

## *Aktualnost različnih zdravstvenih politik*

# Kaj lahko slovenska znanost naredi za boljše in učinkovitejše zdravstvo

prof. dr. Mitja Lainščak, dr.med.

Javna agencija za raziskovalno dejavnost Republike Slovenije  
Splošna bolnišnica Murska Sobota  
Medicinska fakulteta, Univerza v Ljubljani

# Slovenija

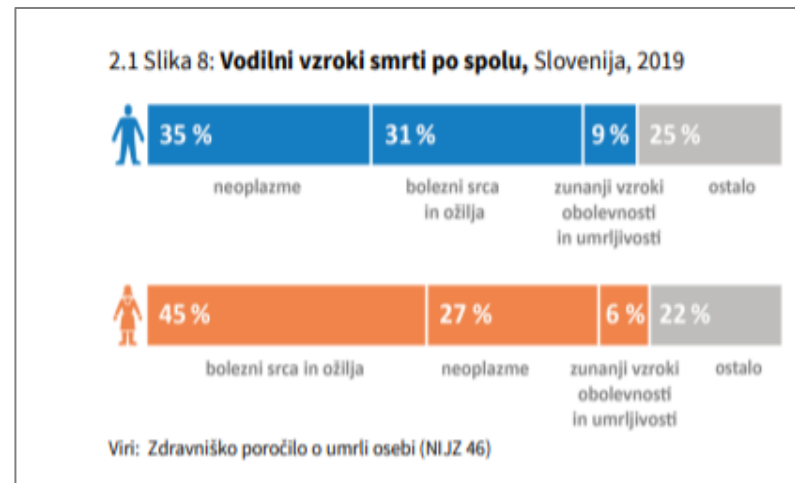
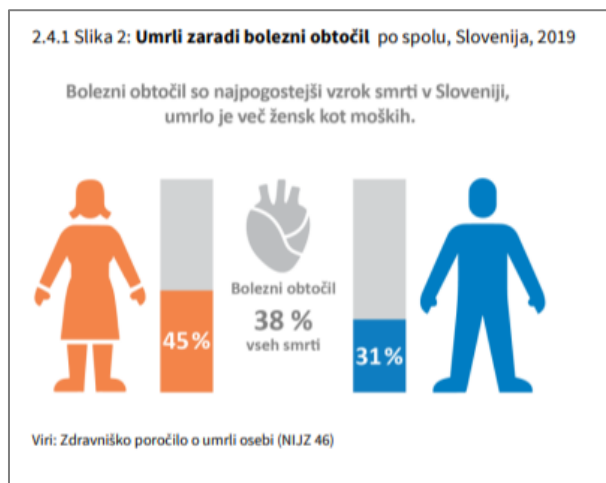


## Statistični podatki- 2021:

|                                      |               |
|--------------------------------------|---------------|
| Populacija:                          | 2,1 mio       |
| BDP:                                 | 52,02 mrd EUR |
| BDP / prebivalca:                    | 24.678 EUR    |
| Letna rast BDP:                      | 8,1%          |
| Izdatki za izobraževanje, % BDP:     | 4,8           |
| Raziskovalci, FTE / mn pop.:         | 4.854         |
| Bruto izdatki za R&D (2018), % GDP:  | 1,95          |
| GERD – poslovni sektor(2018), % GDP: | 1,4           |
| GERD – vladni sektor (2018), % GDP:  | 0,46          |

# Umrljivost- vzroki, spol, Slovenija, 2019

Bolezni srca in žilja so v Sloveniji, tako kot v drugih razvitih državah, **najpogostejši vzrok smrti**, v letu 2019 so predstavljale **38,0 % vseh smrti**.



Za njimi se uvrščajo neoplazme (skupaj z boleznimi obtočil predstavljajo 69 % vseh smrti), poškodbe in zastrupitve (ter drugi zunanji vzroki umrljivosti), nato sledijo bolezni prebavil ter bolezni dihal.

Vodilni vzroki smrti se po spolu razlikujejo.

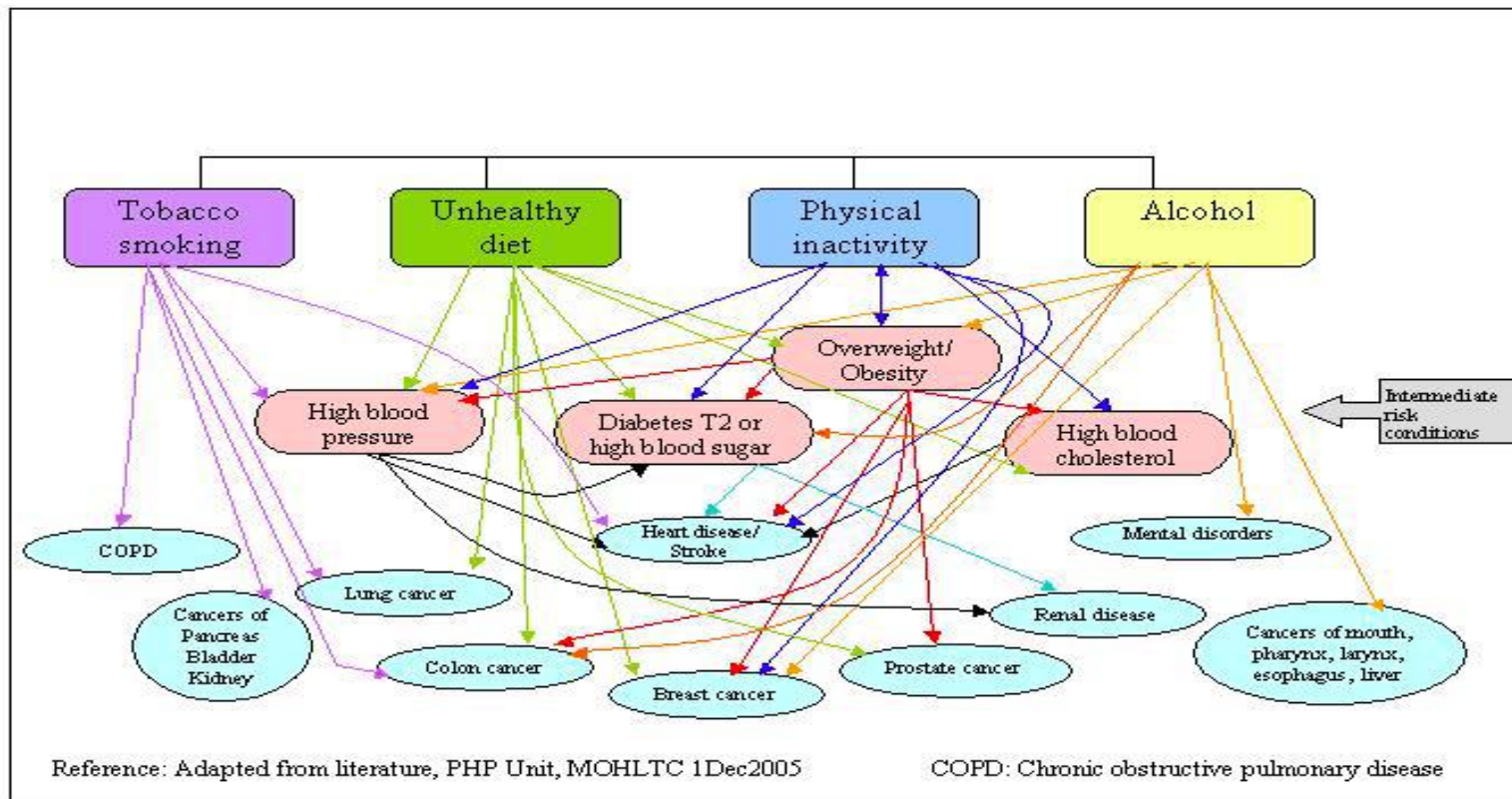


ARRS

•rak, bolezni srca in žilja, sladkorna bolezen ter kronične bolezni dihal predstavljajo največje izzive za zdravje in nadaljnji razvoj sodobne družbe

•poznamo glavne dejavnike tveganja, na katere lahko vplivamo in tako preprečimo nastanek bolezni ali odložimo začetek v starejše življenjsko obdobje (4x4)

### Chronic Disease Risk Factors are Common to Many Conditions



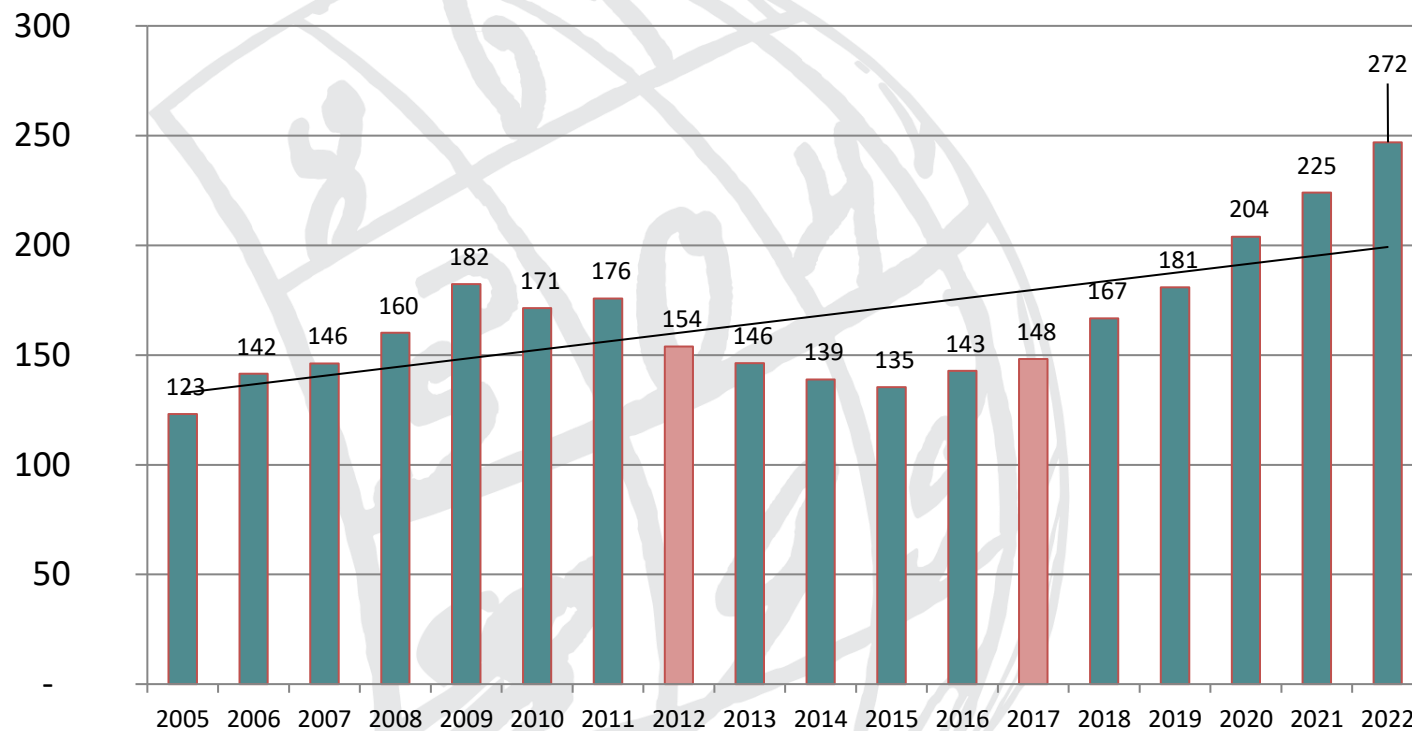




## Sredstva ARRS za znanstveno-raziskovalno dejavnost

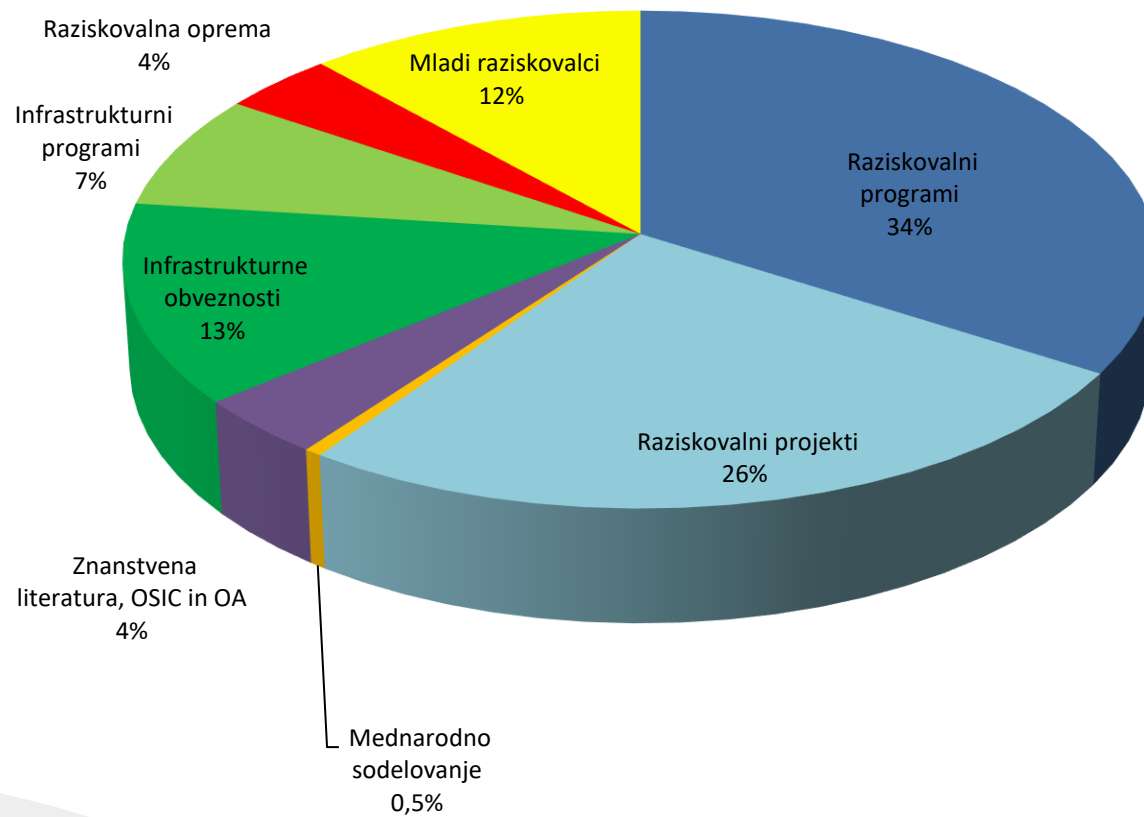
| Leto | EUR         |
|------|-------------|
| 2005 | 123.172.455 |
| 2006 | 141.506.706 |
| 2007 | 146.103.064 |
| 2008 | 160.239.853 |
| 2009 | 182.345.060 |
| 2010 | 171.359.550 |
| 2011 | 175.819.480 |
| 2012 | 153.878.322 |
| 2013 | 146.284.975 |
| 2014 | 138.917.643 |
| 2015 | 135.452.901 |
| 2016 | 142.748.573 |
| 2017 | 148.155.124 |
| 2018 | 166.753.926 |
| 2019 | 161.034.006 |
| 2019 | 182.619.577 |
| 2019 | 180.876.451 |
| 2020 | 203.932.947 |
| 2021 | 225.244.928 |

Letna višina sredstev v mio EUR



Državni proračun 2022: 11.005.057.038 EUR

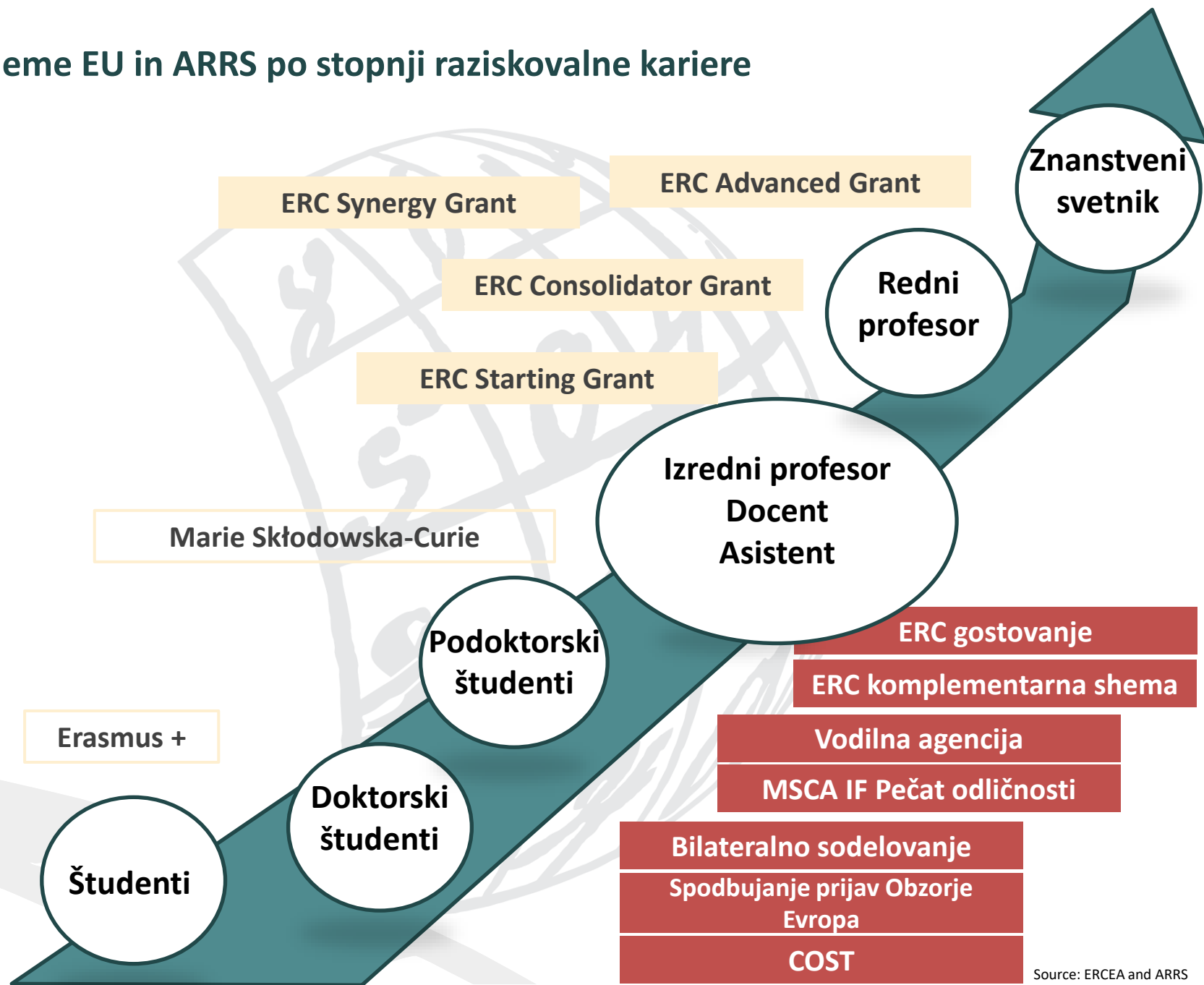
- ARRS: 272 mio EUR ~ 2,47%





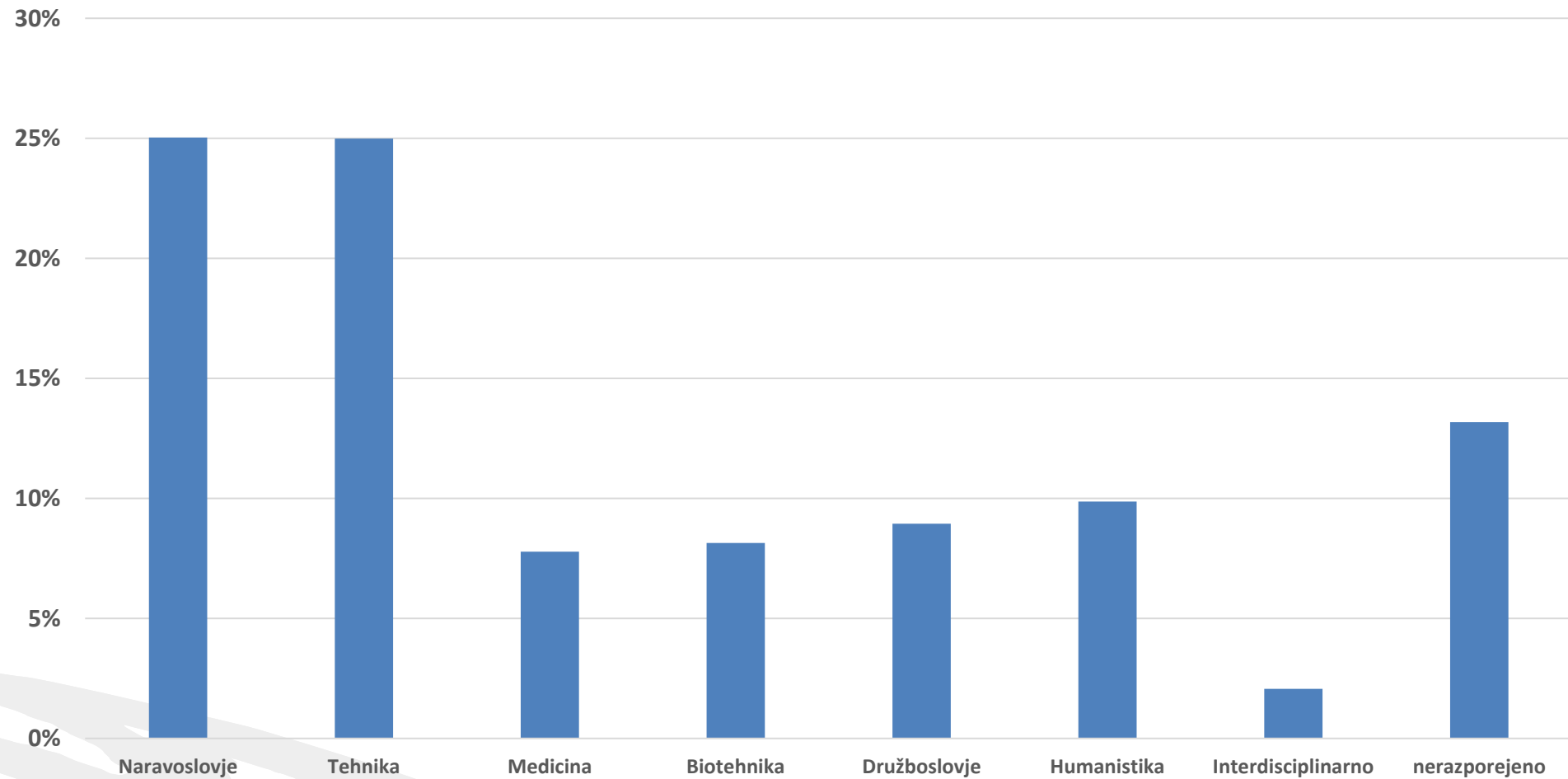
arrrs

## Sheme EU in ARRS po stopnji raziskovalne kariere





## Delež sredstev po vedah\* v odstotkih



\*Med sredstva, ki jih po vedah ni možno razporediti sodijo n.p. sredstva za infrastrukturne obveznosti.



- Digitalizacija
- Umetna inteligenca
- Raziskovalna platforma
- Raziskovalne enote v javnozdravstvenih zavodih
- Klinične raziskave
- Translacijska medicina
- Komuniciranje z javnostmi

**Authors/Task Force Members:** Theresa A. McDonagh\* (Chairperson) (United Kingdom), Marco Metra <sup>†</sup>\* (Chairperson) (Italy), Marianna Adamo (Task Force Coordinator) (Italy), Roy S. Gardner (Task Force Coordinator) (United Kingdom), Andreas Baumbach (United Kingdom), Michael Böhm (Germany), Haran Burri (Switzerland), Javed Buttel (United States of America), Jelena Celutkienė (Lithuania), Ovidiu Chioncel (Romania), John G.F. Cleland (United Kingdom), Andrew J.S. Coats (United Kingdom), Maria G. Crespo-Leiro (Spain), Dimitrios Farmakis (Greece), Martine Gilard (France), Stephane Heymans (Netherlands), Arno W. Hoes (Netherlands), Tiny Jaarsma (Sweden), Ewa A. Jankowska (Poland), Mitja Lainscak (Slovenia), Carolyn S.P. Lam (Singapore), Alexander R. Lyon (United Kingdom), John J.V. McMurray (United Kingdom), Alexandre Mebazaa (France), Richard Mindham (United Kingdom), Claudio Muneretto (Italy), Massimo Francesco Piepoli (Italy), Susanna Price (United Kingdom), Giuseppe M.C. Rosano (United Kingdom), Frank Ruschitzka (Switzerland), Anne Kathrine Skibelund (Denmark). ESC Scientific Document Group

| Classes of recommendations | Definition                                                                                                                            | Suggested wording to use           |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Class I</b>             | <b>Evidence and/or general agreement that a given treatment or procedure is beneficial, useful, effective.</b>                        | <b>Is recommended/is indicated</b> |
| <b>Class II</b>            | <b>Conflicting evidence and/or a divergence of opinion about the usefulness/efficacy of the given treatment or procedure.</b>         |                                    |
| <i><b>Class IIa</b></i>    | <i><b>Weight of evidence/opinion is in favour of usefulness/efficacy.</b></i>                                                         | <b>Should be considered</b>        |
| <i><b>Class IIb</b></i>    | <i><b>Usefulness/efficacy is less well established by evidence/opinion.</b></i>                                                       | <b>May be considered</b>           |
| <b>Class III</b>           | <b>Evidence or general agreement that the given treatment or procedure is not useful/effective; and in some cases may be harmful.</b> | <b>Is not recommended</b>          |

|                            |                                                                                                     |
|----------------------------|-----------------------------------------------------------------------------------------------------|
| <b>Level of evidence A</b> | <b>Data derived from multiple randomized clinical trials or meta-analyses.</b>                      |
| <b>Level of evidence B</b> | <b>Data derived from a single randomized clinical trial or large non-randomized studies.</b>        |
| <b>Level of evidence C</b> | <b>Consensus of opinion of the experts and/or small studies, retrospective studies, registries.</b> |

## Diagnosis

|                                                                                                                                              |   |   |
|----------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| BNP/NT-proBNP: <sup>c</sup>                                                                                                                  | I | B |
| Invasive coronary angiography is recommended in patients with angina despite pharmacological therapy or symptomatic ventricular arrhythmias. | I | B |

## Prevention

|                                                                                                                                                                                                                               |   |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| Treatment of hypertension is recommended to prevent or delay the onset of HF, and to prevent HF hospitalizations.                                                                                                             | I | A |
| Treatment with statins is recommended in patients at high risk of CV disease or with CV disease in order to prevent or delay the onset of HF, and to prevent HF hospitalizations.                                             | I | A |
| SGLT2 inhibitors (canagliflozin, dapagliflozin, empagliflozin, ertugliflozin, sotagliflozin) are recommended in patients with diabetes at high risk of CV disease or with CV disease in order to prevent HF hospitalizations. | I | A |

## Pharmacological therapy

|                                                                                                                                                                                                                          |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| ACE-I is recommended for patients with HFrEF to reduce the risk of HF hospitalization and death.                                                                                                                         | I | A |
| Beta-blocker is recommended for patients with stable HFrEF to reduce the risk of HF hospitalization and death.                                                                                                           | I | A |
| MRA is recommended for patients with HFrEF to reduce the risk of HF hospitalization and death.                                                                                                                           | I | A |
| Dapagliflozin or empagliflozin are recommended for patients with HFrEF to reduce the risk of HF hospitalization and death.                                                                                               | I | A |
| Sacubitril/valsartan is recommended as a replacement for an ACE-I in patients with HFrEF to reduce the risk of HF hospitalization and death.                                                                             | I | B |
| Tafamidis is recommended in patients with genetic testing proven hTTR-CA and NYHA class I or II symptoms to reduce symptoms, CV hospitalization and mortality.                                                           | I | B |
| Tafamidis is recommended in patients with wtTTR-CA and NYHA class I or II symptoms to reduce symptoms, CV hospitalization and mortality.                                                                                 | I | B |
| Thromboembolism prophylaxis (e.g. with LMWH) is recommended in patients not already anticoagulated and with no contraindication to anticoagulation, to reduce the risk of deep venous thrombosis and pulmonary embolism. | I | A |

## Non-pharmacological therapy

|                                                                                                                                                                                                                                                                                                                                                                            |   |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| An ICD is recommended to reduce the risk of sudden death and all-cause mortality in patients who have recovered from a ventricular arrhythmia causing haemodynamic instability, and who are expected to survive for >1 year with good functional status, in the absence of reversible causes or unless the ventricular arrhythmia has occurred <48 h after a MI.           | I | A |
| An ICD is recommended to reduce the risk of sudden death and all-cause mortality in patients with symptomatic HF (NYHA class II–III) of an ischaemic aetiology (unless they have had an MI in the prior 40 days—see below), and an LVEF ≤35% despite ≥3 months of OMT, provided they are expected to survive substantially longer than 1 year with good functional status. | I | A |
| CRT is recommended for symptomatic patients with HF in SR with a QRS duration ≥150 ms and LBBB QRS morphology and with LVEF ≤35% despite OMT in order to improve symptoms and reduce morbidity and mortality.                                                                                                                                                              | I | A |
| CRT rather than RV pacing is recommended for patients with HFrEF regardless of NYHA class or QRS width who have an indication for ventricular pacing for high degree AV block in order to reduce morbidity. This includes patients with AF.                                                                                                                                | I | A |
| Aortic valve intervention, TAVI or SAVR, is recommended in patients with HF and severe high-gradient aortic stenosis to reduce mortality and improve symptoms.                                                                                                                                                                                                             | I | B |

## Management

|                                                                                                                                                        |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| It is recommended that HF patients are enrolled in a multidisciplinary HF management programme to reduce the risk of HF hospitalization and mortality. | I | A |
| Self-management strategies are recommended to reduce the risk of HF hospitalization and mortality.                                                     | I | A |
| Either home-based and/or clinic-based programmes improve outcomes and are recommended to reduce the risk of HF hospitalization and mortality.          | I | A |
| Exercise is recommended for all patients who are able in order to improve exercise capacity and QOL, and reduce HF hospitalization. <sup>d</sup>       | I | A |

## Comorbidities

|                                                                                                                                                                                                                                                        |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| Long-term treatment with an oral anticoagulant is recommended in all patients with AF, HF, and CHA <sub>2</sub> DS <sub>2</sub> -VASc score >2 in men or >3 in women.                                                                                  | I | A |
| DOACs are recommended in preference to VKAs in patients with HF, except in those with moderate or severe mitral stenosis or mechanical prosthetic heart valves.                                                                                        | I | A |
| SGLT2 inhibitors (canagliflozin, dapagliflozin, empagliflozin, ertugliflozin, sotagliflozin) are recommended in patients with T2DM at risk of CV events to reduce hospitalizations for HF, major CV events, end-stage renal dysfunction, and CV death. | I | A |
| SGLT2 inhibitors (dapagliflozin, empagliflozin, and sotagliflozin) are recommended in patients with T2DM and HFrEF to reduce hospitalizations for HF and CV death.                                                                                     | I | A |

## Available



## Reimbursed

## Next steps

## Implemented



## Slovenia



# “What to do”

Available +

Reimbursed +

Implemented +/-

Next steps TBD





The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

## Spread of SARS-CoV-2 in the Icelandic Population

D.F. Gudbjartsson, A. Helgason, H. Jonsson, O.T. Magnusson, P. Melsted, G.L. Norddahl, J. Saemundsdottir, A. Sigurdsson, P. Sulem, A.B. Agustsdottir, B. Eiriksdottir, R. Fridriksdottir, E.E. Gardarsdottir, G. Georgsson, O.S. Gretarsdottir, K.R. Gudmundsson, T.R. Gunnarsdottir, A. Gylfason, H. Holm, B.O. Jensson, A. Jonasdottir, F. Jonsson, K.S. Josefsdottir, T. Kristjansson, D.N. Magnusdottir, L. le Roux, G. Sigmundsdottir, G. Sveinbjornsson, K.E. Sveinsdottir, M. Sveinsdottir, E.A. Thorarensen, B. Thorbjornsson, A. Löve, G. Masson, I. Jonsdottir, A.D. Möller, T. Gudnason, K.G. Kristinsson, U. Thorsteinsdottir, and K. Stefansson

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

## Humoral Immune Response to SARS-CoV-2 in Iceland

D.F. Gudbjartsson, G.L. Norddahl, P. Melsted, K. Gunnarsdottir, H. Holm, E. Eythorsson, A.O. Arnthorsson, D. Helgason, K. Bjarnadottir, R.F. Ingvarsson, B. Thorsteinsdottir, S. Kristjansdottir, K. Birgisdottir, A.M. Kristinsdottir, M.I. Sigurdsson, G.A. Arnadottir, E.V. Ivarsdottir, M. Andresdottir, F. Jonsson, A.B. Agustsdottir, J. Berglund, B. Eiriksdottir, R. Fridriksdottir, E.E. Gardarsdottir, M. Gottfredsson, O.S. Gretarsdottir, S. Gudmundsdottir, K.R. Gudmundsson, T.R. Gunnarsdottir, A. Gylfason, A. Helgason, B.O. Jensson, A. Jonasdottir, H. Jonsson, T. Kristjansson, K.G. Kristinsson, D.N. Magnusdottir, O.T. Magnusson, L.B. Olafsdottir, S. Rognvaldsson, L. le Roux, G. Sigmundsdottir, A. Sigurdsson, G. Sveinbjornsson, K.E. Sveinsdottir, M. Sveinsdottir, E.A. Thorarensen, B. Thorbjornsson, M. Thordardottir, J. Saemundsdottir, S.H. Kristjansson, K.S. Josefsdottir, G. Masson, G. Georgsson, M. Kristjansson, A. Moller, R. Palsson, T. Gudnason, U. Thorsteinsdottir, I. Jonsdottir, P. Sulem, and K. Stefansson

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

## Myocarditis after Covid-19 Vaccination in a Large Health Care Organization

Guy Witberg, M.D., Noam Barda, M.D., Ph.D., Sara Hoss, M.D., Ilan Richter, M.D., M.P.H., Maya Wiessman, M.D., Yaron Aviv, M.D., Tzlil Grinberg, M.D., Oren Auster, M.Sc., Noa Dagan, M.D., Ph.D., M.P.H., Ran D. Balicer, M.D., Ph.D., M.P.H., and Ran Kornowski, M.D.

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

## Myocarditis after BNT162b2 mRNA Vaccine against Covid-19 in Israel

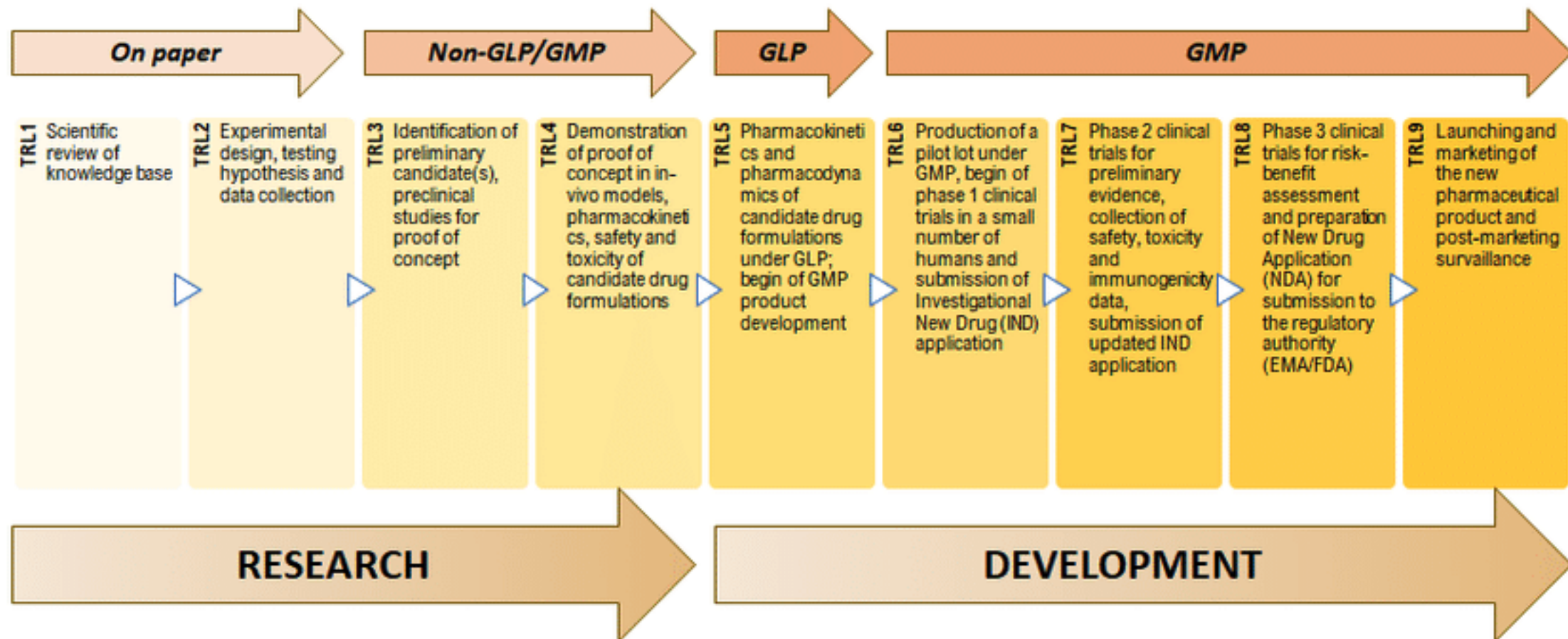
D. Mevorach, E. Anis, N. Cedar, M. Bromberg, E.J. Haas, E. Nadir, S. Olsha-Castell, D. Arad, T. Hasin, N. Levi, R. Asleh, O. Amir, K. Meir, D. Cohen, R. Dichtiar, D. Novick, Y. Hershkowitz, R. Dagan, I. Leitersdorf, R. Ben-Ami, I. Miskin, W. Saliba, K. Muhsen, Y. Levi, M.S. Green, L. Keinan-Boker, and S. Alroy-Preis

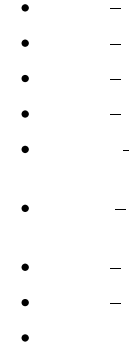
The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

## Safety of the BNT162b2 mRNA Covid-19 Vaccine in a Nationwide Setting

Noam Barda, M.D., Noa Dagan, M.D., Yatir Ben-Shlomo, B.Sc., Eldad Kepten, Ph.D., Jacob Waxman, M.D., Reut Ohana, M.Sc., Miguel A. Hernán, M.D., Marc Lipsitch, D.Phil., Isaac Kohane, M.D., Doron Netzer, M.D., Ben Y. Reis, Ph.D., and Ran D. Balicer, M.D.

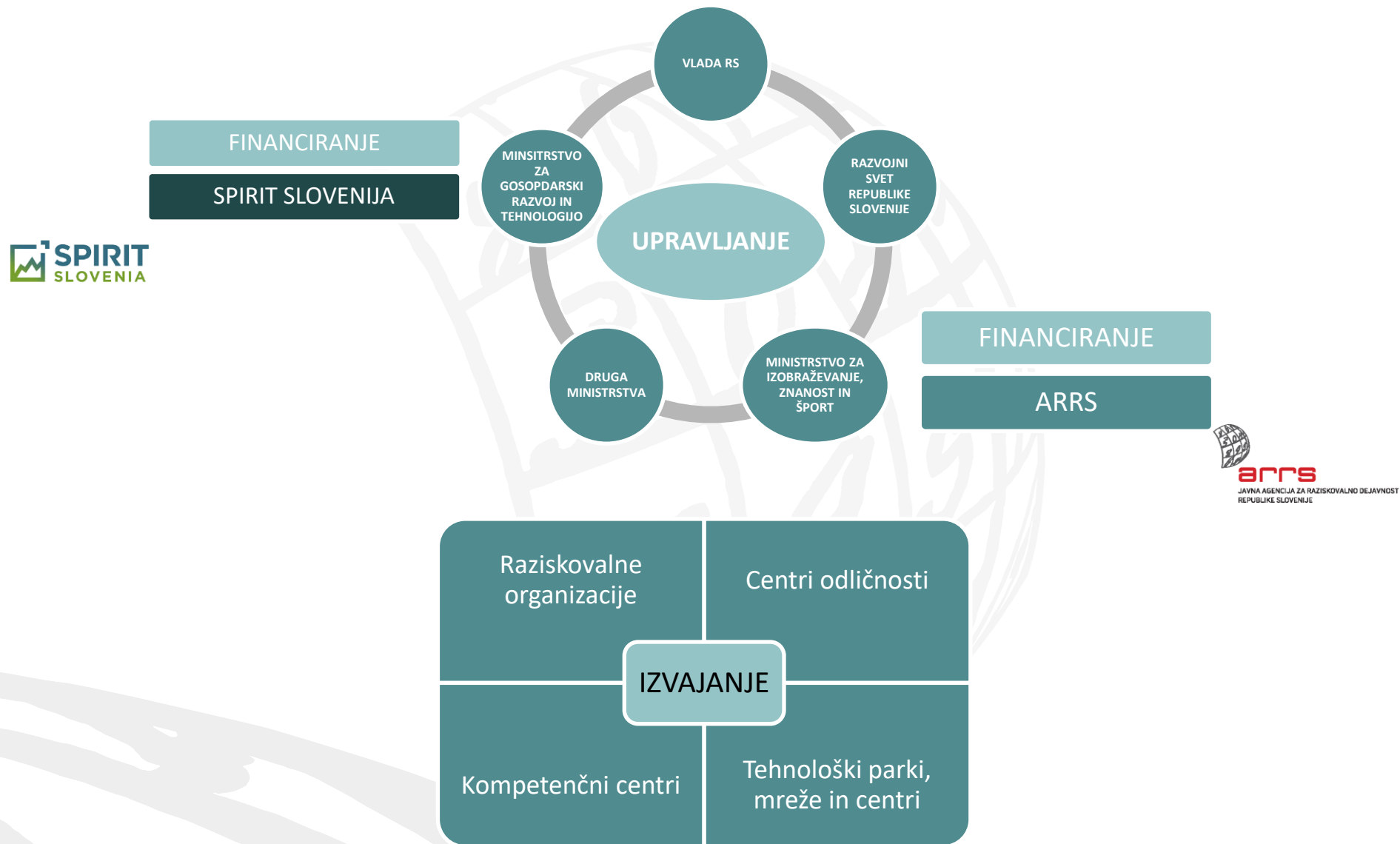




16



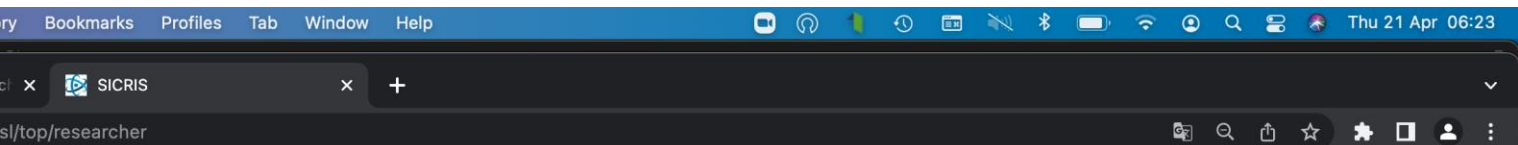
# Upravljanje R&I sistema v Sloveniji



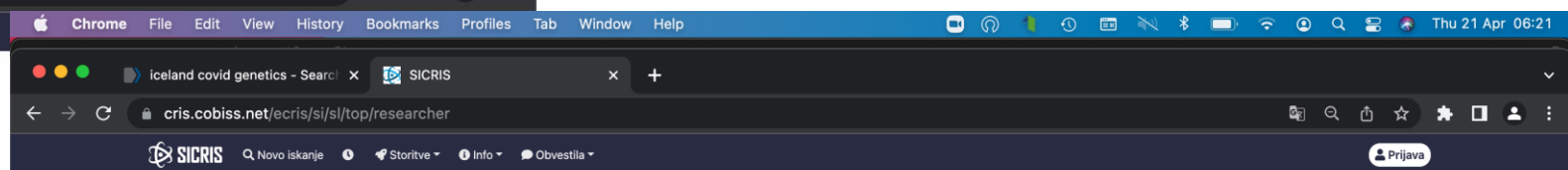
## Raziskovalni projekti:

Javni razpis v letu 2021

- **Veliki temeljni projekti (€ 500.000 / leto) – 3 leta**
- **Večji temeljni in aplikativni projekti (€ 200.000 / leto) – 3 leta**
  - (ali 2 leti, če prijavitelj tako prijavi)
- **Manjši temeljni in aplikativni projekti (€ 100.000 / leto) – 3 leta**
  - (ali 2 leti, če prijavitelj tako prijavi)
- **Podoktorski projekti** (cca € 64.000 / leto) – 2 leti



| Raziskovalci                             |                               |                                              |              |          |
|------------------------------------------|-------------------------------|----------------------------------------------|--------------|----------|
| TOP 10 20 50 100                         |                               |                                              |              |          |
| WoS – citati (TC)                        |                               |                                              |              |          |
| Izberi iz seznama                        |                               |                                              |              |          |
| ✖ Medicina [3.00.00]                     |                               |                                              |              |          |
| ✖ Naravoslovje [1.00.00]                 |                               |                                              |              |          |
| ✖ Tehnika [2.00.00]                      |                               |                                              |              |          |
| ✖ Biotehnika [4.00.00]                   |                               |                                              |              |          |
| ✖ Družboslovje [5.00.00]                 |                               |                                              |              |          |
| ✖ Humanistika [6.00.00]                  |                               |                                              |              |          |
| ✖ Interdisciplinarne raziskave [7.00.00] |                               |                                              |              |          |
| Klasifikacija                            |                               |                                              |              |          |
| #                                        | EVIDENČNAIME IN PRIIMEK ST.   | RAZISK. PODROČJE                             | STATUS       | WOS (TC) |
| 1                                        | 07525 dr. Andrej Filipčič     | 1.02.06 - Fizika                             | Raziskovalec | 65.277   |
| 2                                        | 18278 dr. Borut Paul Kerševan | 1.02.00 - Fizika                             | Raziskovalec | 62.203   |
| 3                                        | 09081 dr. Vladimir Cindro     | 1.02.06 - Fizika                             | Raziskovalec | 60.825   |
| 4                                        | 15642 dr. Gregor Kramberger   | 1.02.06 - Fizika                             | Raziskovalec | 59.307   |
| 5                                        | 18277 dr. Andrej Goršek       | 1.02.06 - Fizika                             | Raziskovalec | 58.655   |
| 6                                        | 04763 dr. Marko Mikuž         | 1.02.06 - Fizika                             | Raziskovalec | 58.403   |
| 7                                        | 12313 dr. Igor Mandić         | 1.02.06 - Fizika                             | Raziskovalec | 57.721   |
| 8                                        | 26577 dr. Liza Mijović        | 1.02.06 - Fizika                             | Raziskovalec | 55.289   |
| 9                                        | 32135 dr. Diego De Leo        | 3.08.00 - Javno zdravstvo (varstvo pri delu) | Raziskovalec | 41.657   |
| 10                                       | 28481 dr. Boštjan Maček       | 1.02.06 - Fizika                             | Raziskovalec | 38.805   |
| 11                                       | 14573 dr. Samo Stanič         | 1.02.06 - Fizika                             | Raziskovalec | 31.044   |
| 12                                       | 12092 dr. Boštjan Golob       | 1.02.06 - Fizika                             | Raziskovalec | 30.147   |
| 13                                       | 15641 dr. Marko Bračko        | 1.02.06 - Fizika                             | Raziskovalec | 28.593   |
| 14                                       | 23428 dr. Matjaž Perc         | 1.02.02 - Fizika                             | Raziskovalec | 28.509   |
| 15                                       | 22680 dr. Mitja Lainščak      | 3.06.00 - Srce in ožilje                     | Raziskovalec | 27.281   |
| 16                                       | 23570 dr. Saša Fratina        | 1.02.06 - Fizika                             | Raziskovalec | 26.878   |
| 17                                       | 08725 dr. Peter Križan        | 1.02.06 - Fizika                             | Raziskovalec | 25.445   |
| 18                                       | 16188 dr. Anton Kokalj        | 1.04.01 - Kemija                             | Raziskovalec | 25.123   |
| 19                                       | 11181 dr. Uroš Seljak         | 1.02.03 - Fizika                             | Raziskovalec | 24.762   |
| 20                                       | 24260 dr. Irena Dolenc        | 1.02.06 - Fizika                             | Raziskovalec | 24.593   |



| WoS – citati (TC)    |                              |                                              |              |          |
|----------------------|------------------------------|----------------------------------------------|--------------|----------|
| Izberi iz seznama    |                              |                                              |              |          |
| ✖ Medicina [3.00.00] |                              |                                              |              |          |
| Klasifikacija        |                              |                                              |              |          |
| #                    | EVIDENČNAIME IN PRIIMEK ST.  | RAZISK. PODROČJE                             | STATUS       | WOS (TC) |
| 1                    | 32135 dr. Diego De Leo       | 3.08.00 - Javno zdravstvo (varstvo pri delu) | Raziskovalec | 41.657   |
| 2                    | 22680 dr. Mitja Lainščak     | 3.06.00 - Srce in ožilje                     | Raziskovalec | 27.281   |
| 3                    | 07561 dr. Boris Turk         | 1.05.00 - Biokemija in molekularna biologija | Raziskovalec | 22.663   |
| 4                    | 11685 dr. Zlatko Fras        | 3.06.00 - Srce in ožilje                     | Raziskovalec | 17.563   |
| 5                    | 12179 dr. Tanja Čufer        | 3.04.00 - Onkologija                         | Raziskovalec | 16.213   |
| 6                    | 04399 dr. Maja Primic-Žakelj | 3.04.00 - Onkologija                         | Raziskovalec | 15.481   |
| 7                    | 13023 dr. Tadej Battelino    | 3.00.00 - Medicina                           | Raziskovalec | 13.780   |
| 8                    | 10726 dr. Igor Zupan         | 3.06.00 - Srce in ožilje                     | Raziskovalec | 13.645   |
| 9                    | 55378 dr. Jerzy Adamski      | 1.05.00 - Biokemija in molekularna biologija | Raziskovalec | 13.507   |
| 10                   | 37641 dr. Alexei Verkhatsky  | 3.03.00 - Nevrobiologija                     | Raziskovalec | 12.556   |
| 11                   | 52101 dr. Dick Frans Swaab   | 3.03.00 - Nevrobiologija                     | Raziskovalec | 12.061   |
| 12                   | 23050 dr. Vesna Zadnik       | 3.08.00 - Javno zdravstvo (varstvo pri delu) | Raziskovalec | 11.526   |
| 13                   | 05027 dr. Milena Horvat      | 1.04.05 - Kemija                             | Raziskovalec | 10.851   |
| 14                   | 15667 dr. Matjaž Bunc        | 3.03.00 - Nevrobiologija                     | Raziskovalec | 10.507   |
| 15                   | 08800 dr. Gregor Serša       | 3.04.00 - Onkologija                         | Raziskovalec | 10.439   |
| 16                   | 07180 dr. Blaž Rozman        | 3.01.00 - Mikrobiologija in imunologija      | Raziskovalec | 10.001   |
| 17                   | 18329 dr. Josip Car          | 3.08.00 - Javno zdravstvo (varstvo pri delu) | Raziskovalec | 9.361    |
| 18                   | 10921 dr. Mitja Košnik       | 3.01.00 - Mikrobiologija in imunologija      | Raziskovalec | 9.323    |
| 19                   | 13601 dr. Matija Tomšič      | 3.01.00 - Mikrobiologija in imunologija      | Raziskovalec | 8.824    |
| 20                   | 13301 dr. Franc Strle        | 3.01.00 - Mikrobiologija in imunologija      | Raziskovalec | 8.784    |

|      | Strateška usmeritev                                    | Dejavnosti za uresničitev strateških usmeritev v letu 2021 (izbor)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VII. | Odprto komuniciranje z javnostmi in promocija znanosti | <p>Izvedba letnega nacionalnega dogodka <a href="#">Dan ARRS 2021 – podpiramo odličnost</a> (dogodek je bil zaradi razmer, povezanih s pandemijo COVID-19, ponovno izveden virtualno).</p> <p>Dogodek je med drugim omogočil:</p> <ul style="list-style-type: none"> <li>- umestitev prej razdrobljenih dogodkov Odlični v znanosti v program dogodka »Dan ARRS«.</li> <li>- slavnostni nagovor novi generaciji mladih raziskovalcev</li> </ul> <p>Okrepljene aktivnosti <a href="#">spletnega komuniciranja novosti</a> – sprememb normativnih aktov, uvedbe pilotnih in drugih novih mehanizmov ARRS.</p> <p>Skladno z zasledovanjem povečevanja informiranosti kot ene od treh ključnih vrednot strateške usmeritve Odprto komuniciranje z javnostmi in promocija znanosti so bile okrepljene aktivnosti obveščanja javnosti ter posredovanja / objav medijskih odzivov (spletna rubrika <a href="#">Medijsko zrcalo</a>).</p> |