Although increasing, life expectancy in the Czech Republic, at 78.3 years, was still below the OECD average of 80.5 years in 2013. The Czech Republic presents above average levels of risk factors such as tobacco, alcohol consumption and obesity. To cope with the expected rise in chronic diseases, the Czech Republic will have to shift care from the hospital sector and strengthen preventive health care.

High levels of risk factors in the Czech Republic threaten population health

- **Life expectancy at birth in the Czech Republic has increased from 69.6 years in 1970 to 78.3 years in 2013**
  However, the gap in life expectancy with the OECD average has increased from half a year in 1970 to 2.2 years in 2013. This could partly be explained by high prevalence of risk factors.
  Little progress has been achieved in reducing tobacco consumption. Rates of adults reporting that they smoke every day came down only marginally from 23.5% in 1999 to 22.2% in 2013.

![Percentage of people aged 15 and over who smoke daily, 2013 (or nearest year)](image)

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage of people aged 15 and over who smoke daily, 2013 (or nearest year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweden</td>
<td>10.7</td>
</tr>
<tr>
<td>Slovak Republic</td>
<td>19.5</td>
</tr>
<tr>
<td>OECD</td>
<td>19.7</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>22.2</td>
</tr>
<tr>
<td>Greece</td>
<td>38.9</td>
</tr>
</tbody>
</table>

Alcohol consumption in the Czech Republic is above the OECD average and has remained relatively unchanged in the last 30 years. In 2013, 11.5 litres of pure alcohol per capita were consumed in the Czech Republic, compared with an OECD average of 9.1 litre.

To read more about our work: [Health at a Glance 2015, Obesity and the Economics of Prevention: Fit not Fat, Tackling Harmful Alcohol Use: Economics and Public Health Policy, OECD Reviews of Health Care Quality: Czech Republic 2014](http://www.oecd.org/health)

- **Adult obesity in the Czech Republic has increased in the past decade**
  Obesity rates among adults have increased substantially from 14% in 2000 to 21% in 2010. The growing prevalence of obesity foreshadows increases in health problems such as diabetes and cardiovascular disease, and higher health care costs in the future.

![Percentage of obese adults aged 15 and over, 2013 (or nearest year)](image)

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage of obese adults aged 15 and over, 2013 (or nearest year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Japan</td>
<td>3.7%</td>
</tr>
<tr>
<td>OECD</td>
<td>19%</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>21%</td>
</tr>
<tr>
<td>USA</td>
<td>35.3%</td>
</tr>
</tbody>
</table>

Note: The data in the Czech Republic are based on measured rates of obesity, while the data for several other OECD countries are based on self-reports.

**What can be done?**

- Strengthen preventive health to address high rates of overweight, smoking and harmful alcohol consumption
- Consider increasing taxation of tobacco products, alcohol and unhealthy foods (high fat and/or high sugar content)
- Consider restricting sales of alcoholic beverages (e.g. prohibiting sales in petrol stations) and prohibit point of sale display of tobacco products.
- Help consumers make informed choices through food labelling
- Encourage counselling of individuals at risk in primary care

Consolidate the hospital sector

- **The Czech Republic has a hospital-centered health care system**
  The Czech Republic has 6.5 hospital beds per 1,000 population, almost 40% higher than the OECD average of 4.8. Average length of stay in hospital, at 9.4 days, is nearly a day and a half longer than the OECD average. Under-occupancy of beds signals scope to consolidate the hospital sector, as has been achieved in countries such as Portugal and Denmark. At the same time, primary care needs to be strengthened, to avoid hospital admission in the first place.

**What can be done?**

- Rationalise the hospital sector to restructure the supply of hospital services
- Shift care away from the hospital sector by strengthening primary care and community based-services
- Use payment incentives or other measure to ensure that patients are treated in the right setting for the right condition

To read more about our work: [Health at a Glance 2015, OECD Reviews of Health Care Quality: Czech Republic 2014](http://www.oecd.org/health)
Health policy in the Czech Republic

June 2016

www.oecd.org/health

Improve the quality of care for cancer and cardiovascular diseases

➤ Cancer survival rates in the Czech Republic are lower than other OECD health systems...

Mortality rates for breast, cervical and colorectal cancer all are higher in the Czech Republic compared to the OECD average. Breast cancer 5-year survival rates, at 80.8% (over 2008 – 2013) were lower than the OECD average of 84.9%.

For both breast and cervical cancer, screening rates are also below the OECD average. However, the percentage of women (aged 50 - 69) screened for breast cancer in the Czech Republic more than doubled from 2003 to 2013. While these are important achievements, more can be done to improve the quality of cancer care.

➤ ... and mortality rates following acute myocardial infarction and stroke are higher

Ischaemic stroke mortality in the Czech Republic is 9.6, compared to the OECD average of 8.4 (rate per 100 admissions adults aged 45 years and over).

Although cardiovascular mortality rates are similar to those of other central and eastern European countries, and have declined considerably over recent years, substantial progress still needs to be made to prevent and treat these diseases.

What can be done?

• Invest in cost-effective preventive initiatives, such as one-to-one counselling based on individual risk factors
• Establish a stronger national cancer control plan focussing on cancer prevention, early diagnosis and treatment
• Move to a system of continuous population call-recall for cancer screening, and pay particular attention to screening uptake amongst disadvantaged groups
• Link screening data to clinical outcome data to build a richer picture of the benefits of screening and gaps in coverage

To read more about our work: Health at a Glance 2015, OECD Reviews of Health Care Quality: Czech Republic 2014, Cancer care: Assuring Quality to Improve Survival and Cardiovascular Disease and Diabetes

Improve mental health

➤ Suicide rates in the Czech Republic are higher than the OECD average

The rate of suicide in the Czech Republic, at 14.2 per 100 000 population, is nearly 20% higher than the OECD average. This suggests worrying gaps in the detection and treatment of depression and other mental illnesses.

What can be done?

• Increase evidence-based services for mild and moderate mental disorders
• Improve access to low threshold outpatient based crisis intervention and psychosocial support to increase public awareness and early detection of suicide attempts
• Implement the OECD’s Recommendation to better integrate mental health care services with national skills and employment policy
• Measure population mental health, including the direct and indirect costs of mental illness

To read more about our work: Health at a Glance 2015, Making Mental Health Count, Recommendation of the Council on integrated mental health, skills and work policy