



General data

POPULATION, 2023
5,426,740
PHYSICIANS / 1,000 INH, 2021
3.68

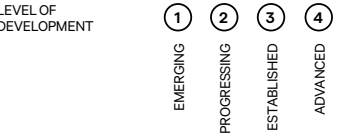
Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income
GDP PER CAPITA (US\$), 2023
24,491
HEALTH EXPENDITURE (% GDP), 2021
7.75
UNIVERSAL HEALTH COVERAGE, 2021
82



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ⑥ POLICIES
- ③ RESEARCH
- ⑥ USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC



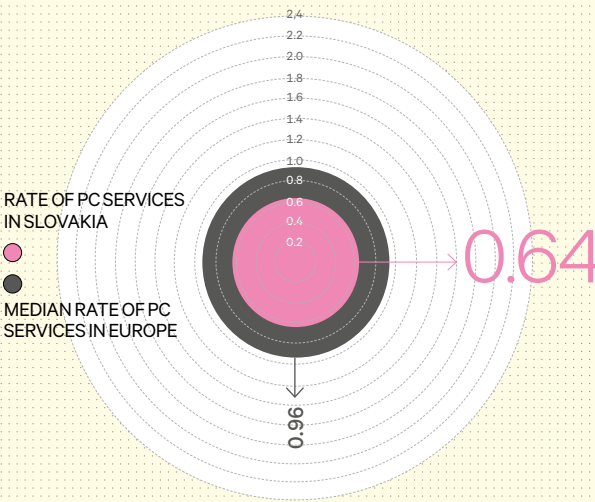
Consultants: Andrea Skripekova.
National Association: Association of Hospice and Palliative Care of Slovakia (AHAPS).
Data collected: October 2024–March 2025
Report validated by consultants: No
Endorsed by National PC Association: No
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Slovakia

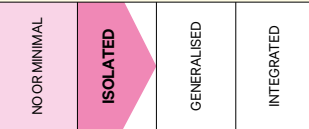
F Provision of PC (Specialised Services)

Total number of Specialised PC services
35
Rate of PC services per 100,000 inhabitants
0.64

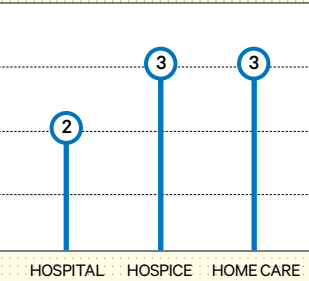
Slovakia in the context of European region



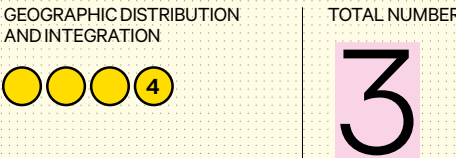
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

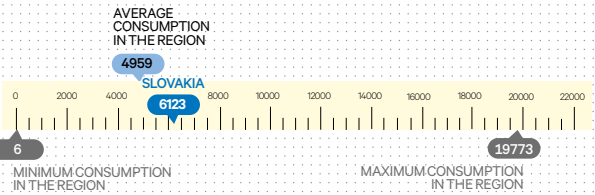


Slovakia

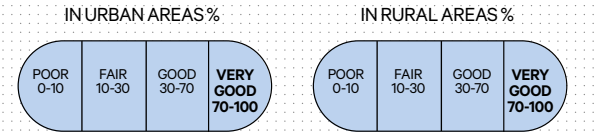
D Use of essential medicines

Opioids consumption (excluding methadone)
6,123
S-DDD/MILL INHABITANTS/DAY

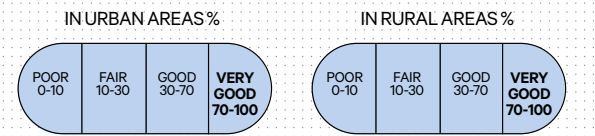
Slovakia in the context of European region



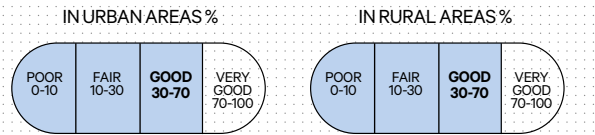
Overall availability of essential medicines for pain and PC at the primary level



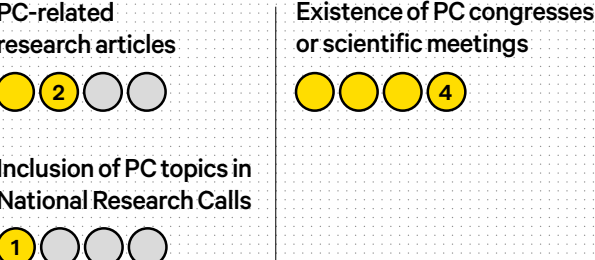
General availability of immediate-release oral morphine at the primary level



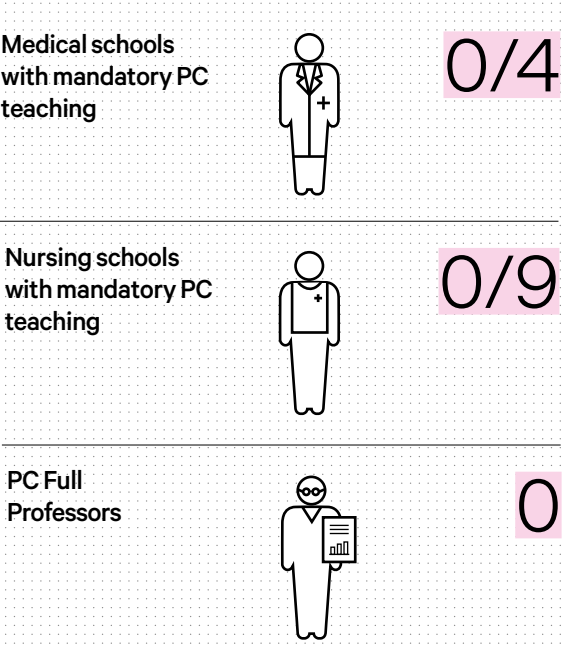
General availability of different opioids and in different formulations at the primary level



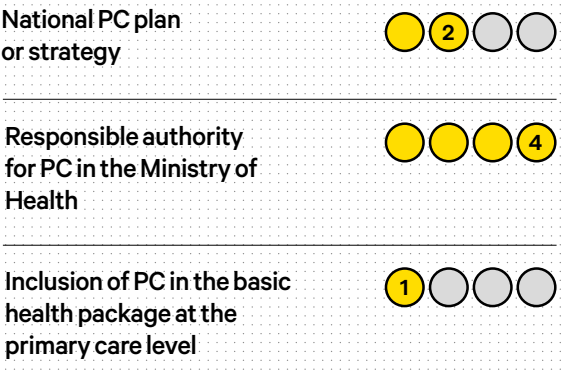
C Research



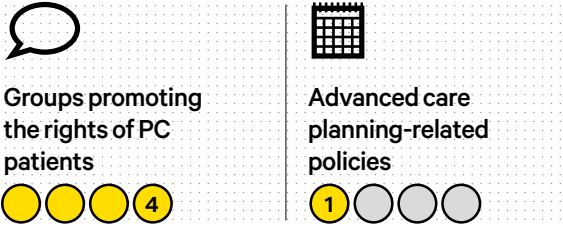
E Education & Training







B Policies







A Empowerment of people and communities



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<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.</p>	<p> 4</p> <p>Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.)</p>	<p>In 2000, the Association for Hospice and Palliative Care (AHAPS) was founded by Dr. Alena Kollarova, marking the initiation of structured palliative care advocacy and development. In 2006, the Conception of Palliative Care was officially accepted by the Ministry of Health, a significant step in formalizing policies, led by Dr. Kristina Krizanova. The Slovak Society of Palliative Medicine, a part of the Slovak Medical Society, was established in 2015 by Dr. Krizanova, Dr. Andrea Skripekova, and Dr. Jana Hoozova, to foster professional collaboration. The Postgraduate Educational Programme at the Slovak Health University was launched in 2012, contributing to the training of specialists. In 2022, the Palliative Care Legislation was adopted by the Slovak Parliament as part of the Resilience and Recovery Plan, a major policy development, under the leadership of Dr. Skripekova, who chaired the expert group.</p>
<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	<p> 1</p> <p>There is no national policy or guideline on advance care planning.</p>	<p>In 1997, the National Assembly ratified the Convention on the Protection of Human Rights in Biomedicine, emphasising the importance of considering a patient's prior expressed wishes when they are unable to communicate. This principle underscores the significance of respecting patient autonomy, particularly in medical decision-making. In 1999, the Convention was published in the Collection of Laws under no. 40/2000. Although the Convention, according to Article 7, Act no. 460/1992, takes precedence over Slovak national laws, it was not fully incorporated into legal frameworks. Consequently, healthcare professionals attempting to respect a patient's autonomy at the end of life could risk violating Section 177, paragraph 2 of the Slovak Criminal Code, which mandates the provision of necessary assistance.</p>
<p>Ind3</p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p> <p>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.</p>	<p> 2</p> <p>Developed over 5 years ago.</p> <p> 4</p> <p>Yes, there is a standalone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC.</p>	<p>Slovakia currently does not have an official Implementation Plan for Palliative Care Integration as a standalone legislative, sub-legislative, or government document, though such a plan is in preparation. However, palliative care is incorporated into the National Cancer Programme as outlined on the official website of the Slovak National Oncology Institute (NOI): National Cancer Programme. At the sub-legislative level, the Conception of Palliative Care was published in the Vestník MZ SR in August 2006, but it has not been updated since the acceptance of the palliative care legislation. A significant step forward occurred in June 2022, when the Slovak National Parliament accepted the new Palliative Care Legislation - Zákon 576/2004. This legislation introduced several key provisions, primarily included in Zákon 576/2004: a) Definition of Palliative Care: § 2, ods. 39, b) Definition of Basic and Specialised Palliative Care: § 10e, c) Referral to Palliative Care: § 6ba, d) Multidisciplinary Approach</p>

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<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	<p> 1</p> <p>Not known or does not exist.</p>	<p>in Palliative Care: § 4. These developments represent significant progress in integrating palliative care into the Slovak health-care system, although further steps, including the finalization of the implementation plan, are still pending.</p>
<p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	<p> 1</p> <p>Not at all.</p>	<p>No evidence found.</p>
<p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff.</p>	<p> 4</p> <p>The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).</p> <p> 1</p> <p>Does not have concrete functions or resources (budget, staff, etc.)</p>	<p>The Ministry of Health of the Slovak Republic has a designated Chief Specialist for Palliative Medicine, currently held by Andrea Škripekova. This position is responsible for providing expert guidance in the field of palliative care, particularly in policy and practice development. However, it is important to note that the role exists without dedicated resources, meaning that the chief specialist's expertise and recommendations are not supported by specific funding or infrastructural backing. Despite this limitation, the position is crucial in advising and influencing the direction of palliative care in Slovakia, even though the lack of resources may constrain the full implementation of proposed initiatives or reforms.</p>



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<p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	<p>●●●●4</p> <p>At least one national conference specifically dedicated to palliative care every year.</p>	<p>Each year, the Slovak Society of Palliative Medicine and the Institute for Education in Palliative Medicine (IVPM o.z.) organize an annual conference to advance the field of palliative care in Slovakia. These conferences provide a platform for experts, healthcare professionals, and stakeholders to exchange knowledge, discuss new developments, and collaborate on improving palliative care practices.</p>
<p>Ind7:1</p> <p>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</p>	<p>●●2●●</p> <p>Reflects a limited number of articles published.</p>	<p>The journal <i>Paliatívna medicína a liečba bolesti</i> is published electronically twice a year, focusing on PC and pain management. Additionally, some publications released are: 1) Availability and Accessibility of Antiemetics Recommended by the MASCC/ESMO Guidelines in the Eastern European and Balkan Region; 2) Availability of and Access to Strong Opioid Medications for Cancer Patients in Eastern Europe and the Balkans, etc.</p>
<p>Ind7:2</p> <p>Inclusion of PC topics in national research calls.</p>	<p>1●●●●</p> <p>There are no national research calls at all.</p>	<p>Currently, there are no national research calls specifically dedicated to palliative care in Slovakia.</p>
<p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>	<p>6,123</p> <p>S-DDD PER MILLION INHAB / DAY</p> <p>COUNTRY VS REGION</p> <p>AVERAGE CONSUMPTION IN THE REGION</p> <p>4959</p> <p>SLOVAKIA</p> <p>6123</p> <p>0 2000 4000 6000 8000 10000 12000 14000 16000 18000 20000 22000</p> <p>6</p> <p>19773</p> <p>MINIMUM CONSUMPTION IN THE REGION</p> <p>MAXIMUM CONSUMPTION IN THE REGION</p> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p>	



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<p>Ind9</p> <p>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.</p> <p>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.</p>	<p>●●●●4</p> <p>●●●●4</p>	<p>In Slovakia, while pain medication is generally accessible, there are significant barriers to its use. In 2010, only certain specialists such as oncologists, surgeons, and some pain specialists, were authorised to prescribe opioid medications. Family physicians and palliative care specialists were not allowed to prescribe opioids. Furthermore, patients who require opioids must register and obtain a permit to confirm their eligibility. There were also strict regulations on the quantity of opioid medication that can be prescribed at once. No updated information was found in this regard.</p>
<p>Ind10:1</p> <p>10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p>	<p>●●●●4</p> <p>●●●●4</p>	<p>In Slovakia there is no policy restriction for prescribing of immediate-release of morphine. However, despite there being no restrictions on its prescription, there are important barriers that make it difficult for patients to access the medication.</p>
<p>Ind10:2</p> <p>10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.</p> <p>10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.</p>	<p>●●●3●</p> <p>●●●3●</p>	<p>In Slovakia, the prescription of certain opioids, such as fentanyl, buprenorphine, and oxycodone, is restricted to specific specialists. Algesiologists, palliative care specialists, rheumatologists, orthopedists, oncologists, neurologists, hematologists, and geriatricians are authorised to prescribe these medications. This limitation ensures that opioid prescriptions are managed by healthcare professionals with specialised training in pain management and related fields.</p>

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<p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors.</p> <p>11.6. Legislation/regulations concerning PC education.</p>	<p>0/4</p> <p>1/4</p> <p>0/9</p> <p>1/9</p> <p>0</p> <p>No</p>	<p></p> <p>According to the 2019 EAPC Atlas report, Slovakia has 4 medical schools, but only one of them offers an elective course in palliative care. Similarly, out of the 9 nursing schools in the country, only one offers an elective subject focused on palliative care. As of 2010, according to a Kjell Erik Strømskag's research, only two specialists in palliative medicine were identified in Slovakia at that time. Additionally, there were no academic positions or departments dedicated to palliative medicine at the medical faculties in the country. However, there were 40 specialists in pain treatment, and most of them had experience in palliative care. Currently, one person with a PhD in palliative medicine has been reported in Slovakia.</p>
<p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p>	<p>Palliative medicine has been recognised as a sub-specialisation in Slovakia since 2012. The accreditation of the palliative medicine programme is managed by the Department of Palliative Care at the Slovak Health University in Bratislava, initially led by Kristina Križanová since its establishment and subsequently by Andrea Škripeková from 2016 onwards.</p>

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<p>Ind13</p> <p>13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p>	<p> Isolated provision: Exists but only in some geographic areas.</p> <p> Ad hoc/ in some parts of the country.</p> <p> Found in many parts of the country.</p> <p> Found in many parts of the country.</p>	<p>According to the Annual Report on the State of Oncology in Slovakia for the year 2023, the total number of services is 35. Published in Bratislava in 2024 (<i>Stav onkológie na Slovensku</i>), and compiled by the National Oncology Institute, the distribution of mobile hospices in Slovakia is as follows: Bratislavský kraj (6 mobile hospices), Trnavský kraj (4 mobile hospices), Trenčiansky kraj (3 mobile hospices with unmet minimum network), Nitriansky kraj (3 mobile hospices with unmet minimum network), Žilinský kraj (3 mobile hospices with unmet minimum network; one mobile hospice provides services through 5 health-care facilities), Banskobystrický kraj (5 mobile hospices with unmet minimum network), Prešovský kraj (9 mobile hospices), and Košický kraj (2 mobile hospices with unmet minimum network). The deployment of mobile hospices by service providers include: ADOS-NÁDEJ-AOK, s.r.o., Svidník; Arcidiecézna charita Košice, Bardejov; Diecézna charita Banská Bystrica, Banská Bystrica; Diecézna charita Nitra, Nitra; Domáca hospicová starostlivosť, s.r.o., Skalica; Dotyk Života, amongst others..</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>SLOVAKIA</p> <p>0.96</p> <p>0.64</p> <p>0</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>35</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p>Ind14</p> <p>14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p> Integrated provision: Specialised palliative care services or teams for children are systematically provided.</p> <p>3 PPC TEAMS</p>	<p>The mobile hospice 'Plamienok' in Bratislava, established in 2003, is a pioneering non-profit organisation that commenced providing home hospice care services back in 2004. The mobile hospice 'Svetielko pomoci', in Košice, founded in 2011, is a non-profit organisation dedicated to providing home hospice care and supporting families in eastern Slovakia. This institution has made significant strides in paediatric PC, establishing the first mobile hospice for children in the eastern region in 2012. Svetielko pomoci offers 24/7 individual patient transportation, palliative home-care for children at terminal stages of life, accommodation for families, and material, financial, and moral support. The mobile hospice 'Svetielko nádeje' in Banská Bystrica, established in 2013, operates as a civic association providing home hospice care with a focus on clinical oncology.</p>