



General data

POPULATION, 2023
2,120,461
PHYSICIANS / 1,000 INH, 2021
3.32

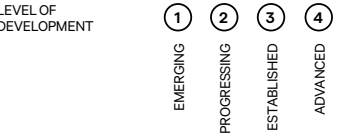
Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income
GDP PER CAPITA (US\$), 2023
32,610
HEALTH EXPENDITURE (% GDP), 2021
9.48
UNIVERSAL HEALTH COVERAGE, 2021
84



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ① EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ② POLICIES
- ③ RESEARCH
- ④ USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC



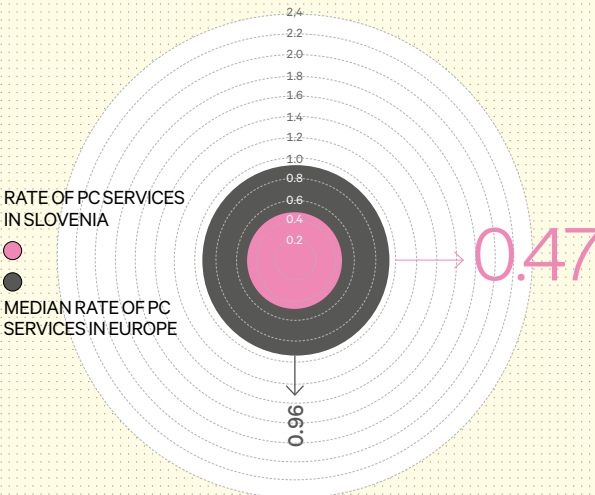
Consultants: Maja Ebert Molara; Mateja Lopuh; Anamarija Meglič; Maja Šeruga; Erika Zelko; Andrej Žist; Marjana Bernot; Petra Gornik; Stanislav Malačič; Vesna Papuga and Katja Kusek.
National Association: Slovenian Association for Palliative and Hospice Care (SZPHO).
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
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Slovenia

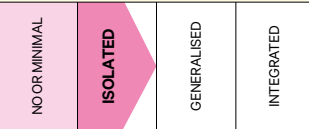
F Provision of PC (Specialised Services)

Total number of Specialised PC services
10
Rate of PC services per 100,000 inhabitants
0.47

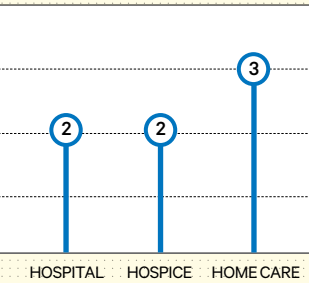
Slovenia in the context of European region



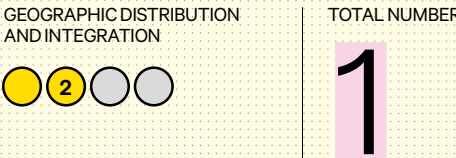
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

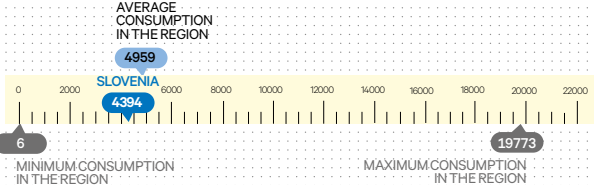


Slovenia

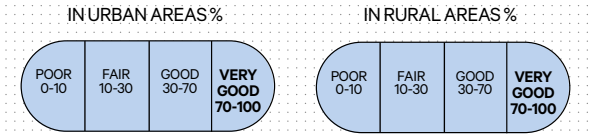
D Use of essential medicines

Opoids consumption (excluding methadone)
4,394
S-DDD/MILL INHABITANTS/DAY

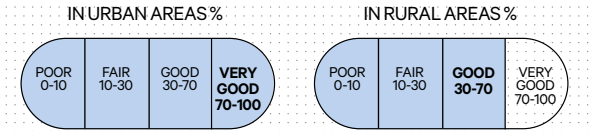
Slovenia in the context of European region



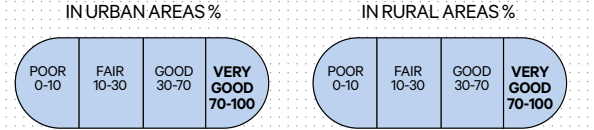
Overall availability of essential medicines for pain and PC at the primary level



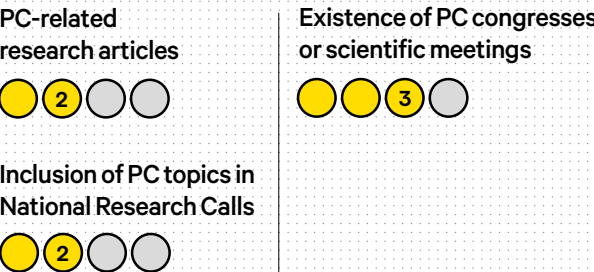
General availability of immediate-release oral morphine at the primary level



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



C Research



E Education & Training

Medical schools with mandatory PC teaching
0/2

Nursing schools with mandatory PC teaching
1/9

PC Full Professors
0

Recognition of PC specialty
2

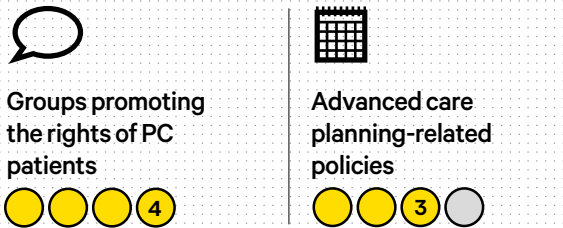
B Policies

National PC plan or strategy
3





Responsible authority for PC in the Ministry of Health
3

Inclusion of PC in the basic health package at the primary care level
3





A Empowerment of people and communities





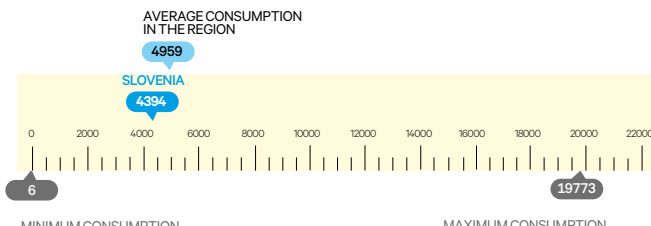
EU Slovenia

Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 4 Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.)	There are several groups promoting the rights of patients with palliative care needs such as the Slovenian Association for hospice and palliative care - national organisation, the Slovenian Hospice Society, the Third floor heroes - parents of children with malignant disease, the Julian Viljem Society - parents of children with rare diseases, the Palias Society - promoting empowerment of patients and their proxies, better understanding of palliative care. However, it is important to note that, in Slovenia, since majority of other groups, specially patient groups, still do not recognize the value and need of palliative care promotion, the strength of palliative care advocacy is uneven.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 3 There is/are national policies or guidelines on living wills and/or on advanced directives.	Advanced care planning and surrogate decision makers are described in the Patients' Rights ACT, nonetheless advance care planning is not part of everyday practice; it is rather scarce and as part of some ongoing studies. There is also the right for refusing medical care in advance (in slov.: Vnaprejšnja zavrnitev zdravstvene oskrbe).
Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 3 Actualized in last 5 years, but not actively evaluated or audited.  3 There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.	There have been a number of national PC programmes, starting by the Slovenian National programme for PC development 2010 (prepared with the help of WHO experts and with short, mid and long term goals). The first Action Plan was the 2011-2016-plan. In 2016 a National coordinator for PC development was designated. The Second Action Plan was prepared in 2016 - 2021, aimed at developing guidelines for the introduction PC at all levels of health care, including consultants services. The work group stopped its work in 2019 due to COVID epidemic. In 2021, the MoH began implementing an European project, in progress, on mobile PC units: 9 teams were established. Five more need to be funded by the end of the project (2026). In 2023, a third working group designation to prepare a third Action Plan was delayed due to organisational circumstances at the MoH. In August 2024, a new national coordinator was named. Furthermore, the National Cancer Programme 2017-2021 had a specific section and several goals related to palliative care and







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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 2 The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.	there is a National programme for paediatric palliative care (in slov.: Na rt paliativne oskrbe otrok na vseh zdravstvenih nivojih) and public policy of the Ministry of Health but no National palliative care law nor indicators in national plan yet.
Ind4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 3 Included in the essential list of services recognised by a government decree or law but not in the General Health Law.	In Law on Patients' Rights, Article 39, on the prevention and alleviation of suffering, it is recognised that (...), "the terminally ill patient and the patient with an incurable disease causing severe suffering have the right to palliative treatment." However, it is not listed under the list of health services at the primary care level contemplated in the general health care law.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health?	 3 There is a coordinating entity but has an incomplete structure (lack of scientific or technical section).	National coordinator for palliative care was named in 2016, and recently a new one has been appointed in August 2024. Nevertheless, there is no specific budget for the palliative care development at the Ministry of Health as funding is provided from the insurance. National coordinator has a budget of 15.000 Eur for educational purposes.
5.2. The national authority has concrete functions, budget and staff.	 2 There are concrete functions but do not have a budget or staff.	

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Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC.	 At least one non-palliative care congress or conference (cancer, HIV, chronic diseases, etc.) that regularly has a track or section on palliative care.	There is a national conference on palliative care, but it takes place every second year. The 6th congress will take place in October 2025.
Ind7:1 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.	 Reflects a limited number of articles published.	A low number of research articles have been retrieved.
Ind7:2 Inclusion of PC topics in national research calls.	 Although there are national research calls, no PC topics are ever included.	Although there are national research calls, no palliative care topics were ever included.
Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.		<div data-bbox="697 1512 890 1585"> 4,394 S-DDD PER MILLION INHAB / DAY </div> <div data-bbox="905 1512 1187 1627"> Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022. </div> <div data-bbox="697 1659 1305 1911"> <p>COUNTRY VS REGION</p>  <p>Average consumption in the region: 4959</p> <p>SLOVENIA: 4394</p> <p>MINIMUM CONSUMPTION IN THE REGION: 6</p> <p>MAXIMUM CONSUMPTION IN THE REGION: 19773</p> </div>

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Ind9 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. 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.	 	Any physician can prescribe any of the medicines in the list independently or in consultation with a physician from the Paediatric Palliative Care Team University Children's Hospital on call 24/7. The patient receives the medicine from a pharmacy that is part of the public health system. Nevertheless, according to the List of indispensable medications from Agency for Medicinal Products and Medical Devices of the Republic of Slovenia, not all medicines in the WHO model list are included.
Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).	 	Morphine(in tablets) is included in the List of indispensable medications from Agency for Medicinal Products and Medical Devices of the Republic of Slovenia.
Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.	 	Any physician can prescribe any of the medicines in the list independently or in consultation with a physician from the Paediatric Palliative Care Team University Children's Hospital on call 24/7. The patient receives the medicine from a pharmacy that is part of the public health system. Nevertheless, according to the List of indispensable medications from Agency for Medicinal Products and Medical Devices of the Republic of Slovenia, not all medicines in the WHO model list are included.

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<div>Ind11</div> <div><div>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</div><div>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</div><div>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</div><div>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</div><div>11.5. PC Full Professors.</div><div>11.6. Legislation/ regulations concerning PC education.</div></div>	<div>0/2</div> <div>2/2</div> <div>1/9</div> <div>N/A</div> <div>0</div> <div>No</div>	<div></div> <div>There are no obligatory formal undergraduate medical education in palliative care yet in medical or in nursing schools. One of the two universities in the country offers a non-obligatory course. However, the 2 medical schools have some palliative care basics integrated into other modules. Regarding nursing schools, 1 out of 9 has a palliative care subject while all others include palliative care but only as part as oncology, long term care, geriatrics, and other subjects. There are no full professors in palliative medicine in the country and there is only the recommendation of the Medical Chamber of Slovenia for the training of residents of paediatrics, oncology and some other specialities.</div>
<div>Ind12</div> <div><div>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</div></div>	<div><div><div><div></div><div>2</div><div></div><div></div></div></div><div>There is no process on specialisation for palliative care physicians but exists other type of professional training diplomas without official and national recognition.</div></div>	<div>There is an educational 60 hours programme of basic palliative care (in slov.: <i>Korak za korakom</i>) that can be completed with certificate of additional knowledge (certificate of the Medical Chamber of Slovenia), but there is no advanced palliative care educational programme such as (sub)specialisation for physicians.</div>

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<div>Ind13</div> <div><div>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.</div><div>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.</div><div>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</div><div>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.</div><div>13.5. Total number of specialised PC services or teams in the country.</div></div>	<div><div><div><div></div><div>2</div><div></div><div></div></div></div><div>Isolated provision: Exists but only in some geographic areas.</div></div> <div><div><div><div></div><div>2</div><div></div><div></div></div></div><div>Ad hoc/ in some parts of the country.</div></div> <div><div><div><div></div><div>2</div><div></div><div></div></div></div><div>Ad hoc/ in some parts of the country.</div></div> <div><div><div><div></div><div>3</div><div></div><div></div></div></div><div>Found in many parts of the country.</div></div>	<div>There are ten specialised palliative care teams, two of which have hospital beds: two hospices (1/2 has beds), 9 perform home visits but, but the majority (7) only once or twice a week. These ten specialised services represent 0,47 services per 100,000 inhabitants.</div> <div><div><div><div>RATE OF SPECIALISED PC SERVICES/100,000 INH</div><div><div><div><div>0</div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div></div><div><div><div>0.96</div></div><div><div><div>0.47</div></div><div><div>3.68</div></div></div><div><div>MINIMUM RATE IN THE REGION</div><div>MEDIAN RATE IN THE REGION</div><div>MAXIMUM RATE IN THE REGION</div></div></div></div><div><div>10</div><div>SPECIALISED PALLIATIVE CARE SERVICES</div></div></div></div></div></div>
<div>Ind14</div> <div><div>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.</div><div>14.2. Number of pediatric specialised PC services or teams in the country.</div></div>	<div><div><div><div></div><div>2</div><div></div><div></div></div></div><div>Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.</div></div> <div><div><div><div></div><div>1</div><div></div><div></div></div></div><div>PPC TEAMS</div></div>	<div>There is one team for Palliative Care for Children, University Children's Hospital Ljubljana. Palliative care teams for children are in the process of setting up in some regional hospitals in the country after the conduction of training courses in each region. To date, there is no home care support for children.</div>