World Health Organization

European Region

Can people afford to pay for health care? New evidence on financial protection in Slovenia: summary

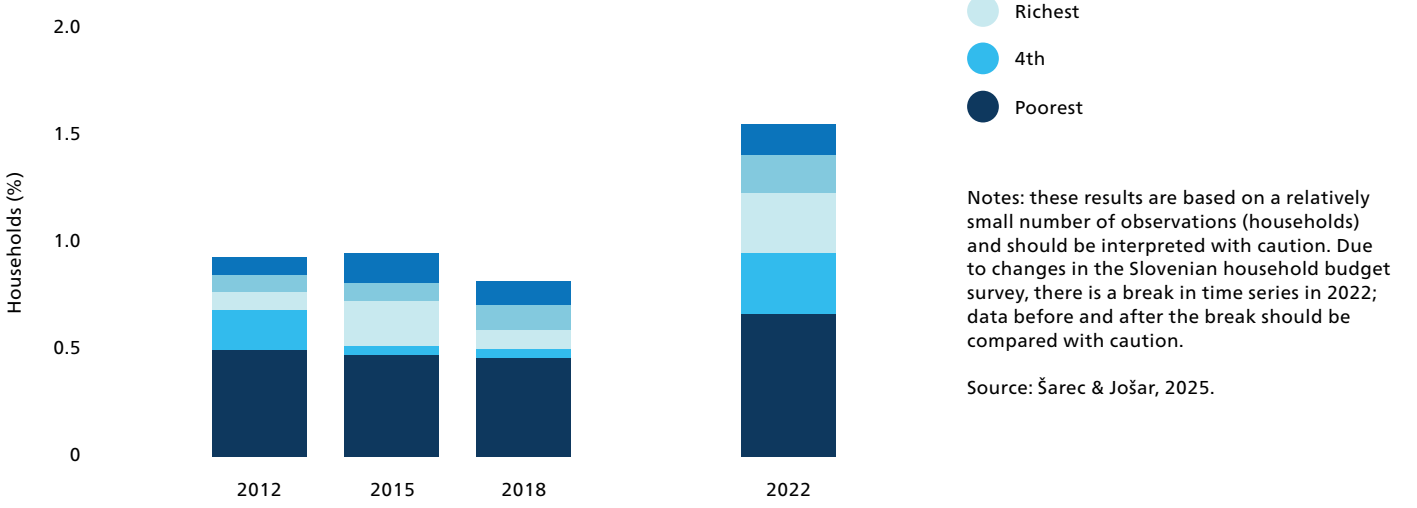
This review assesses the extent to which people in Slovenia face financial barriers to access or experience financial hardship when they use health care. It covers the period from 2012 to 2025 using data from household budget surveys from 2012 to 2022 (the latest available year), data on unmet need for health services up to 2024 (the latest available year) and information on coverage policy (population coverage, service coverage and user charges) up to May 2025 (UHC watch, 2025).

In 2022 0.2% of households were impoverished or further impoverished after out-of-pocket payments (data not shown) and 1.5% of households experienced catastrophic health spending (Fig. 1). Catastrophic health spending is concentrated in households with low incomes (Fig. 1).

The main drivers of catastrophic health spending in 2022 were dental care, outpatient medicines and outpatient care in the poorest quintile (Fig. 2). Medical products were a driver in the other quintiles in 2022 and a key driver in the poorest quintile in earlier years.

Unmet need for health care and dental care is mainly driven by waiting times, but cost is also a key driver for dental care (data not shown; Eurostat, 2025a; 2025b).

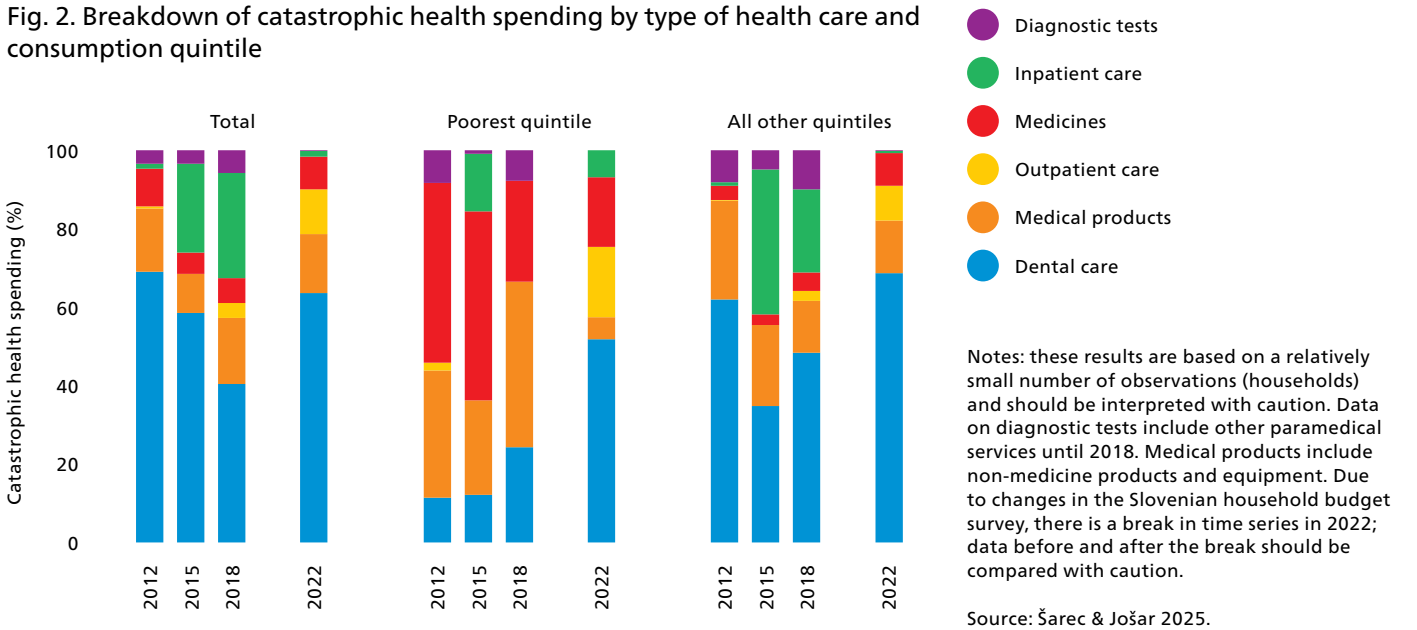
Fig. 1. Share of households with catastrophic health spending by consumption quintile



Notes: these results are based on a relatively small number of observations (households) and should be interpreted with caution. Due to changes in the Slovenian household budget survey, there is a break in time series in 2022; data before and after the break should be compared with caution.

Source: Šarec & Jošar, 2025.

Fig. 2. Breakdown of catastrophic health spending by type of health care and consumption quintile



Notes: these results are based on a relatively small number of observations (households) and should be interpreted with caution. Data on diagnostic tests include other paramedical services until 2018. Medical products include non-medicine products and equipment. Due to changes in the Slovenian household budget survey, there is a break in time series in 2022; data before and after the break should be compared with caution.

Source: Šarec & Jošar 2025.

How does Slovenia compare to other countries?

The incidence of catastrophic health spending in Slovenia is among the lowest in Europe (Fig. 3). Catastrophic health spending in the poorest consumption quintile is more heavily driven by out-of-pocket payments for dental care in Slovenia than in other countries in Europe (Fig. 4). Levels of unmet need for health care and dental care in Slovenia are above the EU average (data not shown; Eurostat, 2025a).

What strengthens and undermines financial protection in Slovenia?

Before a health financing reform in 2024, which abolished many user charges (co-payments), the low incidence of catastrophic health spending in Slovenia reflected a relatively comprehensive publicly financed benefits package and extensive protection from heavy percentage co-payments through carefully regulated complementary voluntary health insurance (VHI) covering user charges. This type of VHI typically covered 95% of people liable for user charges.

But gaps in coverage persisted, particularly for households with low incomes. This is likely to have reflected a lack of protection from the user charges that were not covered by complementary VHI, a lack of full Health Insurance Institute of Slovenia (HIIS) coverage for around 1% of the population (at the end of 2023) eligible to be covered (mainly self-employed people) and lack of coverage for undocumented migrants.

In January 2024 the Government of Slovenia abolished most co-payments – an example of good practice to other countries in Europe and beyond – and replaced premiums for complementary VHI covering most HIIS co-payments with a new mandatory flat-rate monthly contribution, known as obvezni zdravstveni prispevek (OZP) [compulsory health contribution], of €37 a month per person in 2025. The OZP is paid by about three quarters of the population.

The 2024 reform introduced some policy changes that are likely to be beneficial for financial protection: the abolition of all percentage co-payments has reduced user charges and removed the need for complementary VHI covering co-payments, which has in turn lowered complexity and administrative and transaction costs in the health system. These are important gains.

Several issues continue to require policy attention, however.

- Heavy reliance on mandatory contributions levied on the labour market to finance the health system is a challenge in the context of population ageing: as the working-aged share of the population falls, recent analysis finds that Slovenia is likely to experience a significant decline in public revenue for health, increasing fiscal pressure in the health system (Cylus et al., 2025). Unless Slovenia takes steps to broaden its public revenue base for health, there is a strong risk that budgetary pressure could push up waiting times and erode coverage.

- Long waiting times lead to higher take up of supplementary VHI offering faster access to treatment, mainly among people with higher incomes, which is likely to increase inequalities in access to health care.

Fig. 3. Households with catastrophic health spending and out-of-pocket payments as a share of current spending on health in the WHO European Region, latest available year

Notes: data on catastrophic health spending and out-of-pocket payments are for the same year, except for Greece and Slovakia where out-of-pocket payments are for 2022. The colour of the dots reflects the incidence of catastrophic health spending: green < 2%, yellow < 5%, orange < 10%, red < 15%, dark red over 15%. See page 5 for country codes.

Source: UHC watch (2025) and WHO (2025) for data on out-of-pocket payments.

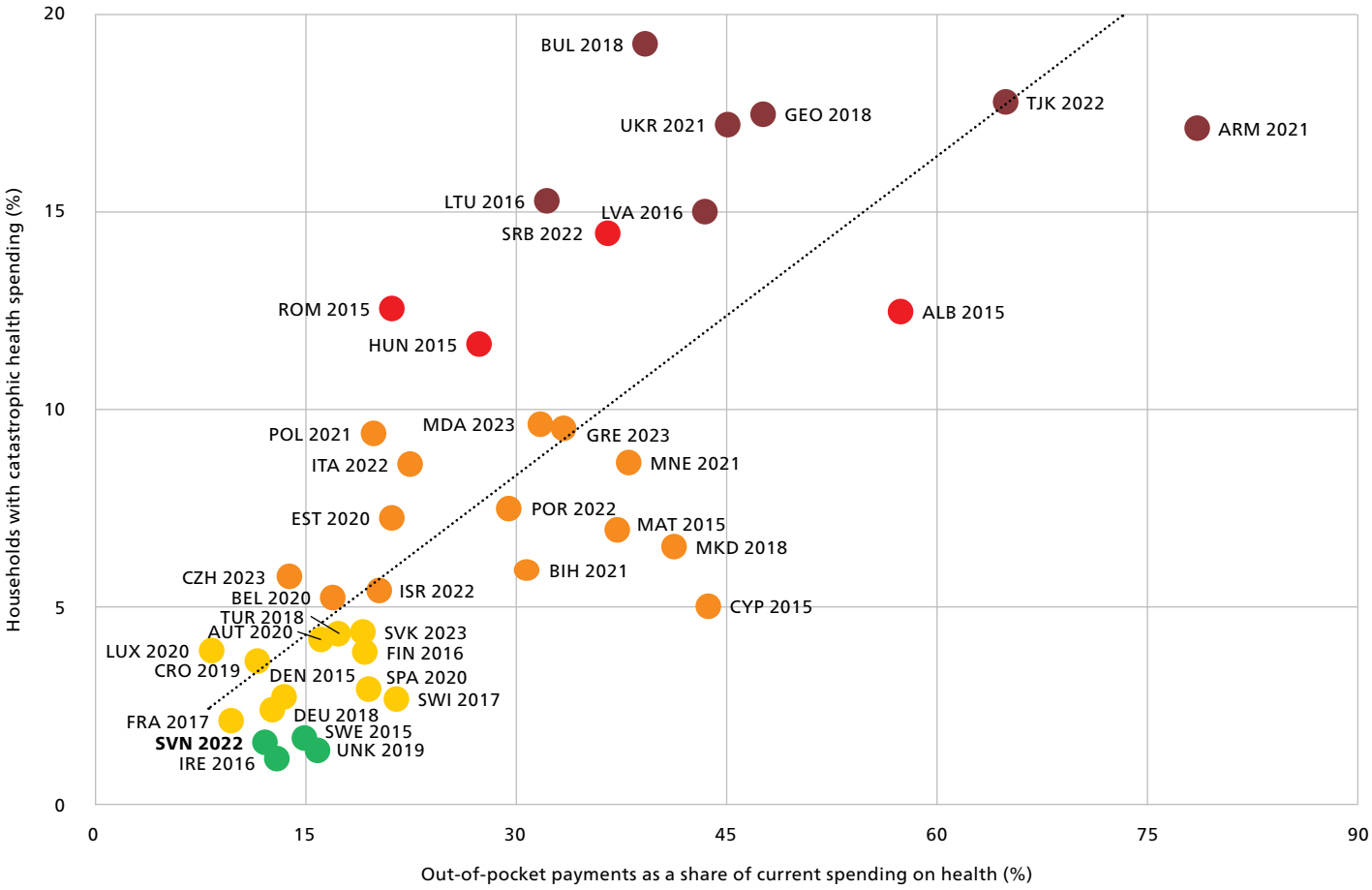
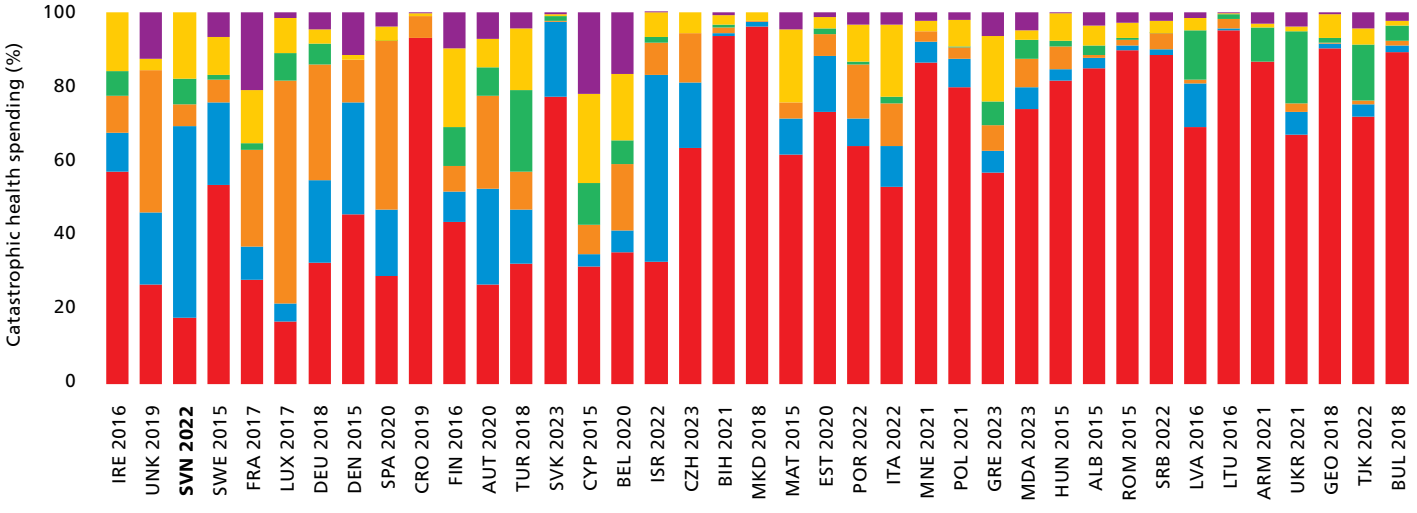


Fig. 4. Breakdown of out-of-pocket payments by type of health care in households in the poorest quintile with catastrophic health spending, WHO European Region, latest available year

Notes: countries ranked from left to right by the incidence of catastrophic health spending. Types of health care are sorted by the unweighted average across all households and all countries. See page 5 for country codes.

Source: UHC watch (2025).



- There is a lack of protection from extra charges for some dental treatment and from "avoidable co-payments" caused by reference pricing for outpatient prescribed medicines and medical products (which means that people pay the difference between the retail and the reference price; 13% of the prescribed medicines dispensed in 2023 incurred these "avoidable co-payments").

- There are remaining gaps in the benefits package for dental care for adults (which is currently being expanded) and limited access to covered vision and hearing aids due to lack of public awareness.

- Although some groups of people are exempt from paying the OZP, it remains a regressive financing mechanism, placing a much heavier financial burden on households with lower incomes.

- Entitlement to the full range of HIIS benefits is linked not only to payment of regular social health insurance contributions but also to payment of the new flat-rate contribution (OZP), which may result in a small but significant gap in population coverage. There is also a gap in population coverage for undocumented migrants.

How can Slovenia improve financial protection?

Building on recent efforts, the Government can consider the following options to continue to improve financial protection, particularly for people with low incomes, and to prevent financial hardship and unmet need from increasing in the future.

Broaden the public revenue base for the health system to reduce reliance on employment, so that public revenue for health does not shrink as the population ages. Options include greater use of government budget transfers to the SHI scheme and extending the levy base for some or all of the HIIS contribution to non-wage forms of income.

Continue to address long waiting times. The Government should find ways to bring down waiting times to more acceptable levels and ensure that supplementary VHI offering faster access to treatment does not exacerbate inequalities in access to health care.

Protect people with low incomes from any remaining user charges for covered health care by: exempting them from reference pricing for outpatient prescribed medicines and extra charges for dental treatment; introducing a cap on all co-payments, ideally linked to income (WHO Regional Office for Europe, 2023; Cylus et al., 2024; García-Ramírez et al., 2025); and applying these protection mechanisms automatically, using digital tools, to ensure all eligible people benefit (Kasekamp & Habicht, 2025).

Avoid introducing or increasing user charges in the future. A large body of evidence shows that user charges are not an effective way of directing people to use health care more efficiently and have negative effects on affordable access to health care and other aspects of health system performance (WHO Regional Office for Europe, 2023).

Improve the affordability of outpatient medicines, as well as dental care for adults, corrective lenses and hearing aids. Around 13% of all outpatients prescribed medicines dispensed incur "avoidable co-payments" arising from reference pricing. This share could be reduced by ensuring that health care workers have incentives to prescribe and dispense the cheapest alternatives. It may also be useful to explore why households are spending on over-the-counter medicines. Ensure affordable access to adult dental care, corrective lenses and hearing aids by granting standard-quality benefits and promoting proper awareness of entitlements among the public and providers.

Address the regressivity of the new flat-rate contribution (the OZP), so that it no longer imposes a much heavier financial burden on people with lower incomes.

Find ways to ensure the HIIS covers the whole population. Options include changing the basis for entitlement to residence (as France did in 2000) or continuing to give people full access to HIIS benefits, even if they have not paid mandatory contributions (as in Czechia) (WHO Regional Office for Europe, 2023; UHC watch, 2025). This is particularly important now that entitlement to HIIS benefits depends not just on payment of regular HIIS contributions but also on payment of the OZP.

If carefully targeted to reduce financial hardship and unmet need for households with low incomes, these measures will make the health system more efficient, fair and resilient now and in the future, particularly in the context of population ageing.

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1. All references were accessed on 18 July 2025.

Countries

ALB: Albania; ARM: Armenia; AUT: Austria; BEL: Belgium; BIH: Bosnia and Herzegovina; BUL: Bulgaria; CRO: Croatia; CYP: Cyprus; CZH: Czechia; DEN: Denmark; DEU: Germany; EST: Estonia; FIN: Finland; FRA: France; GEO: Georgia; GRE: Greece; HUN: Hungary; IRE: Ireland; ISR: Israel; ITA: Italy; LTU: Lithuania; LUX: Luxembourg; LVA: Latvia; MAT: Malta; MDA: Republic of Moldova; MKD: North Macedonia; MNE: Montenegro; POL: Poland; POR: Portugal; ROM: Romania; SPA: Spain; SRB: Serbia; SVK: Slovakia; SVN: Slovenia; SWE: Sweden; SWI: Switzerland; TJK: Tajikistan; TUR: Türkiye; UKR: Ukraine; UNK: United Kingdom.

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Monitoring financial protection in Europe

This study is part of a series of country reports generating new evidence on financial protection – affordable access to health care – in health systems in Europe and central Asia. Financial protection is central to universal health coverage, an indicator of the Sustainable Development Goals, part of the European Pillar of Social Rights and at the centre of the European Programme of Work, WHO's strategic framework for the European Region. The WHO Regional Office for Europe monitors financial protection in over 40 countries through the WHO Barcelona Office for Health Systems Financing. See UHC watch for data, analysis and other resources (https://apps.who.int/dhis2/uhcwatch).

WHO Barcelona Office for Health Systems Financing

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