Factsheet

Slovakia

National Healthcare System

National Healthcare

- System: compulsory insurance-based model with 3 public insurers (state-owned Všeobecná, Dôvera, Union)
- Funding: employers pay ~11%, employees ~4% (as of 2024)
- Coverage: universal coverage via compulsory SHI; no gatekeeper enforcement for GPs, leading to high specialist visits

Key Stakeholders

- Ministry of Health (MZ SR) – central policymaker and regulator
- Health Insurance Companies – VšZP (55%), Dôvera (32 %), Union (12 %); purchase services, contract providers, negotiate payments
- National Health Information Centre (NCZI) – operates eHealth systems, manages national EHR (eZdravie), collects health data
- Public Health Authority (ÚVZ SR) – leads prevention, epidemiology, and crisis response via regional branches
- State Institute for Drug Control (ŠÚKL) – regulates medicines/devices, conducts HTA, and negotiates pricing
- Parliament & Professional Chambers & Municipalities & Regions

Funding & Budget Allocation

- National programmes: €112 million locked in for eHealth infrastructure (EHRs, e-prescriptions, telemedicine, interoperability)
- EU & international funding: EU4Health, Horizon Europe, and ESIF/Programme Slovaki
- National Recovery & Resilience Plan: ~€1 billion allocated to healthcare modernisation, mainly for hospital infrastructure but with some digital health components

Care Delivery & Procurement

- Decentralised procurement: hospitals and public providers handle most purchasing independently; health insurers do not buy directly, but shape procurement indirectly through reimbursement rules, benefit package decision, and HTS-based conditional coverage
- Centralised procurement initiative: NCZI and ministries coordinate eHealth/IT systems, COVID-19 response, and ~€1 billion RRP-funded hospital and digital investments

Digital Health Infrastructure

- National EHR: electronic Health Book is mandatory since 2018
- Domestic interoperability: legally required and centrally managed via NCZI
- Cross-border sharing: not legally mandated domestically

Reimbursement for Digital Services

Telemedicine and digital therapeutics: not reimbursed under public insurance; only direct services (e.g. prescriptions via teleconsultation) covered

Challenges & Priorities

Issues:

- Aging population & demographic pressure
- Financial sustainability & cost control
- Workforce shortages
- Hospital-centric care model
- Weak digitalisation & eHealth utilisation
- Governance & fragmentation

National priorities:

- AI & digital transformation as a strategic national priority
- Active funding of AI in healthcare
- RDI strategy & AI ecosystem support
- Toward value-based care & health data utilisation

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