Country profile: Slovenia

At a turning point: Healthcare systems in Central and Eastern Europe

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Written by

ECONOMIST IMPACT

About this supplement

This country profile is a supplement to *At a turning point: Healthcare systems in Central and Eastern Europe*, a report produced by Economist Impact and supported by the American Chamber of Commerce to the EU. It features detailed data and analysis on the dynamics at play in Slovenia.

The main report presents a broad view of health system and funding dynamics in 13 European countries, including eight countries in central and eastern Europe (CEE)—Bulgaria, Croatia, Czech Republic, Hungary, Poland, Romania, Slovakia and Slovenia—and five countries in western Europe—Austria, Germany, France, Portugal and the UK. This report aims to highlight key differences and commonalities in healthcare financing and policy approaches as governments rise to the challenge of managing the interlinked dynamics of population health and economic uncertainty following the covid-19 pandemic.

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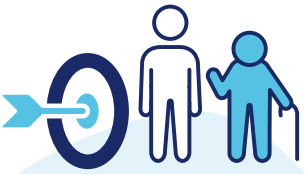
Key priorities for Slovenia

Improve satisfaction levels and retention of the **healthcare workforce**

Solving the issues around physician and nurse dissatisfaction exacerbated during covid-19 will be critical to retain the current workforce. Strategies to reduce burnout could include encouraging task shifting or enforcing regulations that cap the number of patients registered with each general practitioner. While wages have increased, tracking this increase against neighbouring CEE countries and the cost of living will be important to mitigate emigration and future strikes.



Prepare for the **challenges** that will come with an **ageing population**

As individuals are now living longer and healthier, the government should actively encourage and incentivise those aged 60-65 to stay in the workforce to reduce future financial pressures and mitigate against a rising old-age-dependency ratio. Models of care for older adults in areas such as prevention, long-term care, and palliative care should be developed and integrated across the health system.

Improve patient satisfaction by reducing long waiting times

While Slovenia has one of the most developed health systems in Eastern Europe, waiting times for surgery, especially for non-elective surgeries, are among the longest in the EU and a significant contributor to patient dissatisfaction. Data from the developed e-health systems should be used to inform critical causes of delay and strengthen referral pathways.

1. Healthcare financing

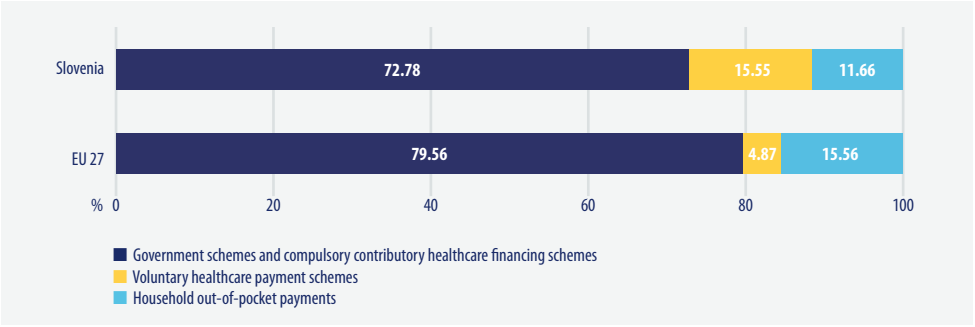
Slovenia outperforms its CEE neighbours across various measures of economic growth, healthcare spending and population health outcomes. While nominal GDP is the lowest among all study countries, Slovenia has the largest GDP per head among the CEE countries at €24,680 (or €29,103 in PPS terms, just above the Czech Republic), according to 2021 data.[1]

Healthcare spending at 8.52% of GDP is also the highest among other CEE countries; however below the EU27 average of 9.9%, according to 2019 data. Healthcare spending per head was also higher than in other CEE countries at €1,975 per head (or €2,361 per head in PPS terms, just below the Czech Republic).[2]

FIGURE 1: HEALTH SYSTEM AND FUNDING SOURCES

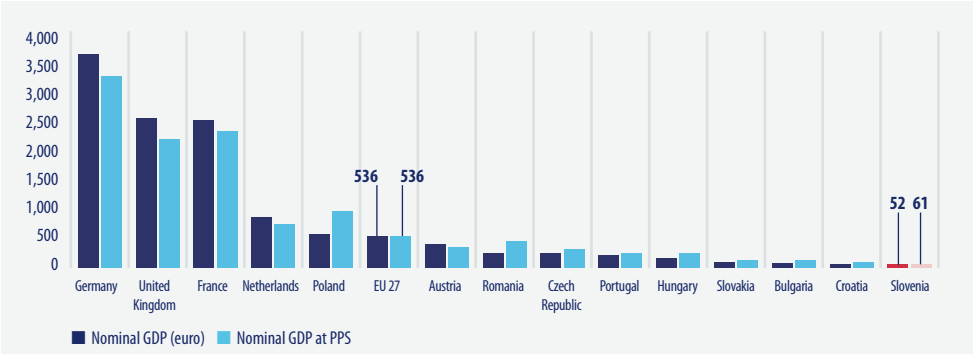
Healthcare system	Bismarck Model - social health insurance system (SHI) with a single payer structure, which is subsidised by taxes.
Coverage and enrolment	The country has a compulsory SHI system with a single public insurer – the Health Insurance Institute of Slovenia (HIIS, also known as ZZZS) that provides near-universal coverage. This system is financed through SHI contributions with general taxation at the national and municipal levels providing another public source of funding. Contributions by employers and employees which amounts to 13.45% of gross income, out of which 6.36% is paid by the employee and 7.09% by the employer, account for the majority of public funding.[3]
Core services covered	The SHI covers a range of services, including preventative care, emergency care, infectious diseases, family planning, other services deemed essential and all healthcare expenses for children and students up to the age of 26. All other services involve cost-sharing, ranging from 10% to 90% of the cost, which can be offset by voluntary health insurance (VHI).[4] Slovenia has the highest level of VHI in the study at over 15% of current health expenditure (CHE).[5]
Co-payment and user charges	The country has the fifth-lowest rate of OOP spending on health in the EU at 11.6% of total health spending, largely due to comprehensive coverage from national SHI and VHI.[5] In 2019, pharmaceuticals accounted for 54% of OOP payments and outpatient care accounted for 37%.[6]

FIGURE 2: FINANCING SOURCES (% OF CURRENT HEALTH EXPENDITURE)



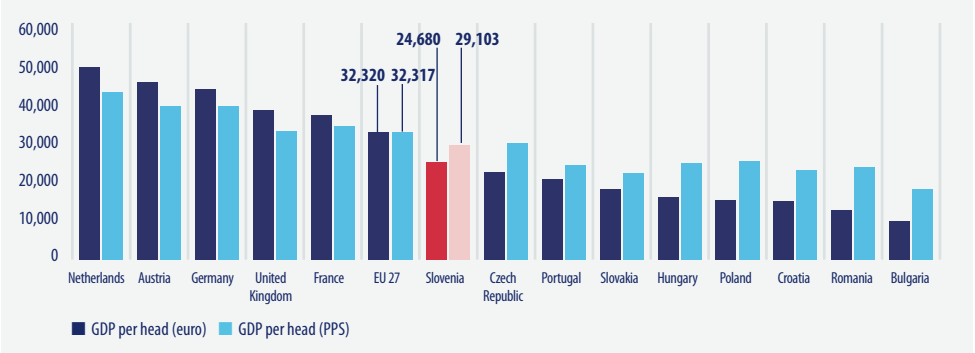
Source: Eurostat. Health care expenditure by financing scheme. 2019. EU 27 data from 2018 (latest available year)

FIGURE 3: NOMINAL GDP, 2021



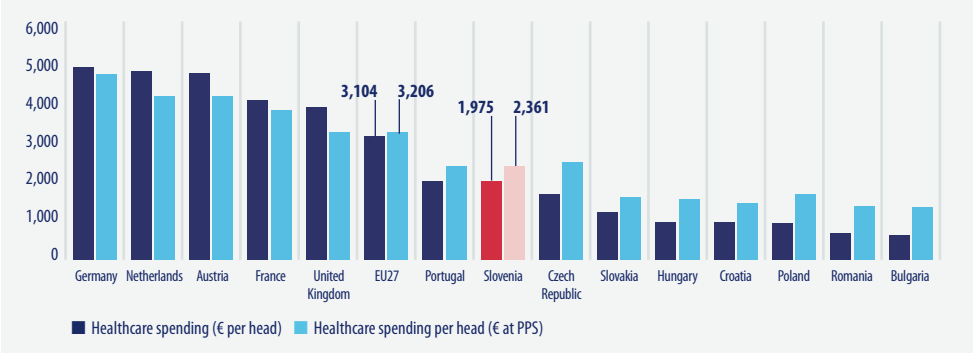
Source: Eurostat. Gross domestic product (GDP) at current market prices in € bn and Purchasing Power Standard (PPS). 2021

FIGURE 4: GDP PER HEAD, 2021



Source: Eurostat. Gross domestic product (GDP) at current market prices per head in € and Purchasing Power Standard (PPS, EU 27 from 2020). 2021

FIGURE 5: HEALTHCARE SPENDING PER HEAD, 2019



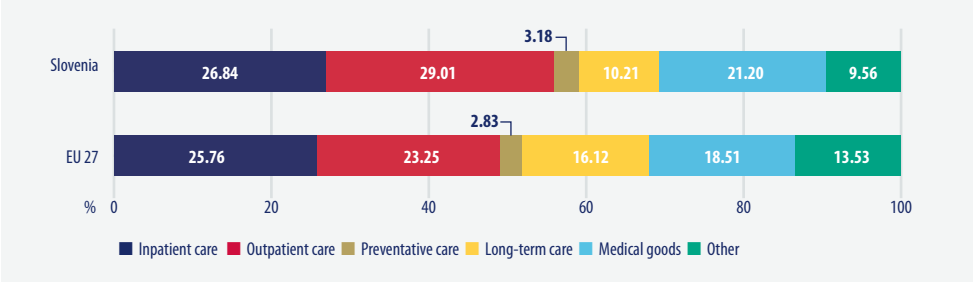
Source Eurostat. Healthcare spending per head in € and PPS. Healthcare spending as a % of GDP, 2019

2. Healthcare resources

2.1. Healthcare expenditure by function

Slovenia is one of only two CEE countries in this study that spend more on outpatient care than on in-patient care. Slovenia spends 3.18% of CHE on preventative care, among the highest of the CEE counties and higher than the EU27 average of 2.8%. Slovenia's high preventative spending can partly be attributed to its primary care commitment.[7]

FIGURE 6: HEALTHCARE EXPENDITURE BY FUNCTION (% OF CURRENT HEALTH EXPENDITURE)



Source: Eurostat. Healthcare expenditure by function. 2019. EU 27 data from 2018.

2.2. Human capital

Despite the country's high expenditure on healthcare, Slovenia has a relatively low number of doctors, estimated at 3.3 per 1,000 people in 2020, lower than the EU average of 3.8.[8] The government has been unable to enforce regulations that cap the number of patients registered with each general practitioner (GP), prompting protests about overwork and burnout.[9] The Slovenian Paediatric Association reported a 70% burnout rate among primary care paediatricians. Other reasons for dissatisfaction include a lack of opportunity for professional development, red tape, limited autonomy and perceptions of unfair and inadequate remuneration.[10]

Slovenia has a high number of nursing professionals, with 10.3 nurses per 1,000 population, higher than the EU average. Due to the low levels of physicians per 1,000 population, the government introduced task-shifting in 2019 to registered nurses. In addition, nursing assistants can take on the responsibilities of registered nurses to support capacity.[11]

2.3. Healthcare infrastructure

Slovenia's population of just over 2.1m means that health infrastructure requirements are lower than many CEE neighbours.[12] Currently, there are 29 hospitals in Slovenia, all of which operate mainly in the public sector (although some also offer private health services), and 64 primary healthcare centres.[13]

Slovenia has 4.4 hospital beds per 1,000, lower than the EU average and other CEE countries in this study.[14] Improvements to primary and community care have reduced the requirement for hospital beds.

3. Access to medicines

Due to the country's small population, Slovenia spent the lowest among European countries on medical goods at €862 in 2019; however, spending on medicines as a proportion of total healthcare expenditure is similar to the EU average.[15]

Slovenia follows the model of maximum allowed price (MAP), which compares prices of medicinal products with prices in Germany, Austria and France. The MAP for an individual medicine must be the same as the lowest price for the same medicine in any of those three countries. The agreed price is usually lower than the lowest price for that medicine in Austria, Germany and France.[16]

3.1. Access to innovative therapies

Slovenia has reduced the budget allocated for innovative medicines over the past ten years. In 2017, the costs of innovative medicines were €103m which is 15.6% less than in 2008. Slovenia increased the budget allocated for biological medicines from 21% in 2008 to 25% in 2017.[17]

According to the EFPIA Patients W.A.I.T Indicator 2021, the rate of availability of access to innovative new therapies is higher in Slovenia than the EU overall average and also higher for oncology, orphan medicines and combination therapies. The average time to availability in Slovenia is slightly longer than many EU countries at 577 days compared to the EU average of 511 days.[18]

3.2. Digital health

Slovenia ranks 11 out of 27 EU countries on the latest Digital Economy and Society Index (DESI), up two places from the previous year and above other CEE countries in this study, as well as France and Germany. Slovenia remains above the EU average in the field of connectivity and integration of digital technologies.[19] In January 2022, the government announced its adoption of the Digital Economy Transformation Strategy 2021-2030. The strategy aims to push Slovenia into the top 5 countries in the DESI Index.[20]

Slovenia rates high in the provision of access to open data and e-health services, ranking 6 out of all the EU member states in the use of e-health services. 27% of Slovenians use digital health services, higher than the EU average of 18%.[21] The country also ranks high in the uptake of e-prescriptions, used by 98% of GPs.[22] The Slovenian population have also been quick to adopt digital health solutions. An e-health mobile app, called zVEM, was launched in 2021 to support the patient data registry and offer access to mobile users – over 35% of the population have installed the app.[19]

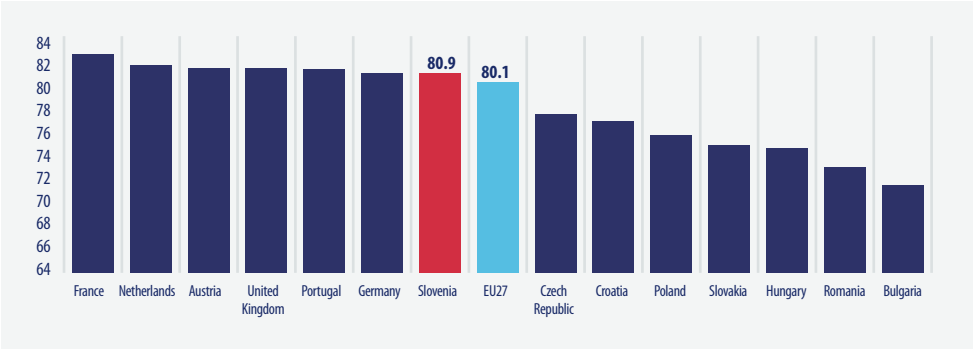
4. Health system assessment

4.1. Population health

Average life expectancy in Slovenia is among the highest in CEE countries at 80.9 years in 2021 – a slight drop from 81.6 years in 2019; however, the impact of covid-19 mortality was significantly less in Slovenia than in CEE counterparts.[23] The infant mortality rate at 2.1 per 1,000 live births in 2019 is below the EU27 average of 3.4 in 2019 and the lowest of all countries in this study.[24]

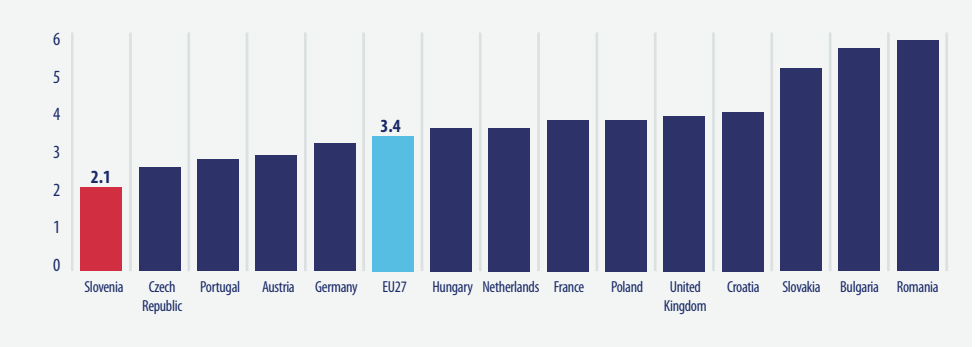
Slovenia's share of the population over 65 years is 20.7%, just below the EU average of 20.8% in 2020. However, this proportion is expected to increase to 25.5% by 2030.[25] The ageing population will increase pressure on the healthcare and pension systems - just 25% of Slovenians aged 60 to 64 were in employment in 2019, half the OEDC average.[9]

FIGURE 7: LIFE EXPECTANCY, AVERAGE (YEARS), MALE AND FEMALE, 2021



Source: Eurostat. Life expectancy. 2021. Available from https://ec.europa.eu/eurostat/databrowser/view/demo_mlexpec/default/table?lang=en

FIGURE 8: INFANT MORTALITY RATE (PER 1,000 LIVE BIRTHS), MALE AND FEMALE, 2019



Source: Eurostat. Infant mortality rates. 2019. Available from https://ec.europa.eu/eurostat/databrowser/view/demo_minfind/default/table?lang=en

4.2. Disease burden and risk factors

Stroke, ischaemic heart disease, and lung cancer were the leading causes of death in Slovenia in 2018.[11] Mortality due to ischaemic heart disease at 99 deaths per 100,000 people is the lowest among CEE countries and below the EU27 average of 119 deaths per 100,000 people.[26] The rate of cancer deaths at 144 per 100,000 people is slightly above the EU27 average of 140 deaths per 100,000; however lower than other CEE countries.[27]

Whereas the proportion of deaths from CVD has fallen slightly in Slovenia in recent years, the overall cancer mortality rate is rising, owing to the country's ageing population. Lower age-standardised mortality rates from key preventable diseases in Slovenia can be attributed in part to the successful development of a multidisciplinary, community-based, prevention-oriented service delivery model for primary healthcare, as well as higher proportional spending on preventative care as a percentage of total health spending.

Non-communicable diseases account for 88% of total deaths in Slovenia. More than one-third of all deaths are linked to behavioural and environmental risk factors, including tobacco smoking, poor diet, alcohol consumption and low physical activity.[11]

Over 56% of adults were overweight or obese in 2016, below the EU average of 58.8%.[28] The rate of diabetes at 5.8% was also below the EU average of 7%.[29] While the percentage of smokers has dropped since the 2000s, e-cigarettes are becoming increasingly popular.[11]

Recent policies to support preventative care in Slovenia include a national strategy on food, nutrition and physical activity, spanning 2015-25, and a national cancer control programme, which spans 2017-21. The latter includes a set of activities for the systematic and long-term reduction of the cancer burden in Slovenia, such as national screening programmes for breast, colorectal and cervical cancers.[11]

FIGURE 9: LEADING CAUSES OF MORTALITY

Cause of mortality	Total number of deaths in 2018	As a % of total deaths for 2018
Stroke	1,992	9.9
Ischaemic heart disease	1,961	9.8
Lung cancer	1,206	6
Colorectal cancer	755	3.8
Breast cancer	482	2.4
Prostate Cancer	444	2.2
Pneumonia	437	2.2
COPD	431	2.1
Liver disease	421	2.1

Source: Eurostat, 2018. Extracted from OECD/European Observatory on Health Systems and Policies (2021), Slovenia: Country Health Profile 2021, State of Health in the EU, OECD Publishing, Paris/European Observatory on Health Systems and Policies, Brussels.

4.3. Quality of care

Slovenia has a relatively low mortality rate from treatable causes, at 71 deaths per 100,000; lower than Germany, Austria and the EU average. This is partly attributed to comprehensive population-based screening and timely access to treatment. Mortality from preventable causes is higher at 173 deaths per 100,000; lower than other CEE countries but above the EU average of 160.[30]

In 2019, 2.9% of the Slovenian population reported unmet needs for medical care due to cost, distance or waiting times, above the EU average of 1.7%. Waiting times for non-urgent surgery are high in Slovenia. 92% of patients on the list for cataract surgery had to wait more than three months for treatment, while 99% of patients waited more than three months for a hip replacement in 2020.[4] While public dissatisfaction with the healthcare system is generally increasing due to long waiting times for non-emergency care, a study of measures introduced during the pandemic, such as individualised healthcare and better access to information, positively impacted patient satisfaction with healthcare services.[31]

5. Future outlook

The number of covid-19 related deaths is lower in Slovenia than in other CEE countries, despite having the highest number of confirmed cases per population. The lower mortality rate has been attributed mainly to the country's developed primary and community care system.[32]

Slovenia is due receive €2.5bn in 2021-24 from the €750bn EU recovery fund. Health and welfare are among the four investment and reform clusters under Slovenia's Recovery and Resilience Plan (RRP), with €83m allocated to healthcare.[19]

References

1 Eurostat. GDP at market prices. 2021. Available from https://ec.europa.eu/eurostat/databrowser/view/nama_10_gdp/default/table?lang=en

2 Eurostat. Healthcare expenditure by financing scheme. 2019. Available from https://ec.europa.eu/eurostat/databrowser/view/HLTH_SHA11_HP/default/table?lang=en&category=hlth.hlth_care.hlth_sha11.hlth_sha11_sum

3 European Commission. Slovenia. Health Care & Long-Term Care Systems. 2016. Available from https://ec.europa.eu/info/sites/default/files/file_import/joint-report_si_en_2.pdf

4 Albreht T, Polin K, Pribaković Brinovec R, Kuhar M, Poldrugovac M, Ogrin Rehberger P, Prevolnik Rupel V, Vracko P. Slovenia: Health system review. Health Systems in Transition, 2021; 23(1): pp.i–188.

5 Eurostat. Health care expenditure. 2019. Available from https://ec.europa.eu/eurostat/databrowser/view/HLTH_SHA11_HP/default/table?lang=en&category=hlth.hlth_care.hlth_sha11.hlth_sha11_sum

6 Republic of Slovenia. Statistical Office. Health expenditure and sources of funding, Slovenia, 2019. Available from https://www.stat.si/StatWeb/en/news/Index/9634

7 Eurostat. Healthcare expenditure by function. 2019. Available from Sourced from: https://ec.europa.eu/eurostat/databrowser/view/HLTH_SHA11_HC/default/table?lang=en&category=hlth.hlth_care.hlth_sha11.hlth_sha11_sum

8 Eurostat. Practising medical doctors per thousand inhabitants. Available from https://ec.europa.eu/eurostat/databrowser/view/TPS00044/default/table?lang=en&category=hlth.hlth_care.hlth_res.hlth_staff

9 OECD/European Observatory on Health Systems and Policies (2019), Slovenia: Country Health Profile 2019, State of Health in the EU, OECD Publishing, Paris/European Observatory on Health Systems and Policies, Brussels.

10 WHO. Integrated, person-centred primary health care produces results: case study from Slovenia. Copenhagen: WHO Regional Office Europe World Health Organization 2020. Available from: https://apps.who.int/iris/bitstream/handle/10665/336184/9789289055284-eng.pdf.

11 OECD/European Observatory on Health Systems and Policies. Slovenia Country Health Profile 2021. Brussels: OECD, 2021.

12 The World Bank. Population, total – Slovenia. Accessed May 2021. https://data.worldbank.org/indicator/SP.POP.TOTL?locations=SI

13 Rozman U, Mis NF, Kupirovič UP, Pravst I, Kocbek P, Strauss M, Turk SŠ. Nutritional quality of beverages available in vending machines in health and social care institutions: do we really want such offers? J Health Popul Nutr. 2021 Jul 2;40(1):29. doi: 10.1186/s41043-021-00250-1.

14 Healthcare resources. Hospital beds. Available from https://ec.europa.eu/eurostat/databrowser/view/TPS00046/default/table?lang=en&category=hlth.hlth_care.hlth_res.hlth_facil

15 Eurostat. Spending on medical goods. 2019. Available from https://ec.europa.eu/eurostat/databrowser/view/HLTH_SHA11_HC__custom_3187251/default/table?lang=en

16 Forum of International Research and Development Pharmaceutical Companies, EIG. Medication Prices. Accessed June 2022 https://www.farmaforum.si/en/focus/prescription-medication-prices

17 International Trade Administration. Slovenia - Country Commercial Guide. Washington DC, United States International Trade Administration. Available from: https://www.trade.gov/country-commercial-guides/slovenia-pharmaceuticals-0.

18 IQVIA. EFPIA Patient W.A.I.T. Indicator 2021 Survey. Available from https://www.efpia.eu/media/636821/efpia-patients-wait-indicator-final.pdf

19 European Commission. Digital Economy and Society Index (DESI) 2022. Available from https://digital-strategy.ec.europa.eu/en/library/digital-economy-and-society-index-desi-2022

20 The Government of the Republic of Slovenia has adopted the Digital Transformation Strategy of the [press release]. Slovenia: Ministry of Economic Development 2022

21 European Commission. The Digital Economy and Society Index (DESI) Brussels, Belgium European Commission; [cited 10 June]. Available from: https://digital-strategy.ec.europa.eu/en/policies/desi

22 Better PR. Slovenian e-health services among the best in the EU also thanks to Better Platform. Ljubljana, Slovenia Better. Available from: https://www.better.care/resources/slovenian-e-health-services-among-the-best-in-the-eu-also-thanks-to-better-platform

23 Eurostat. Life expectancy. Available from https://ec.europa.eu/eurostat/databrowser/view/demo_mlexpec/default/table?lang=en

24 Eurostat. Infant mortality rates. Available from https://ec.europa.eu/eurostat/databrowser/view/demo_minfind/default/table?lang=en

25 World Bank. Data. Population ages 65 and above (% of total population). Available from https://data.worldbank.org/indicator/SP.POP.65UP.TO.ZS

26 Eurostat. Ischaemic heart diseases deaths. Rate per 1000,000. Total. Age standardised. 2016.

27 Institute for Health Metrics and Evaluation, Global Burden of Disease (2019). DEATHS - NEOPLASMS - SEX: BOTH - AGE: AGE-STANDARDIZED (RATE).

28 WHO. Global Health Observatory. Prevalence of overweight among adults, BMI ≥ 25, age-standardized. Estimates by country. 2016. Available from https://apps.who.int/gho/data/node.main.A897A?lang=en

29 IDF Diabetes Atlas, 2021. Available from https://idf.org/

30 Eurostat. Treatable and preventable mortality of residents by cause and sex. 2019, or latest available year. Available from https://ec.europa.eu/eurostat/databrowser/view/hlth_cd_apr/default/table?lang=en

31 Zupančič V, Rogelj A. The quantitative assessment of patient satisfaction in the COVID-19 epidemic compared to the epidemic-free period. Patient Experience Journal. 2022;9(1).

32 H Ritchie, E Mathieu, L R Guirao, et al.(2020) - "Coronavirus Pandemic (COVID-19)". Published online at OurWorldInData.org

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