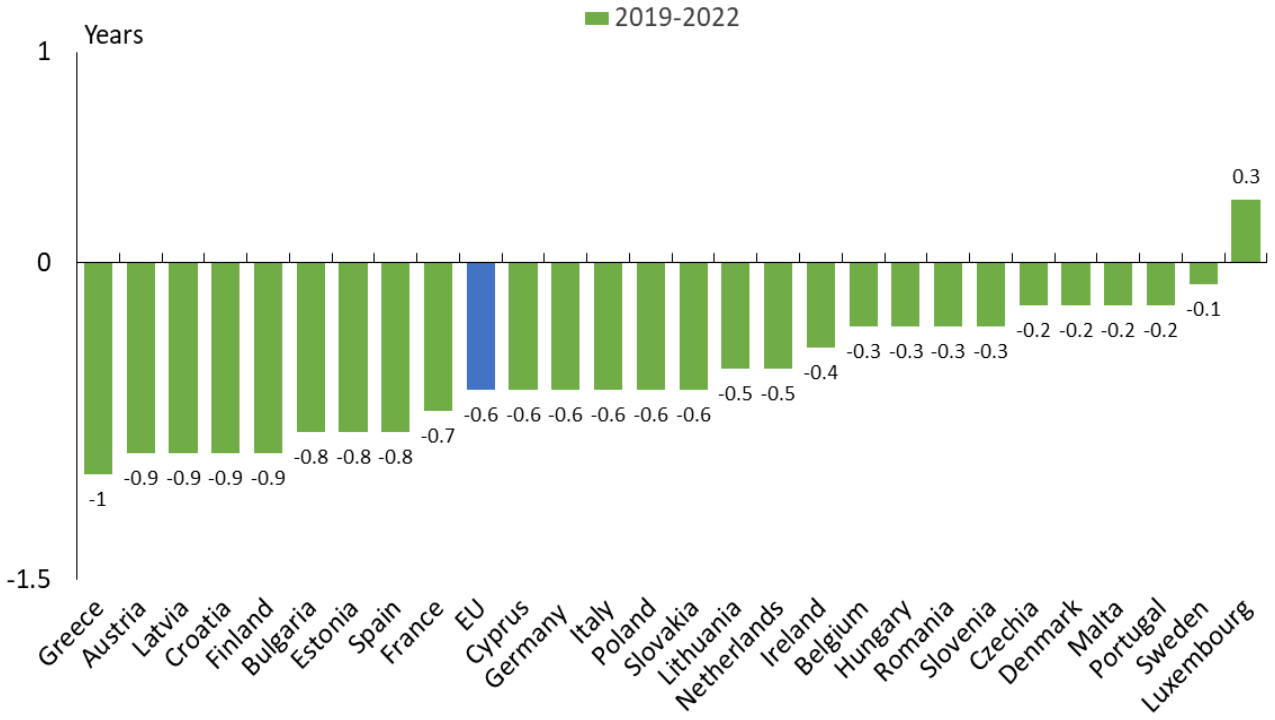
The **Country Health Profiles 2023:**

Same structure, new thematic section on **mental health**

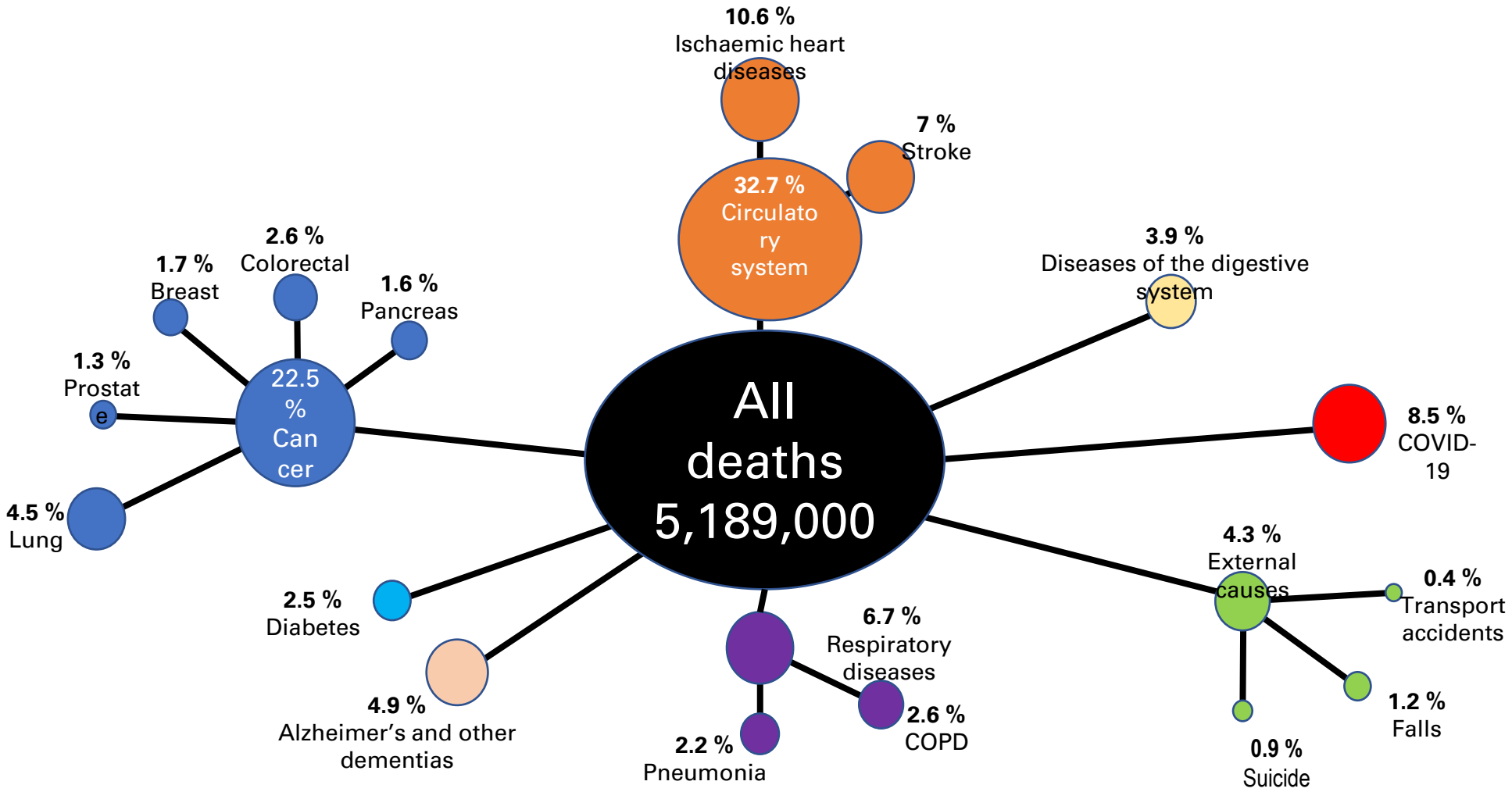
1. Highlights
2. Health status
3. Risk factors
4. The health system
5. Health system performance
   - 5.1. EFFECTIVENESS/QUALITY
   - 5.2. ACCESSIBILITY
   - 5.3. RESILIENCE
6. Spotlight on mental health
7. Key findings

Life expectancy at birth fell greatly during the first two years of the pandemic, and had **not recovered yet in 2022**



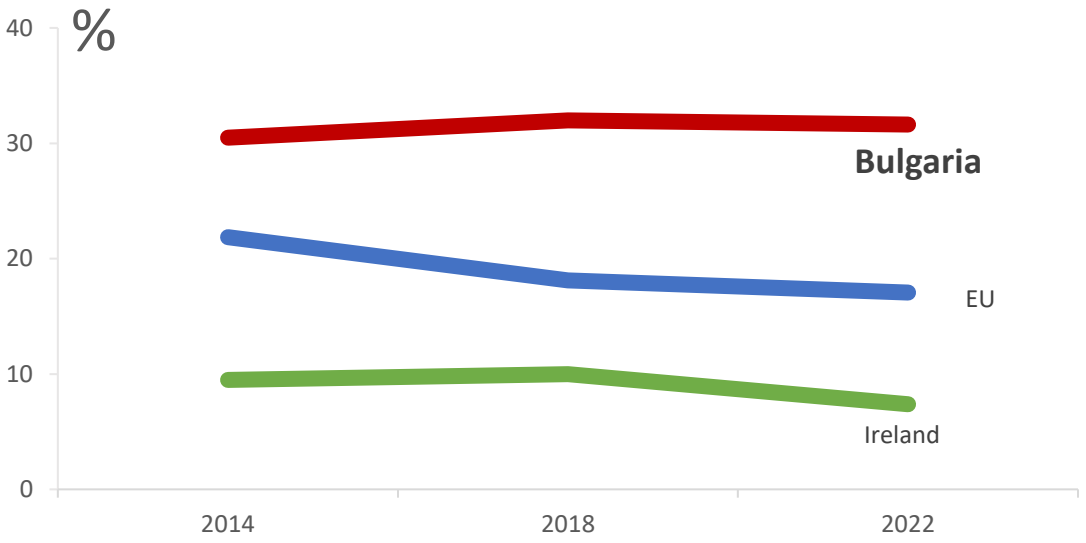


Circulatory diseases and **cancer** were the leading causes of death in 2020, but **COVID-19** accounted for a large share of all deaths



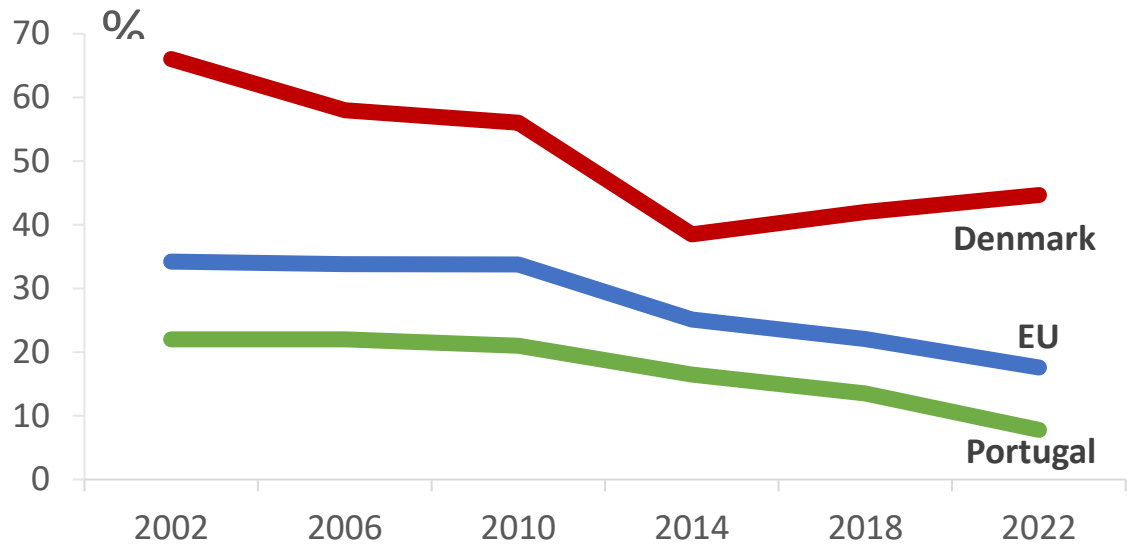
Good news: Adolescent smoking and binge drinking has continued to **decrease** after the pandemic

Share of 15-year-olds reporting smoking in the past month



Source: HBSC Survey

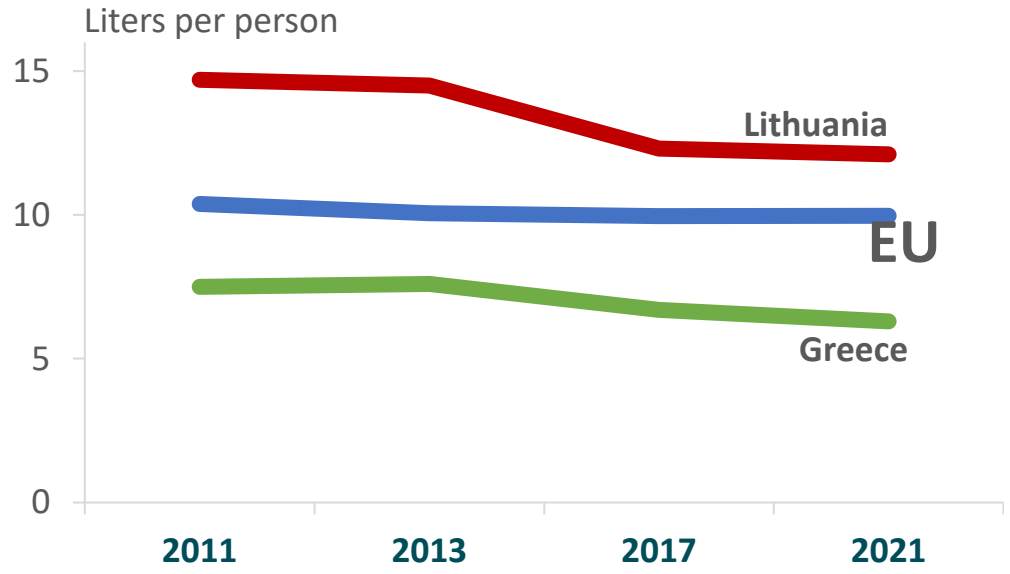
Share of 15-year-olds reporting having been drunk more than once in their life



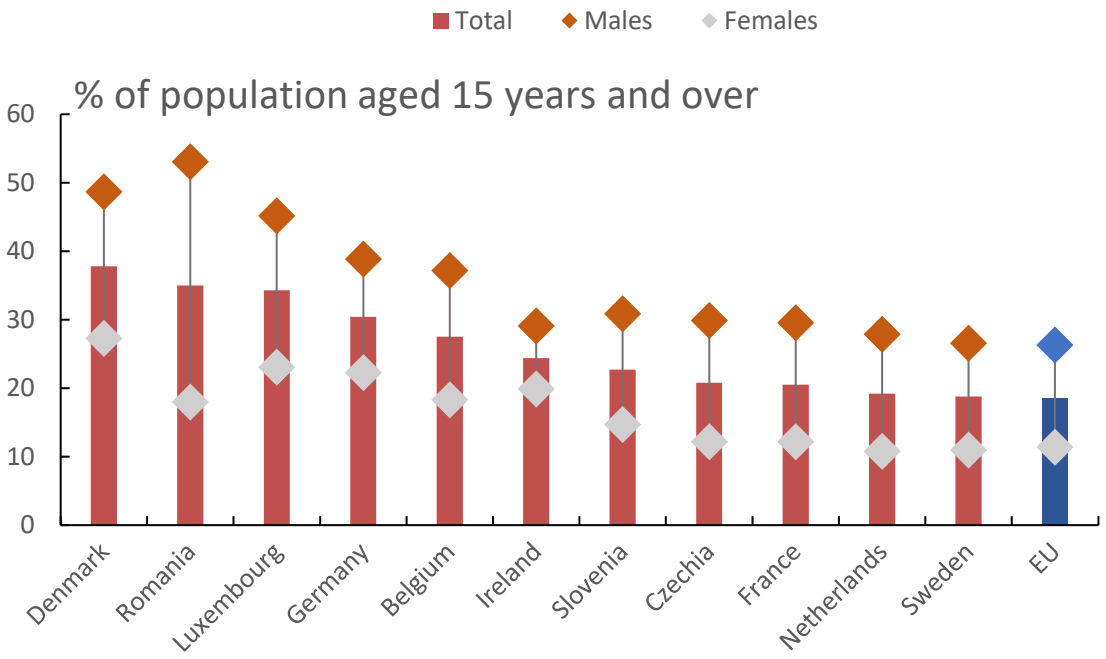
Source: HBSC survey

Overall alcohol consumption among **adults** has remained stable, but **heavy alcohol consumption** is a serious public health issue in many countries

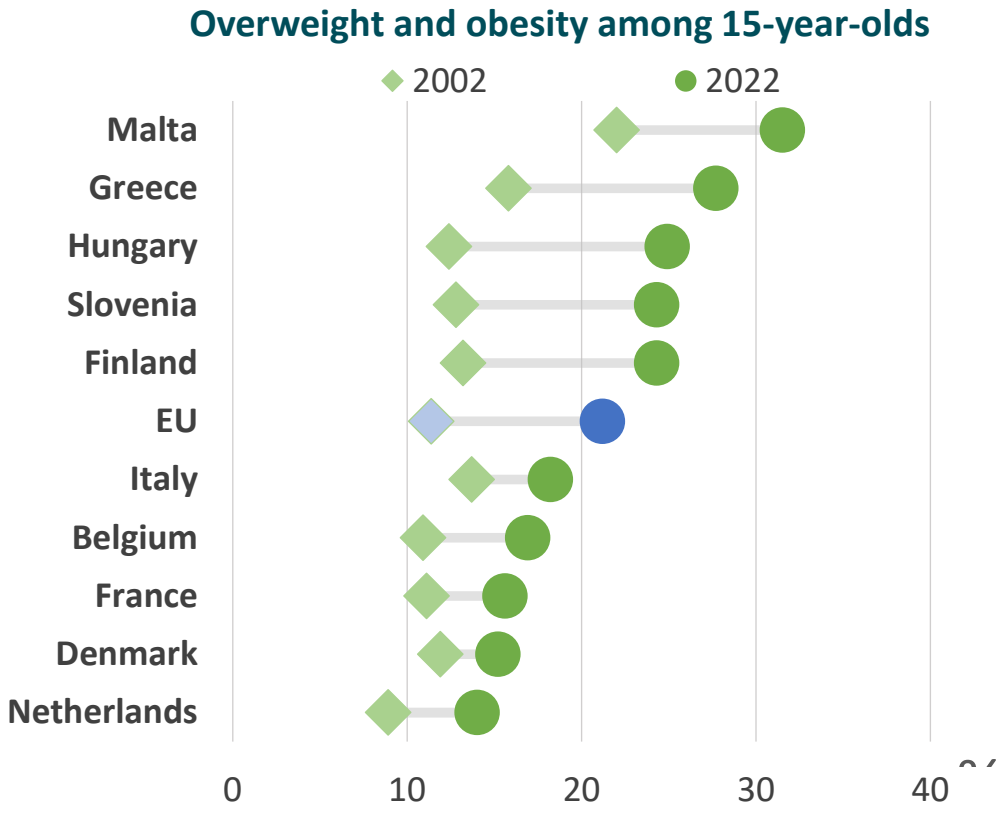
Overall alcohol consumption

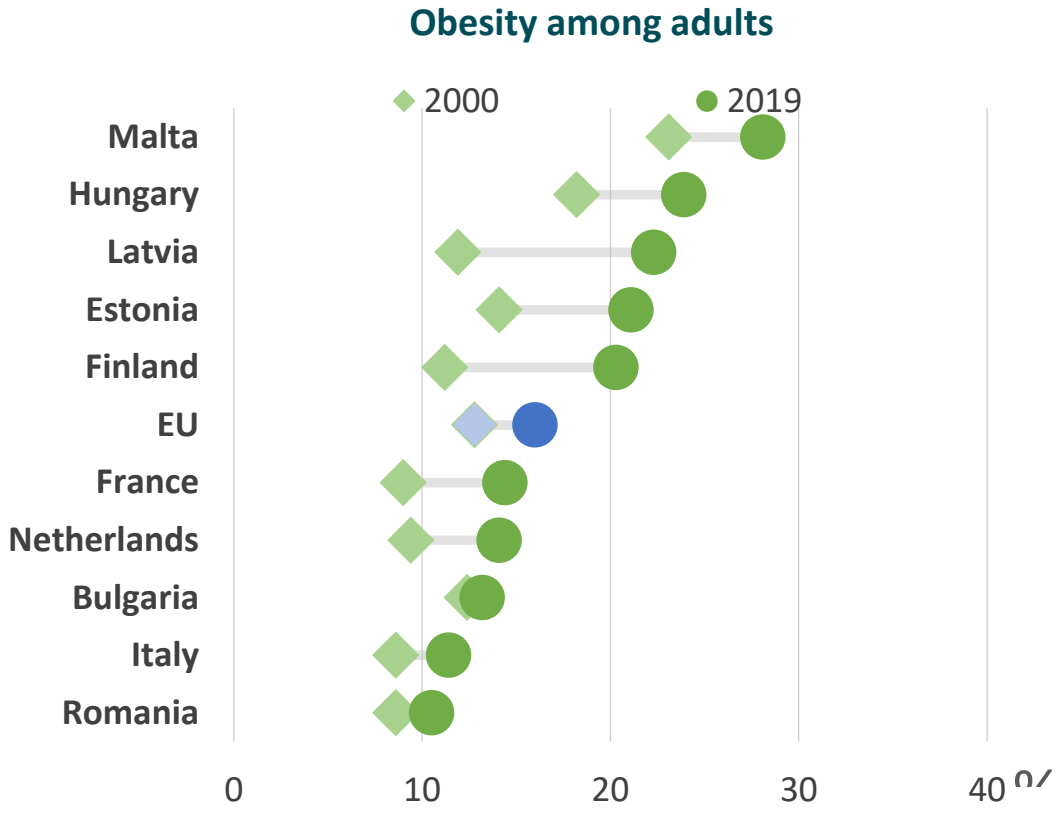


Share of adults reporting heavy episodic drinking



More bad news: Overweight and obesity continue to grow across EU countries

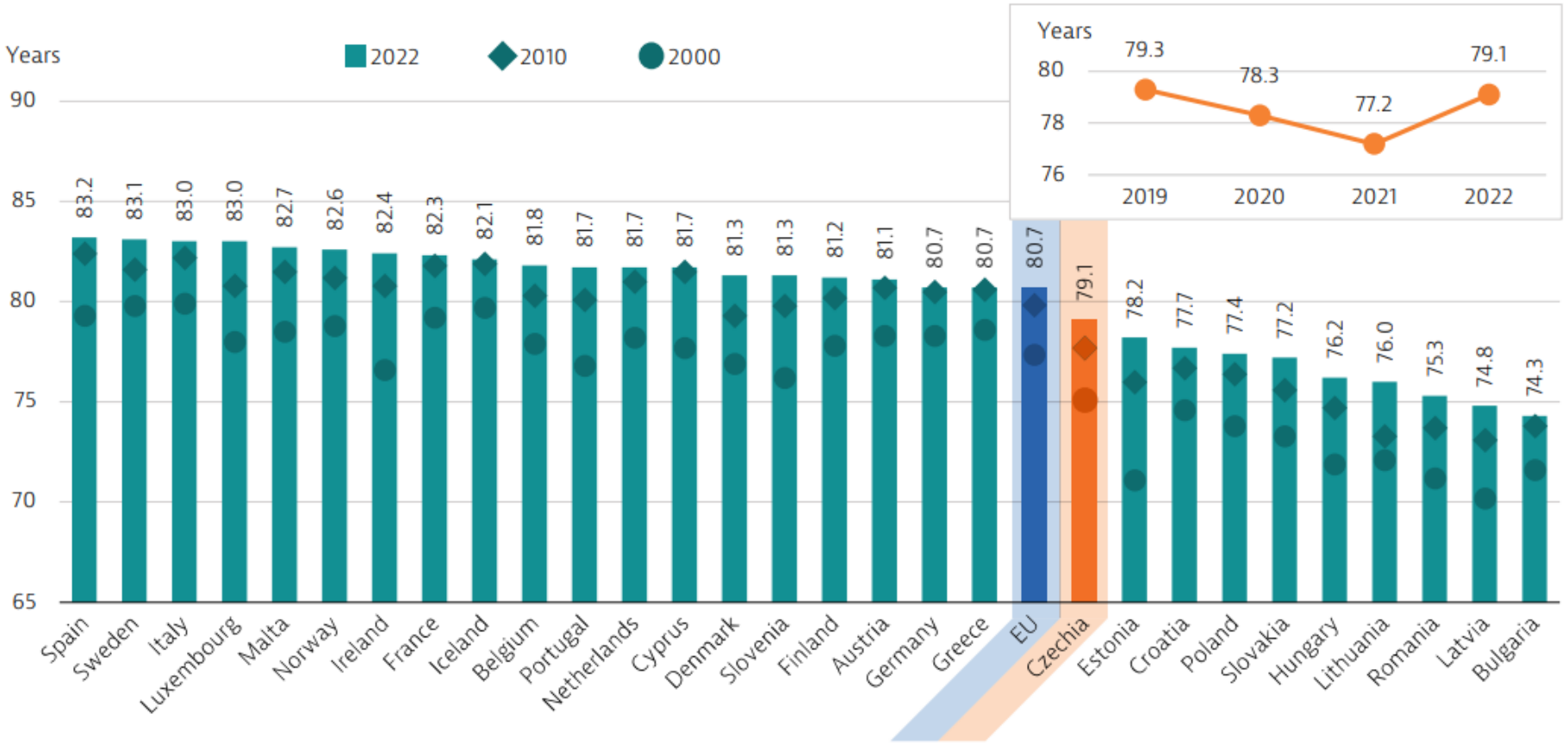




COUNTRY HEALTH PROFILE 2023: CZECHIA

Life expectancy

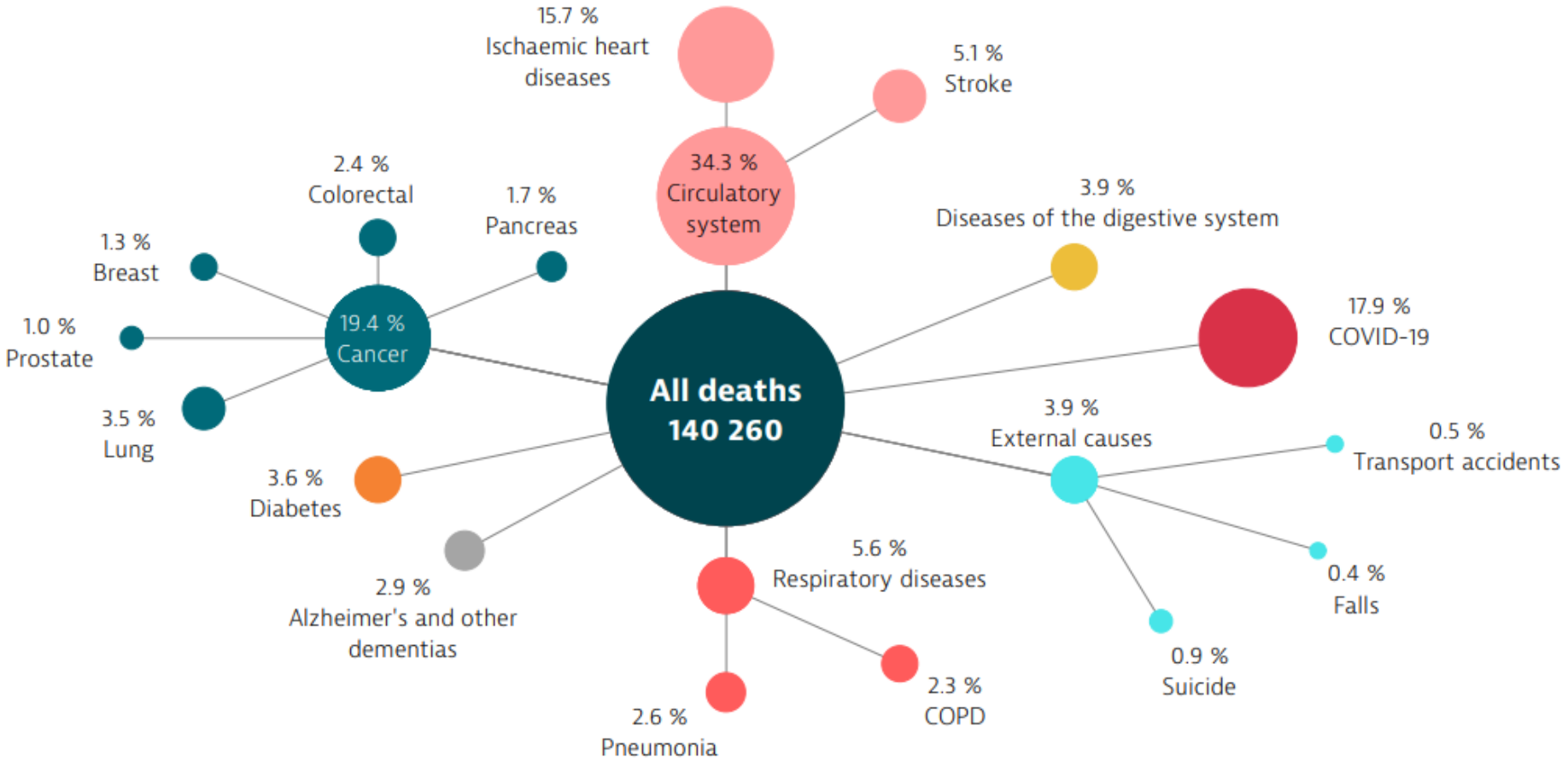
Figure 1. Life expectancy in Czechia was about one year and a half lower than the EU average in 2022



Notes: The EU average is weighted. The 2022 data are provisional estimates from Eurostat that may be different from national data and may be subject to revision. Data for Ireland refers to 2021.
Source: Eurostat Database.

Causes of mortality during the pandemic (2021)

Figure 2. Circulatory diseases, cancer and COVID-19 accounted for over 70 % of all deaths in Czechia in 2021

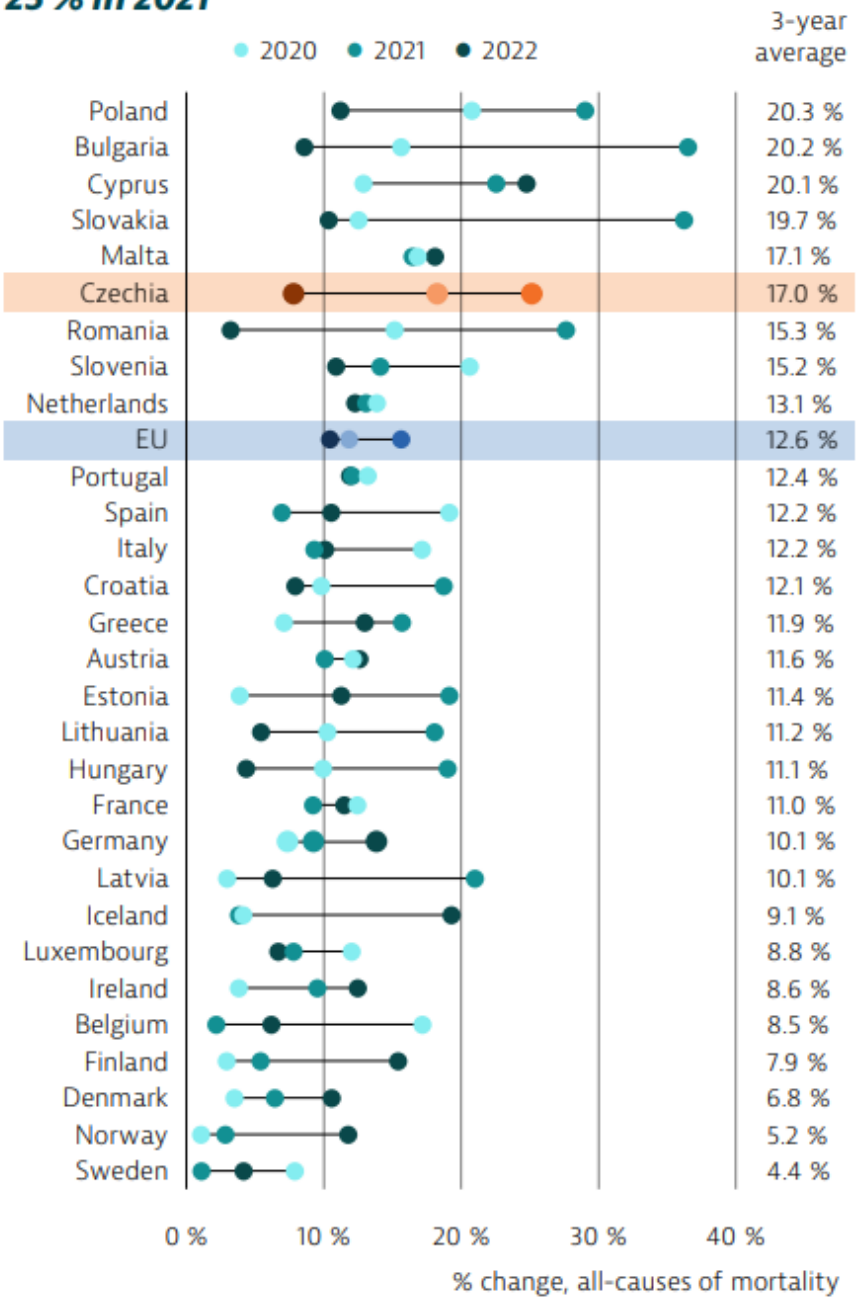


Note: COPD refers to chronic obstructive pulmonary disease.
Source: Eurostat Database (data refer to 2021).

Excess mortality

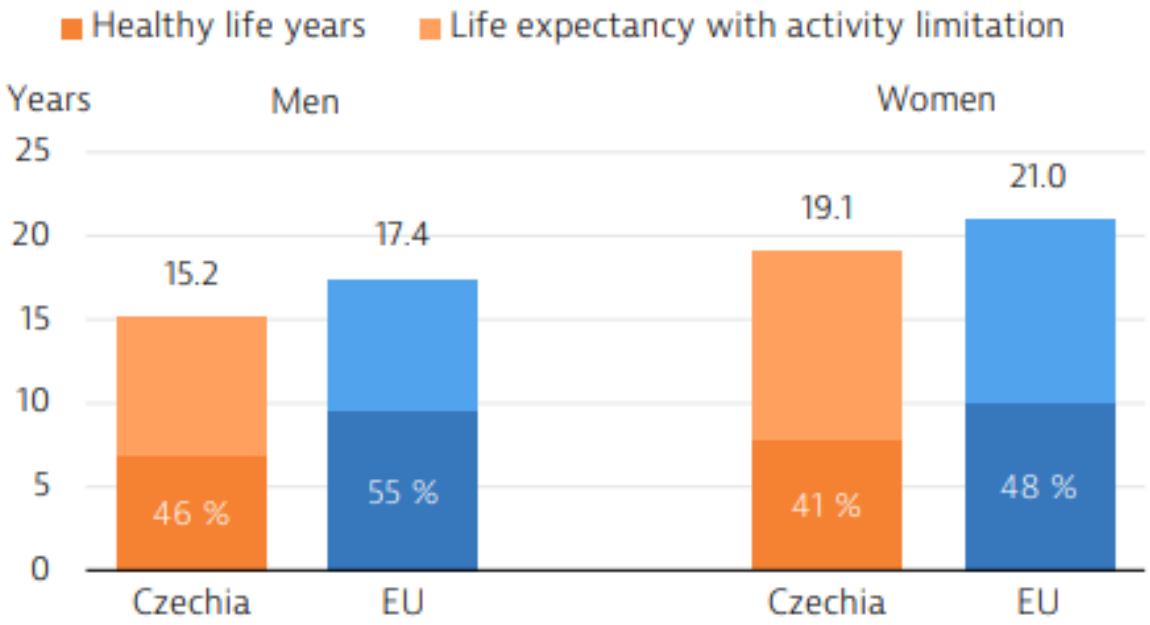
Note: Excess mortality is defined as the number of deaths from all causes above the average annual number of deaths over the previous five years before the COVID-19 pandemic (2015-19).
Source: OECD Health Statistics 2023, based on Eurostat mortality data.

Figure 3. Excess mortality in Czechia peaked at 25 % in 2021



Gender gap in healthy life years

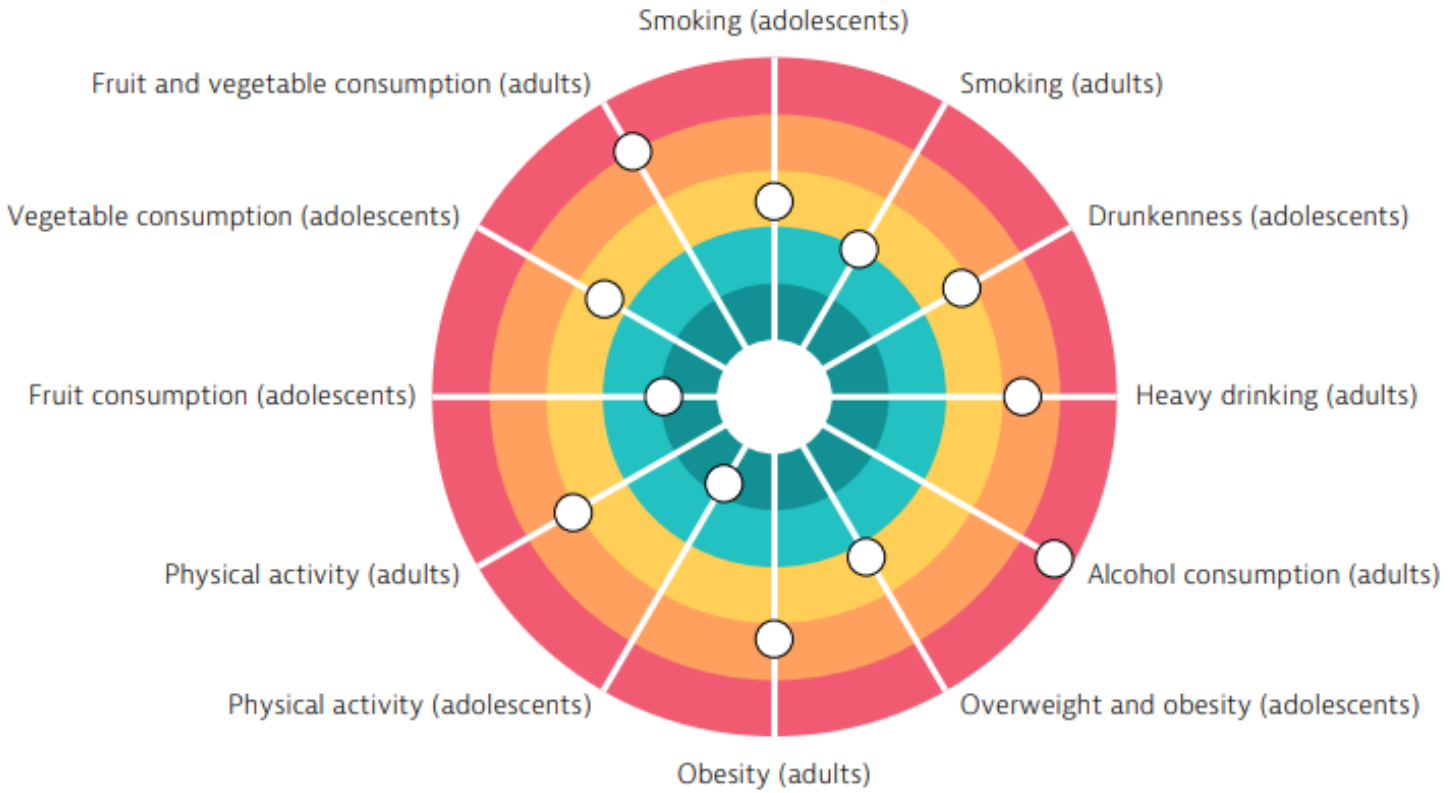
Figure 4. The gender gap in healthy life years at age 65 is much smaller than the gap in life expectancy



Source: Eurostat Database (data refer to 2020).

Health risk factors

Figure 7. Czechia ranks poorly on alcohol consumption, obesity and dietary habits compared to most other EU countries

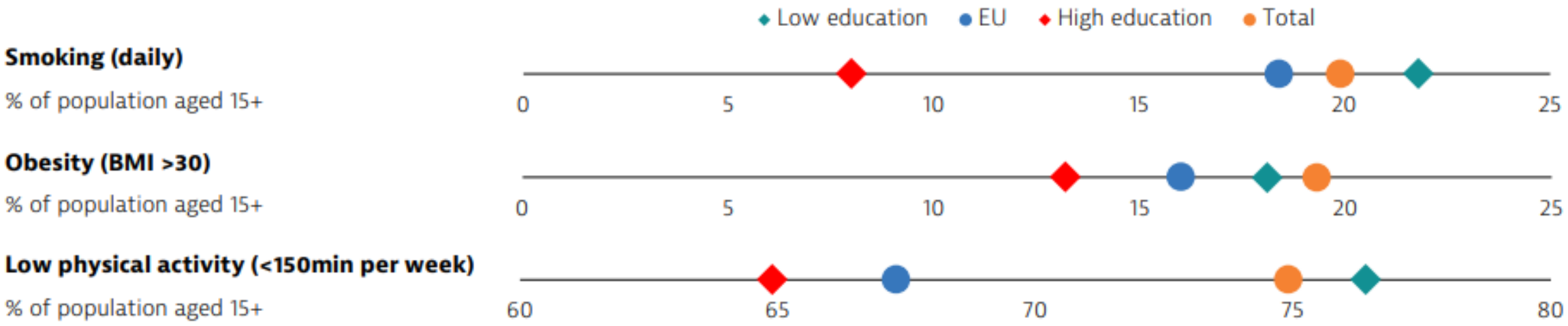


Notes: The closer the dot is to the centre, the better the country performs compared to other EU countries. No country is in the white "target area" as there is room for progress in all countries in all areas.

Sources: OECD calculations based on HBSC survey 2022 for adolescents indicators; and EHIS 2019 for adults indicators (except for smoking which comes from a national survey).

Socio-economic disparities in risk factors

Figure 8. People with lower education are more likely to smoke and not to engage in physical activity

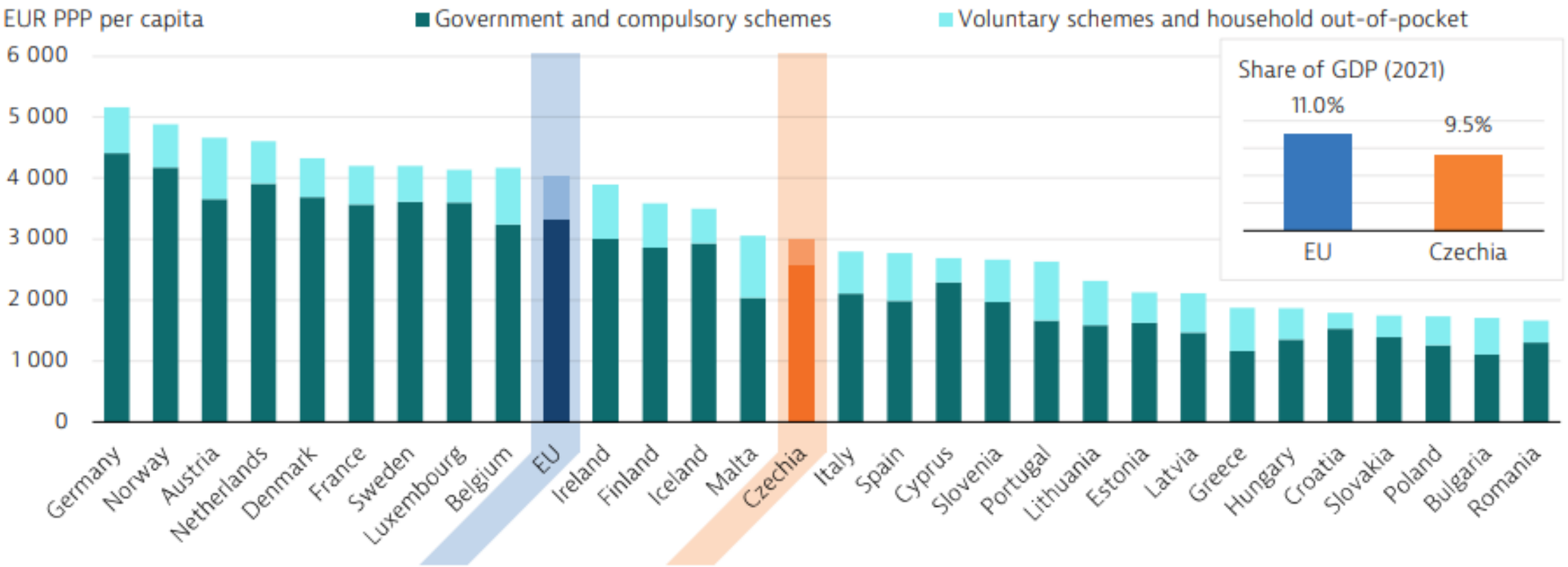


Note: Low education is defined as people who have not completed secondary education (ISCED 0-2), whereas high education is defined as people who have completed tertiary education (ISCED 5-8).

Source: Eurostat Database (based on EHIS 2019).

The health system - spending

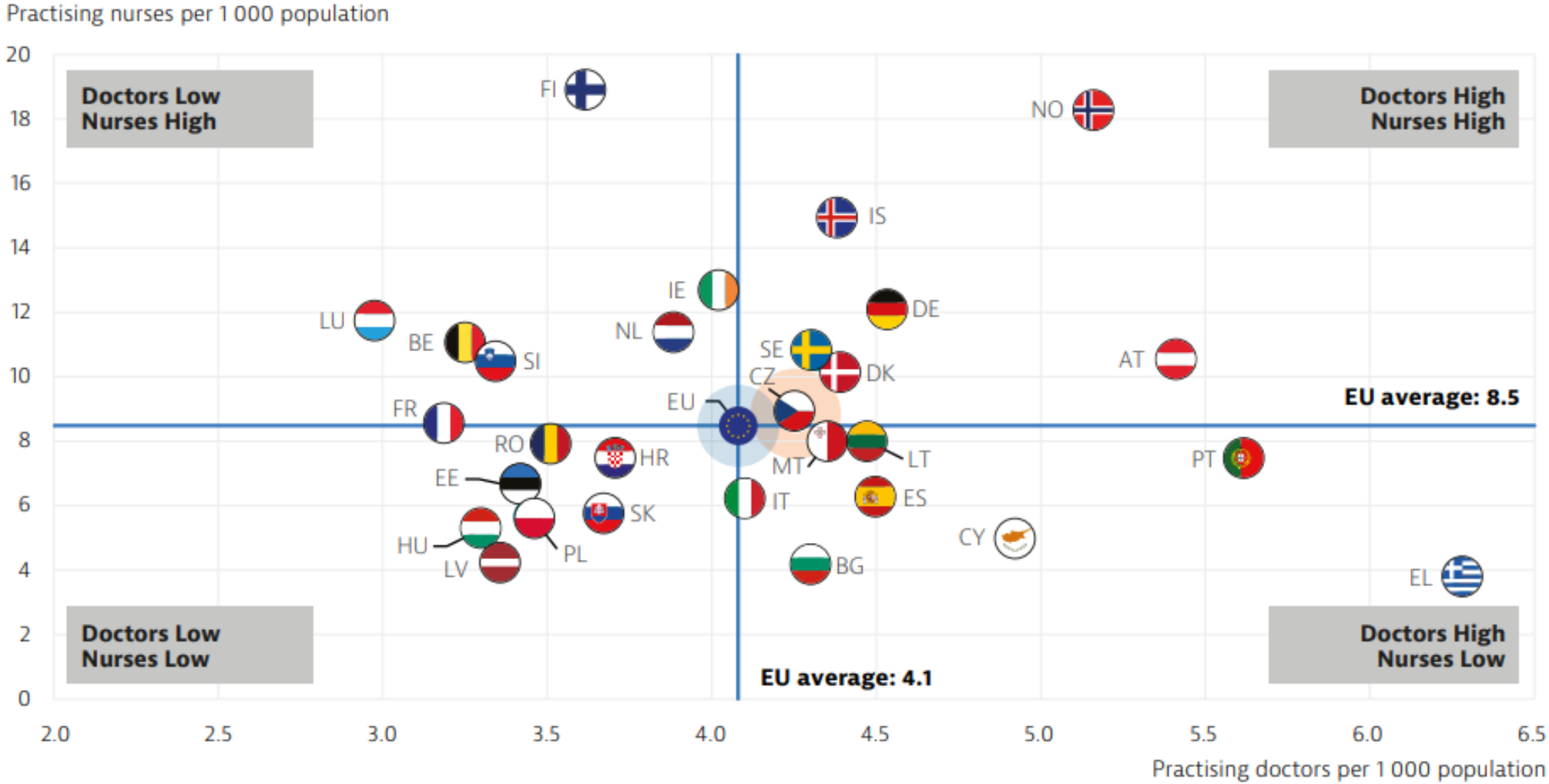
Figure 9. Czechia spent less on health per capita and as a share of GDP than the EU average in 2021



Note: The EU average is weighted.
Source: OECD Health Statistics 2023 (data refer to 2021, except Malta (2020)).

The health system – workforce

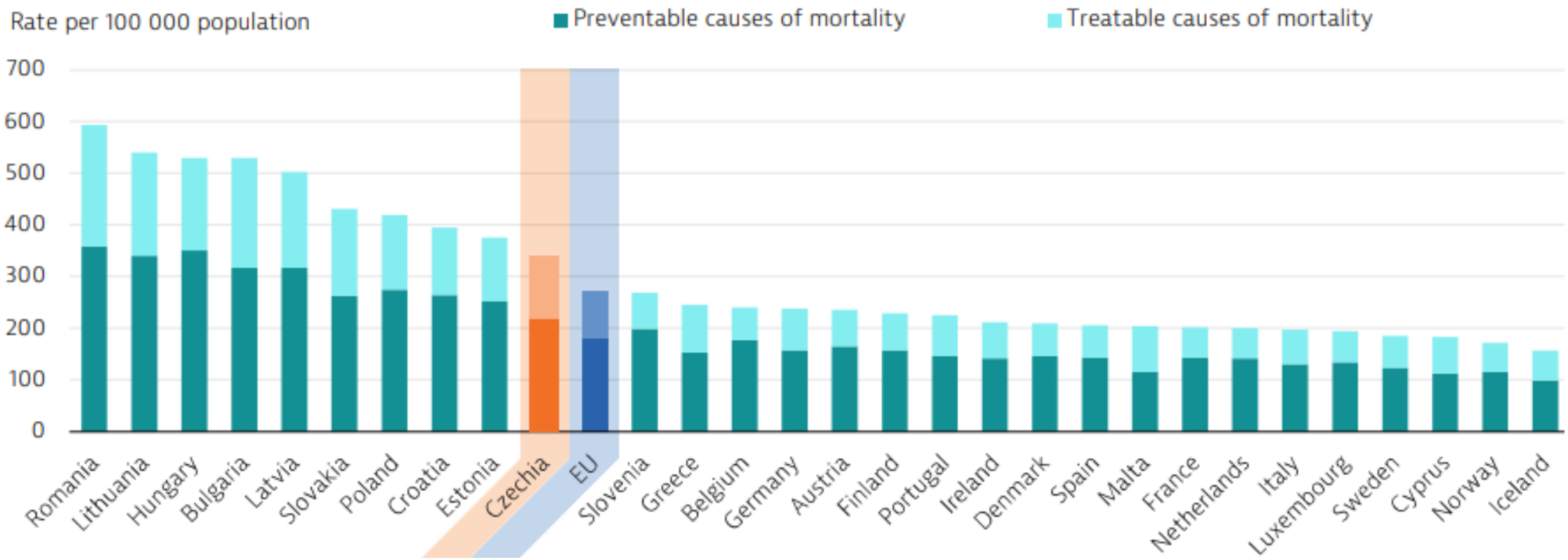
Figure 11. Czechia's ratios of doctors and nurses per 1 000 population are just above the EU averages



Notes: The EU average is unweighted. The data on nurses include all categories of nurses (not only those meeting the EU Directive on the Recognition of Professional Qualifications). In Portugal and Greece, data refer to all doctors licensed to practise, resulting in a large overestimation of the number of practising doctors (e.g. of around 30 % in Portugal). In Greece, the number of nurses is underestimated as it only includes those working in hospitals.
Source: OECD Health Statistics 2023 (data refer to 2021 or the nearest available year).

Performance - effectiveness

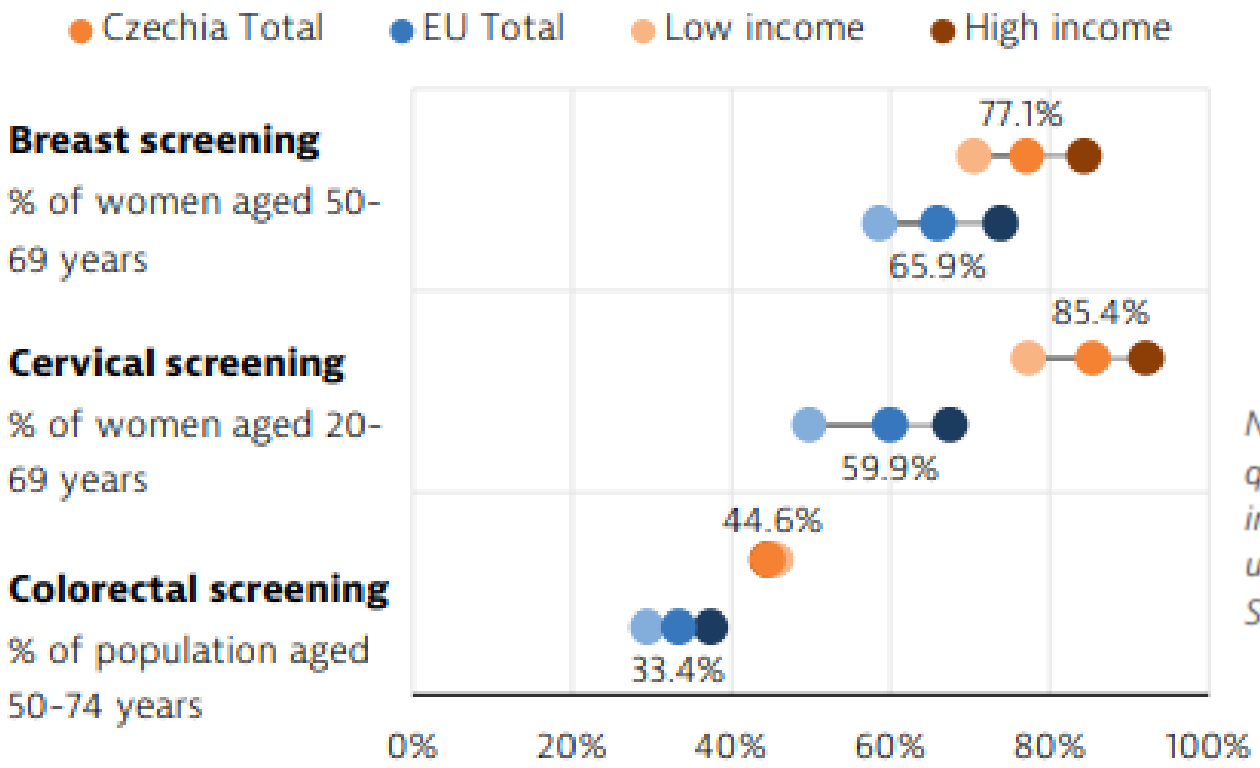
Figure 12. A substantial number of deaths could be avoided in Czechia through more effective prevention and healthcare interventions



Notes: Preventable mortality is defined as death that can be mainly avoided through public health and primary prevention interventions. Treatable (or amenable) mortality is defined as death that can be mainly avoided through healthcare interventions, including screening and treatment. Both indicators refer to premature mortality (under age 75). The lists attribute half of all deaths from some diseases (e.g. ischaemic heart disease, stroke, diabetes and hypertension) to the preventable mortality list and the other half to treatable causes, so there is no double-counting of the same death.
Source: Eurostat Database (data refer to 2020).

Socio-economic disparities in cancer screening uptake

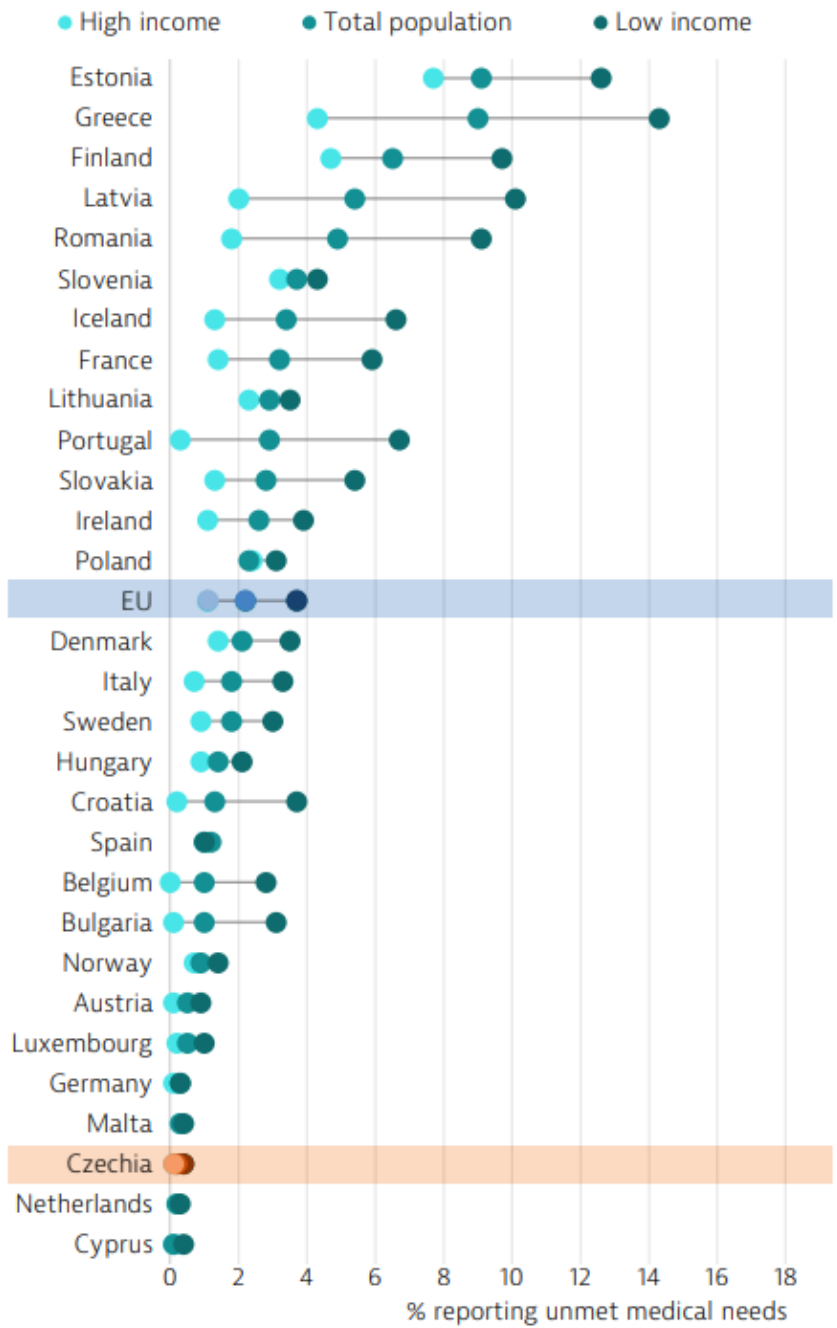
Figure 13. Women in the highest income group are more likely to participate in breast and cervical cancer screening



Notes: Low income is defined as the population in the lowest income quintile, whereas high income is defined as the population in the highest income quintile. The proportions refer to people who report having undergone a test in the two years preceding the survey.
Source: Eurostat Database (EHIS 2019 survey data).

Performance – accessibility: low unmet medical care needs reported in 2022 in Czechia

Figure 15. Low unmet medical care needs were reported in 2022 in Czechia

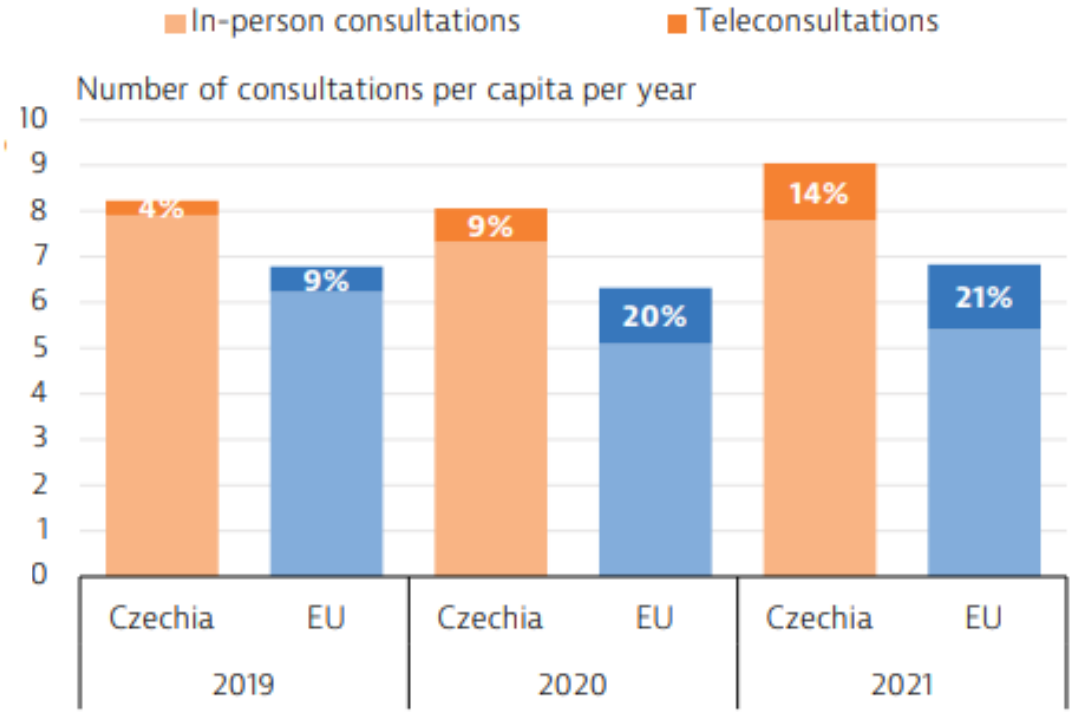


Notes: Data refer to unmet needs for a medical examination or treatment due to costs, distance to travel or waiting times. Caution is required in comparing the data across countries as there are some variations in the survey instrument used.

Source: Eurostat Database, based on EU-SILC (data refer to 2022, except Norway (2020) and Iceland (2018)).

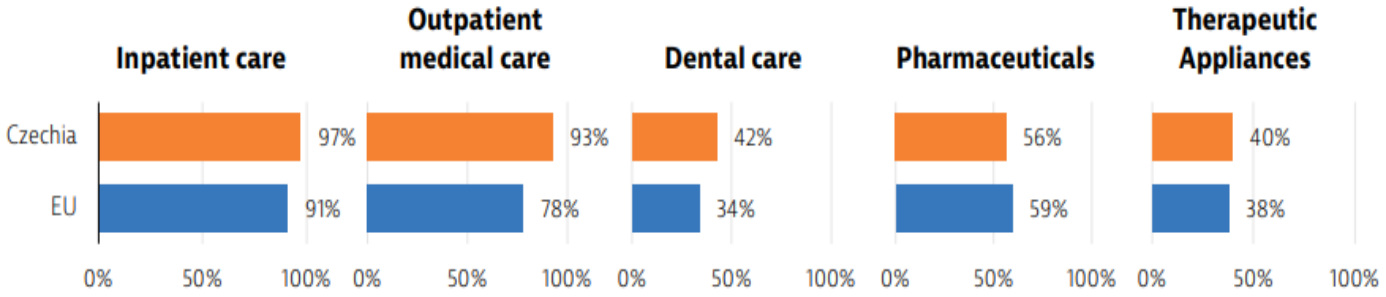
…but high number of physician-patient contacts and high service coverage

Figure 16. Czechia has higher number of physician consultations than the EU average



Sources: OECD Health Statistics 2023.

Figure 17. Public coverage rate was higher than the EU averages across all services except pharmaceuticals in 2021

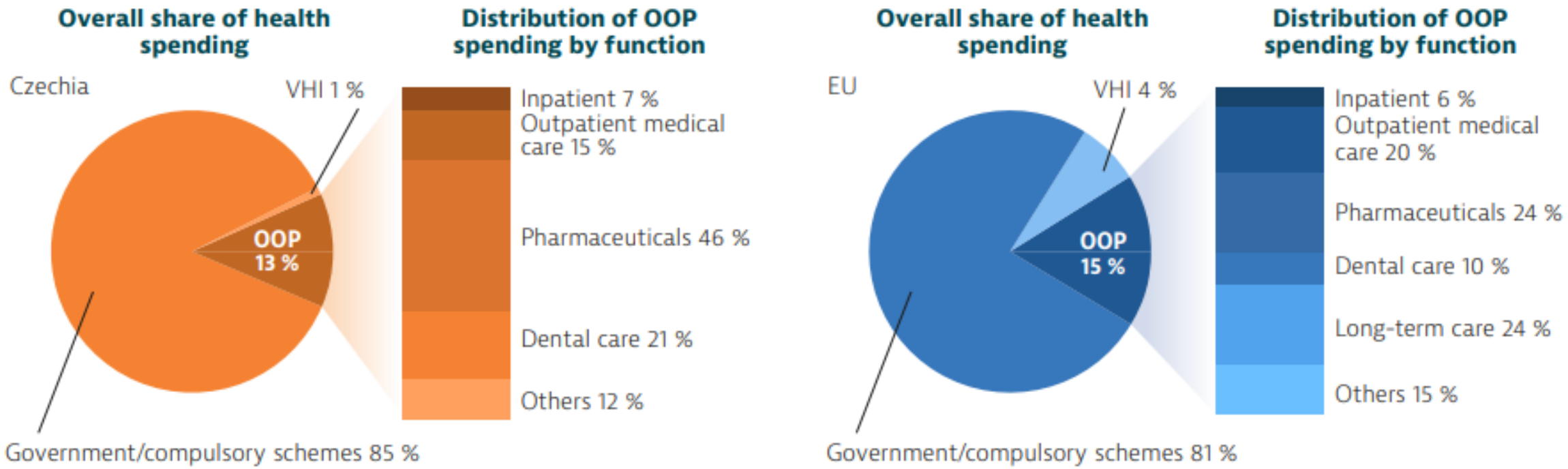


Notes: Outpatient medical services mainly refer to services provided by generalists and specialists in the outpatient sector. Pharmaceuticals include prescribed and over-the-counter medicines and medical non-durables. Therapeutic appliances refer to vision products, hearing aids, wheelchairs and other medical devices. The EU average is unweighted.

Source: OECD Health Statistics 2023.

…and lower-than-EU average copayments

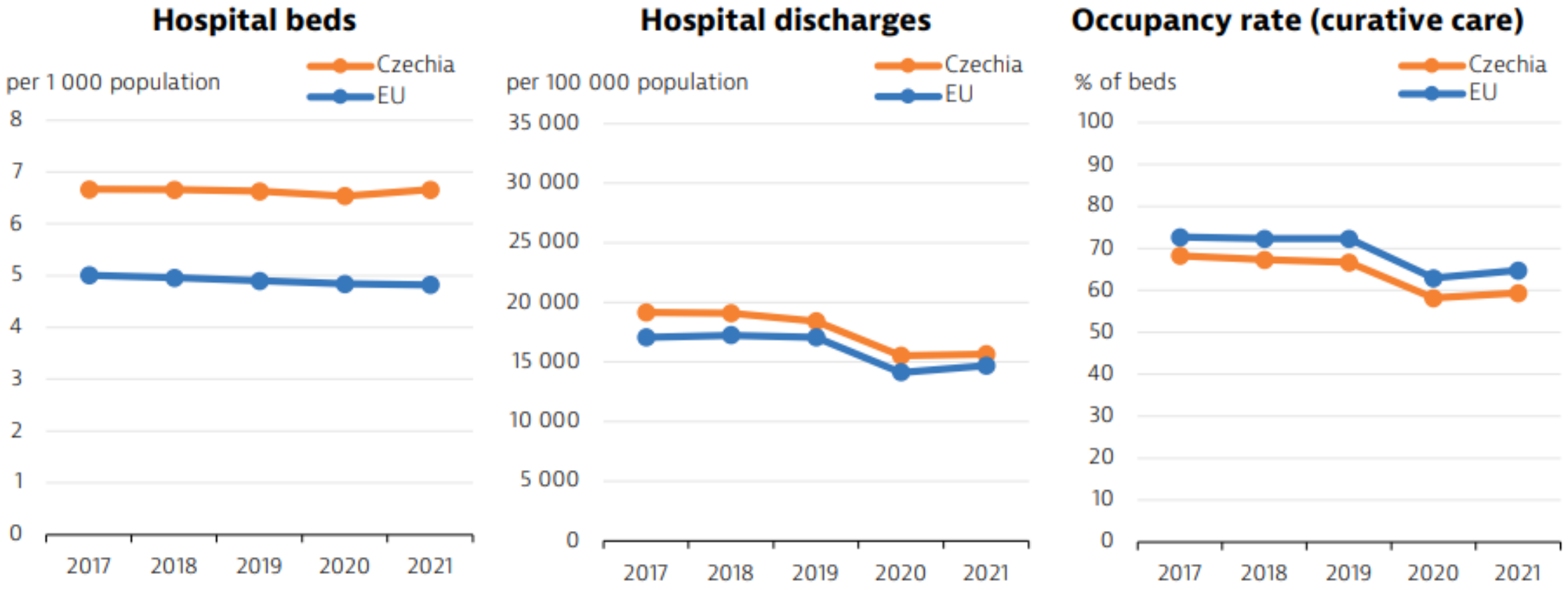
Figure 18. A large proportion of out-of-pocket payments in Czechia are pharmaceutical copayments



Notes: VHI refers to voluntary health insurance, which also includes other voluntary prepayment schemes. The EU average is weighted.
Sources: OECD Health Statistics 2023; Eurostat Database (data refer to 2021).

Performance – resilience: capacity use

Figure 19. Hospital discharges and bed occupancy rates fell sharply during the pandemic

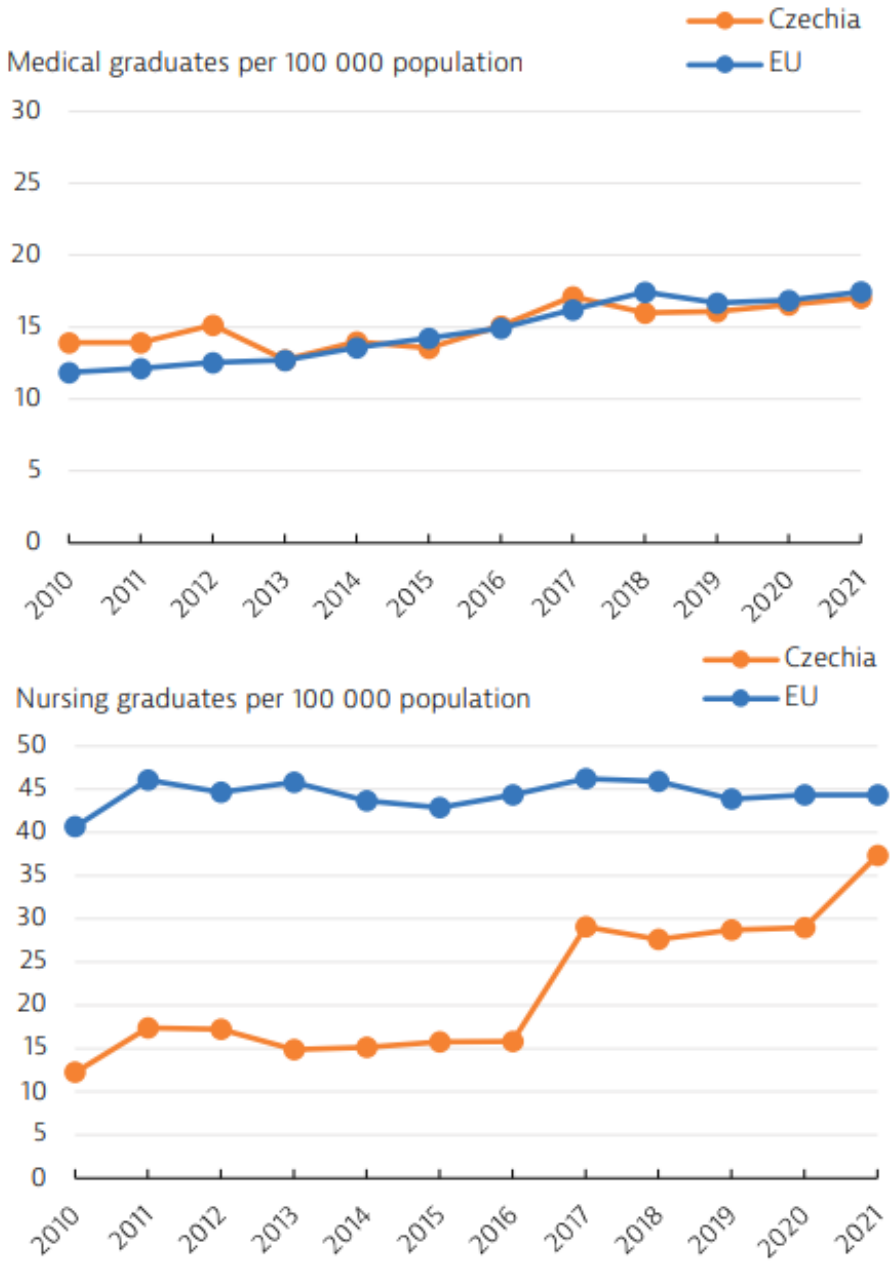


Note: The EU average is unweighted.

Sources: OECD Health Statistics 2023 and Eurostat Database.

Resilience - workforce

Figure 21. The numbers of medical and nursing graduates have increased in recent years



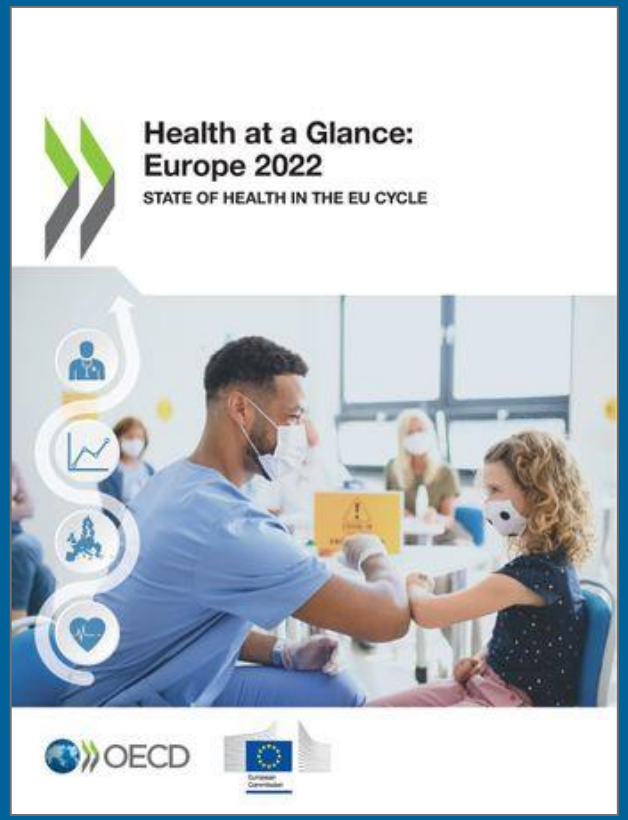
Notes: The number of medical graduates includes both domestic and international students. The steep increase in the number of nursing graduates in 2017 was driven by the inclusion for the first time of nurses with a lower level of qualifications (not meeting the criteria spelled out in the EU Directive on the Recognition of Professional Qualifications). The EU average is unweighted.

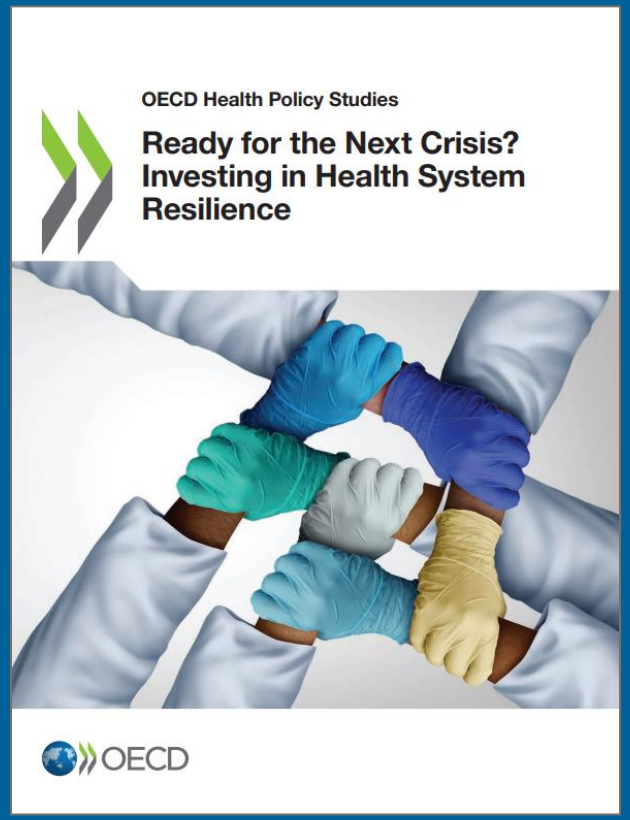
Sources: OECD Health Statistics 2023; Eurostat Database.

Key findings

- Life expectancy at birth in Czechia in 2022 (79.1 years) was about 1.5 years below the EU average (80.7 years).
- Nearly half of all deaths in Czechia in 2019 can be attributed to behavioural risk factors, including dietary risks, tobacco smoking, alcohol consumption and low levels of physical activity.
- Health spending in Czechia accounted for 9.5 % of GDP in 2021, which is 2 percentage points above the pre-pandemic level, but well below the EU average of 11.0 %. Per capita spending was a quarter lower than the EU average, but the public share of health spending is the highest among EU countries (86 % compared to an EU average of 81 %). •
- Czechia provides a broad benefits package, with relatively low unmet medical care needs for financial reasons.
- Mortality rates from preventable and treatable causes were 25 % higher than the EU averages in 2020.
- Screening programmes for breast, cervical and colorectal cancer are well established, with participation rates above the EU averages, but the pandemic disrupted these programmes, causing backlogs that may hinder the early detection of cancer.
- The COVID-19 pandemic challenged the provision of elective (non-urgent) care. While recovery in the volume of diagnostic exams in 2021 was strong, surgical activities such as knee replacements had not yet recovered.
- While the density of doctors and nurses has increased over the past decade, demand for care has also increased owing to population ageing. The medical workforce is ageing too: over one-third of all doctors in 2021 were aged over 55 and may be expected to retire in the coming decade.
- About one in seven people in Czechia were estimated to have a mental health disorder in 2019. The most prevalent were depressive, anxiety, and alcohol and drug-use disorders.

THANK YOU





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