

STATE OF HEALTH IN THE EU

Synthesis Report 2025 Health Policy Reform Trends in the EU

Dirk VAN DEN STEEN, Head of Unit, State of Health, Directorate General for Health and Food Safety (DG SANTE) | European Commission

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This Synthesis Report draws on 2025 Country Health Profiles to analyse recent health system reform trends and policy innovations across EU Member States, Iceland and Norway

European Commission

State of Health in the EU

Synthesis Report 2025

Health Policy Reform Trends in the EU

OECD
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European Observatory
on Health Systems and Policies
A partnership between WHO and OECD

Part one

- #### Stepping up the primary prevention of NCDs
- #### Strengthening primary care
- #### Accelerating the adoption of digital health solutions
- #### Promoting affordable access to pharmaceuticals

Part two

SLOVAKIA

- Slovakia's life expectancy recovered to 78.6 years in 2024, yet remains 31 years below the EU average, with a wide 6.7-year gender gap. Cardiovascular diseases and cancer are the dominant causes of death, accounting for over two-thirds of all mortality. While the prevalence of cardiovascular disease is comparable to the EU average, its incidence is nearly 25 % higher, suggesting greater exposure to risk factors or gaps in early prevention. Cancer incidence is also slightly above average, but lower prevalence indicates higher mortality – an issue the updated National Oncology Plan seeks to address.
- Behavioural and environmental risk factors contribute significantly to Slovakia's mortality burden, accounting for 35 % of all deaths. Smoking rates among both adults and adolescents remain high, while the growing use of e-cigarettes has prompted new taxes and proposed flavour bans as part of efforts to reinforce the national tobacco control strategy.
- Although average alcohol consumption has declined to 9.5 litres per capita, harmful drinking patterns persist among young people. Obesity is also on the rise, affecting 17 % of adults and 22 % of 15-year-olds, largely due to poor dietary habits and low levels of physical activity. A new national strategy for 2024–2030 has been introduced to address these risk factors.
- Slovakia's social health insurance system ensures near-universal coverage through three competing insurers, although the main public insurer has experienced persistent deficits until recently. Overall health spending remains low, at EUR 2 088 per capita, with public funding accounting for 79 % of total expenditure. Out-of-pocket payments are above the EU average, particularly for pharmaceuticals.
- Spending is heavily skewed toward inpatient care and outpatient medicines, while prevention and long-term care remain comparatively underfunded. Despite relatively high hospital capacity, chronic workforce shortages – just 3.8 doctors and 5.7 nurses per 1 000 population, continue to undermine the accessibility and quality of service delivery.
- Avoidable mortality in Slovakia remains among the highest in the EU, with preventable deaths in 2022 nearly double the EU average and treatable deaths approximately 50 % higher. Ischaemic heart disease, alcohol-related conditions, and lung cancer are the leading contributors.
- Spending on prevention remains limited, representing just 3 % of total health expenditure. Vaccination uptake is among the lowest in the EU for both influenza and HPV, while breast cancer screening coverage continues to lag behind

the more established cervical and colorectal programmes. Persistently high cancer mortality and relatively slow access to innovative therapies highlight systemic shortcomings in early detection, prevention, and treatment pathways.

- Waiting times remain the main barrier to timely access in Slovakia, though the recent introduction of maximum waiting time guarantees seeks to mitigate this issue. Public coverage is generally robust for hospital and outpatient care but remains below the EU average for dental services and pharmaceuticals.
- Vulnerable groups, particularly Roma communities, continue to face substantial access barriers despite the expansion of health mediator programmes. Severe shortages of general practitioners and paediatricians, driven by an ageing workforce and limited retention, further restrict access to primary care.
- Slovakia faces significant efficiency challenges, with a hospital bed supply well above the EU average but low occupancy rates. While EU funds are supporting the modernisation of hospitals and primary care, progress on strategic reform has been slow. Public health spending surged in 2023 and is projected to continue rising, compounding fiscal pressures from hospital debt and insurer deficits. Meanwhile, chronic workforce shortages, lagging digitalisation and missed targets for antibiotic reduction threaten the system's long-term sustainability.
- Due to Slovakia's comparatively low total health expenditure, pharmaceuticals consume a disproportionately large share of the national health budget. Rapidly rising spending has prompted new cost-containment measures for 2025, including stricter listing rules and a VAT cut, which are projected to save EUR 200 million. While public coverage includes a broad range of medicines, it is comparatively shallow in depth, as co-payments and spending on non-reimbursed goods leave households with a substantial out-of-pocket burden. Furthermore, access to innovative therapies is often delayed, and while generics hold a large market share, the uptake of biosimilars remains weak.

Effectiveness

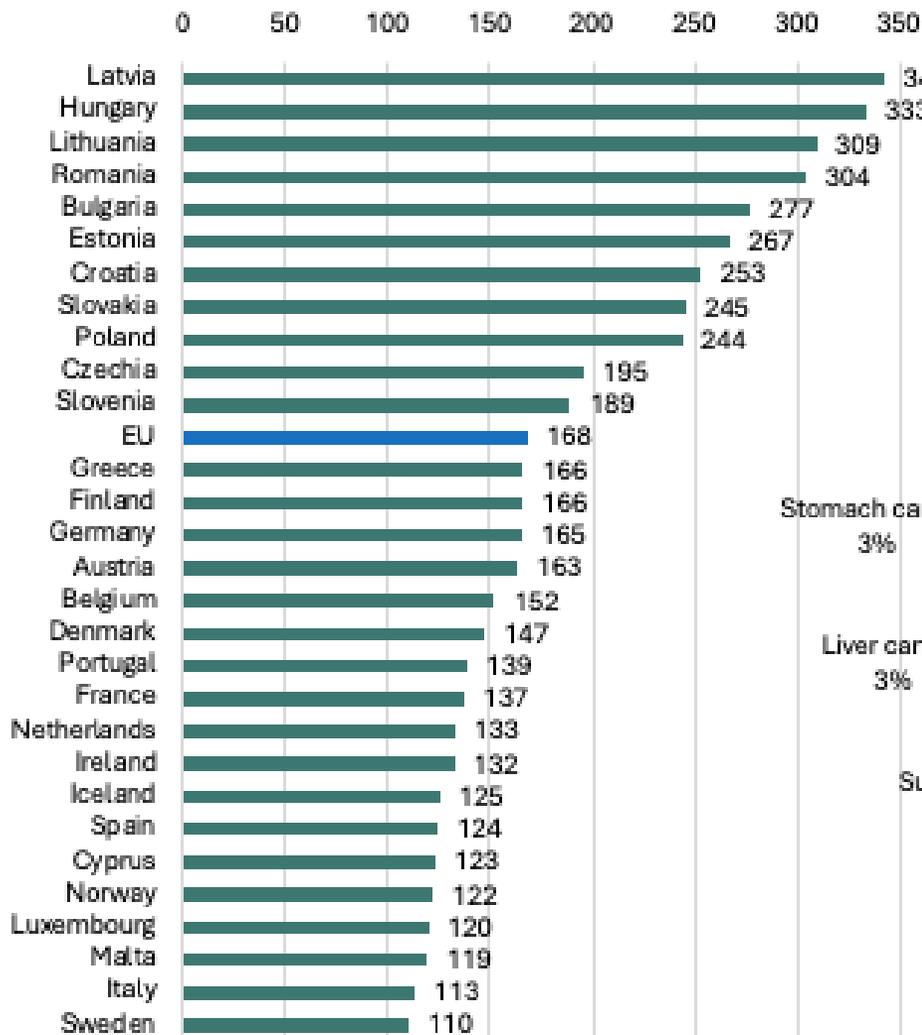
| Mortality Type | Slovakia | EU |
|-----------------------|----------|-----|
| Preventable mortality | 245 | 165 |
| Treatable mortality | 170 | 90 |

Age-standardised rate per 100 000 population, 2022

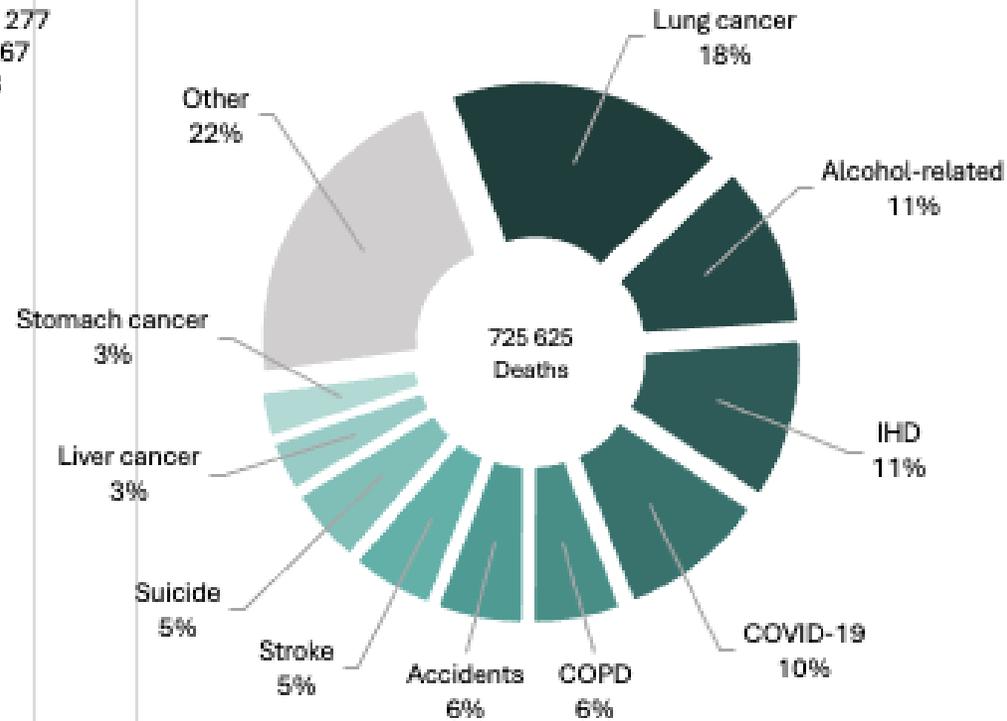
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1. EU countries show large disparities in preventable mortality rates – multisectoral policies aim to tackle risk factors and curb the health and economic burden of non-communicable diseases

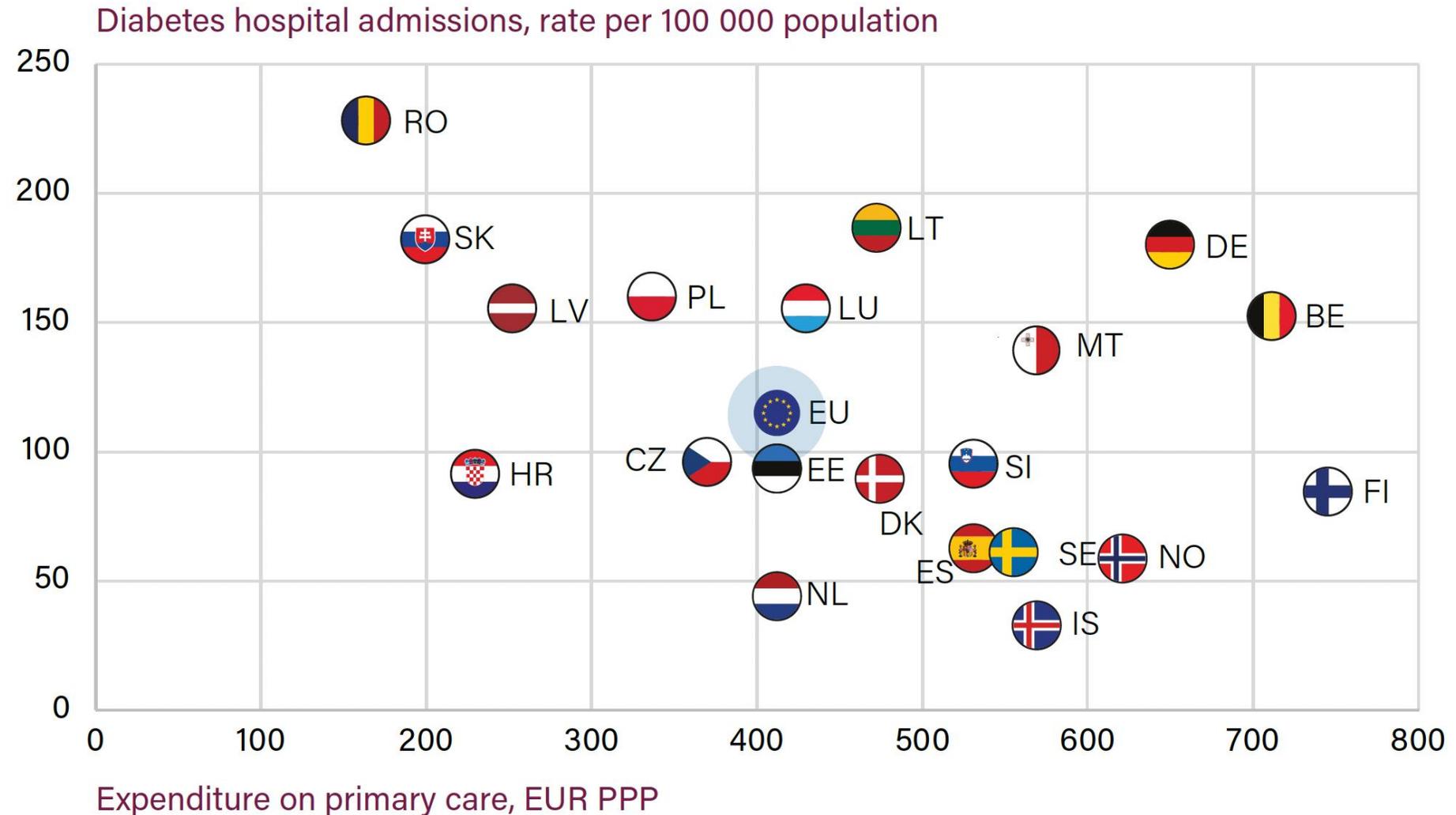
Age-standardized preventable mortality rate per 100 000 population, 2022



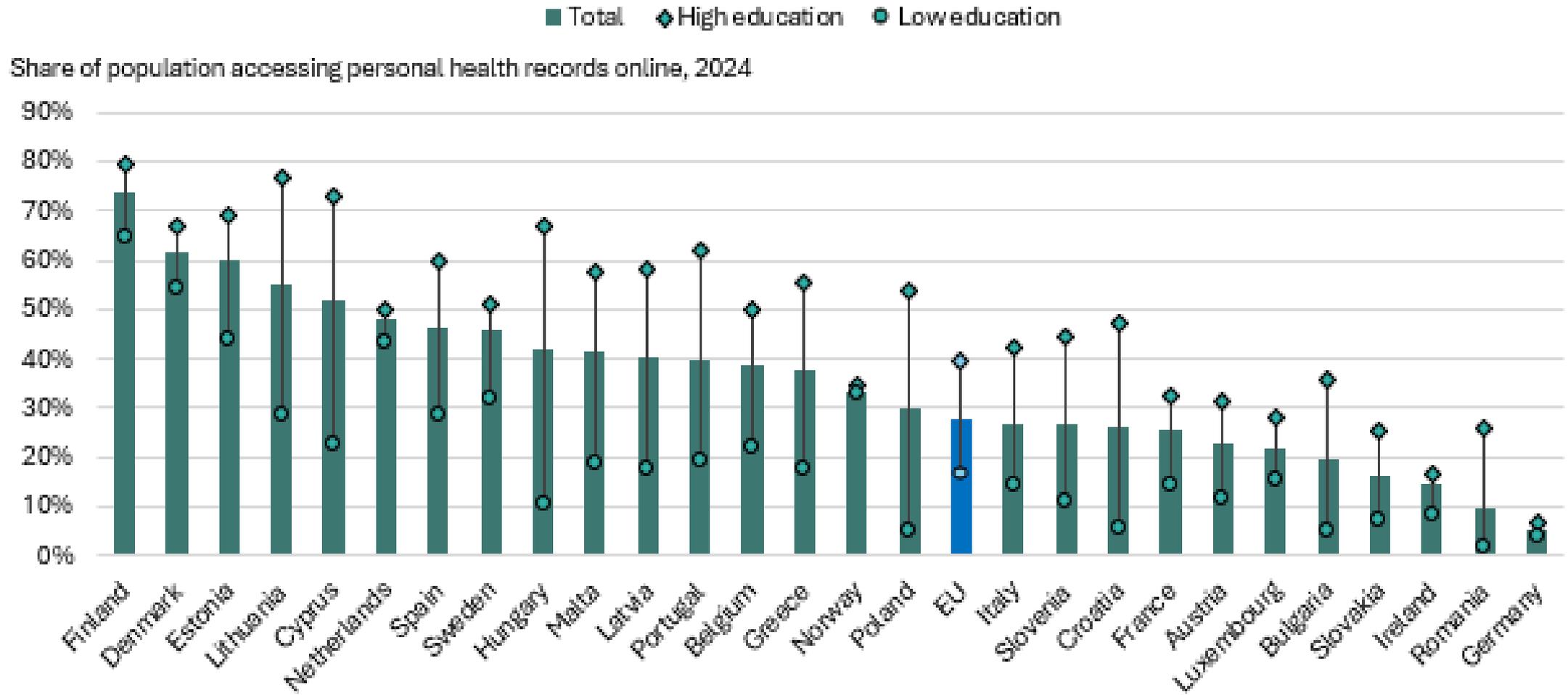
Preventable mortality distribution across the EU



2. Primary care is a top reform area across the EU, with many countries aiming to improve access and quality and build effective and resilient health systems

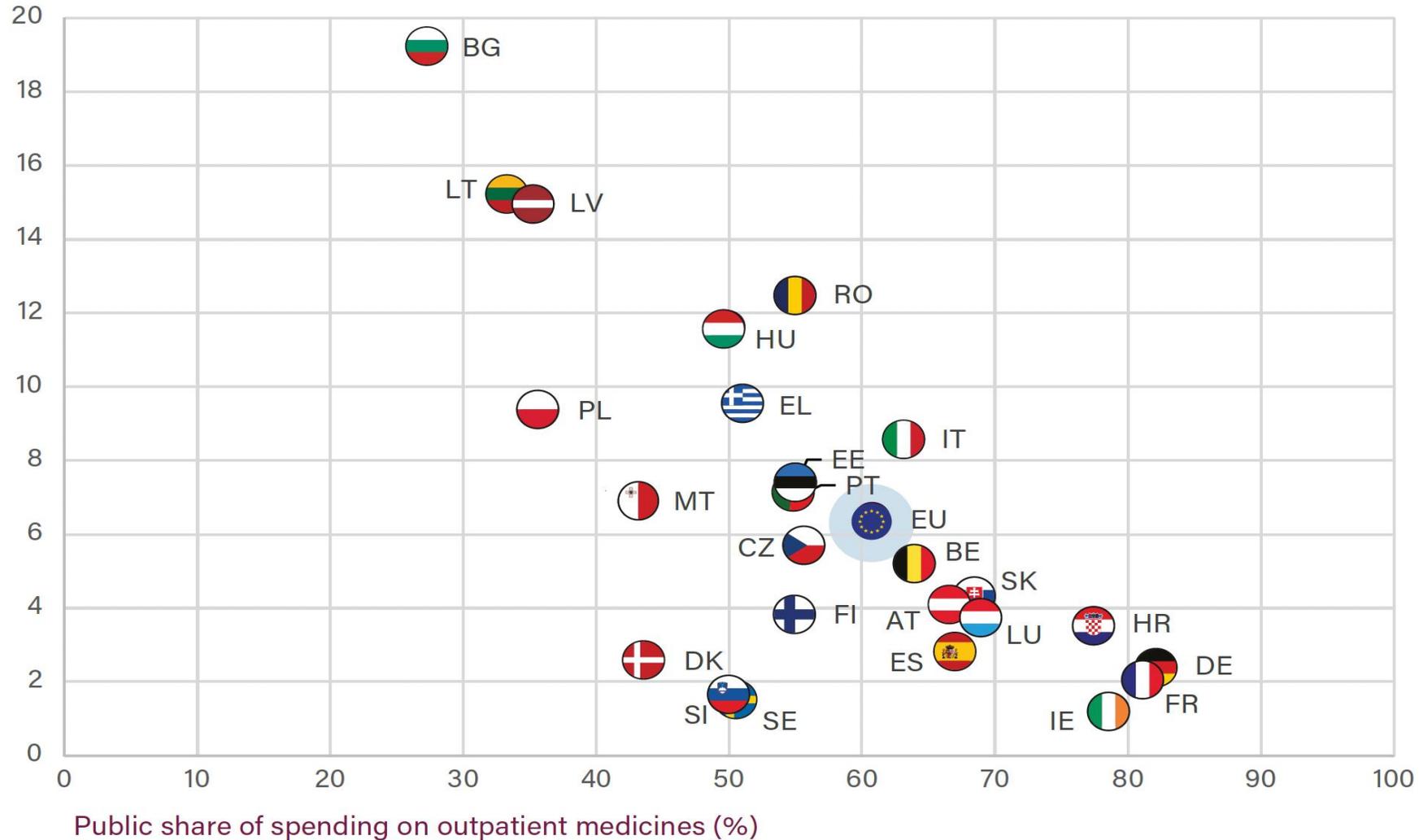


3. EU countries have accelerated investment in digital health and most now offer some form of electronic health record, although gaps in access persist



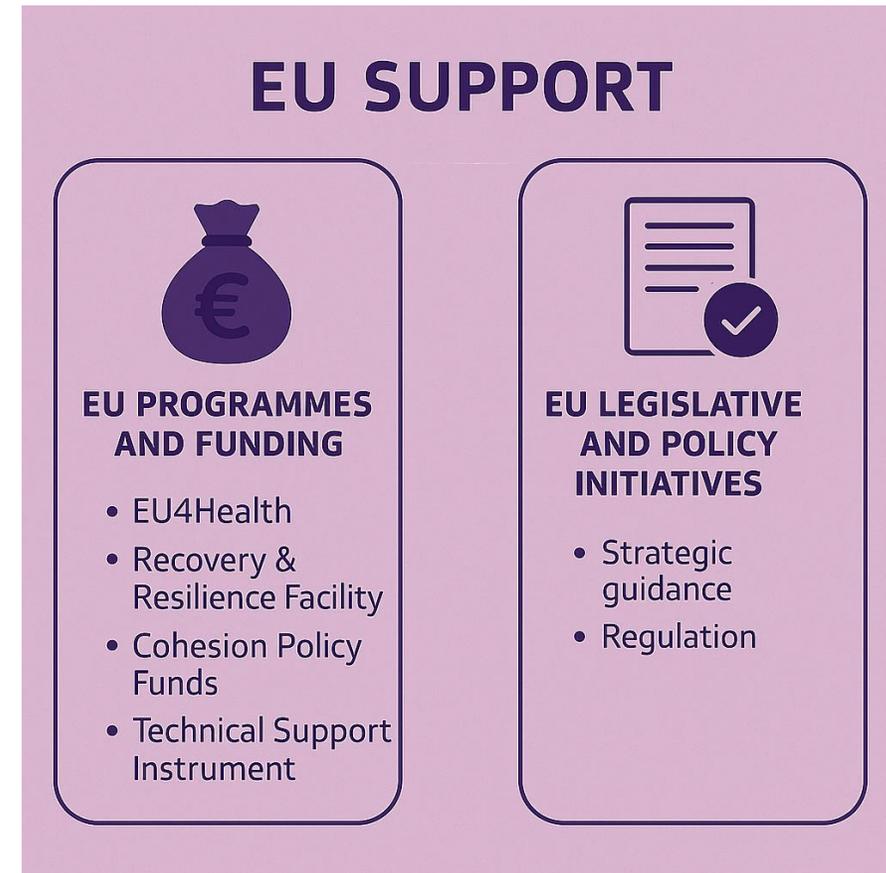
4. Member States have implemented wide-ranging pharmaceutical reforms to improve access and reduce out-of-pocket costs

Households with catastrophic health spending (%)

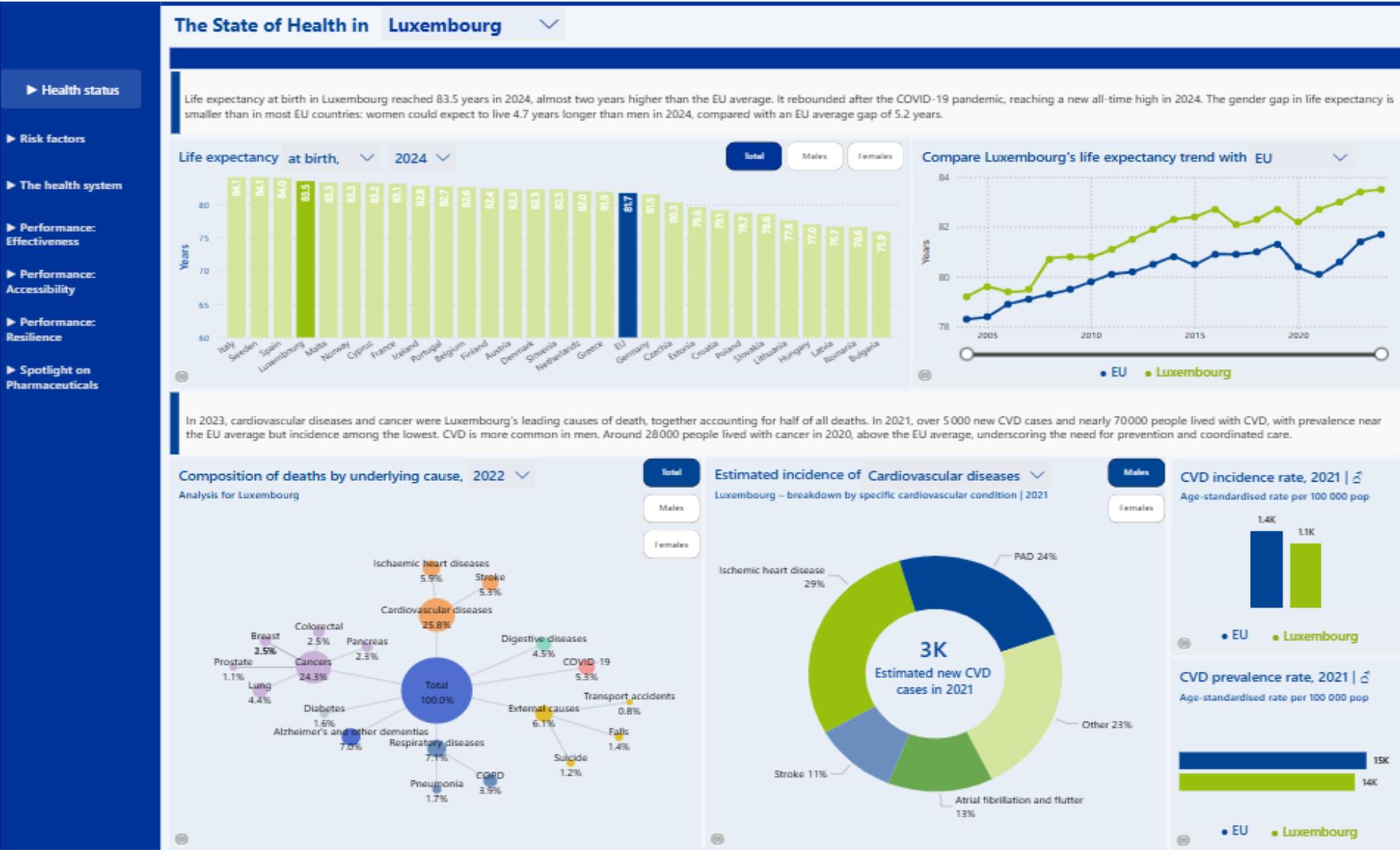


EU Member States are advancing a broad range of health system reforms supported by EU financial and technical support

These reforms offer a triple dividend for health outcomes, health systems and the economy



Country Health Profiles 2025 - interactive dashboard; [Interactive Dashboard 2025](#)



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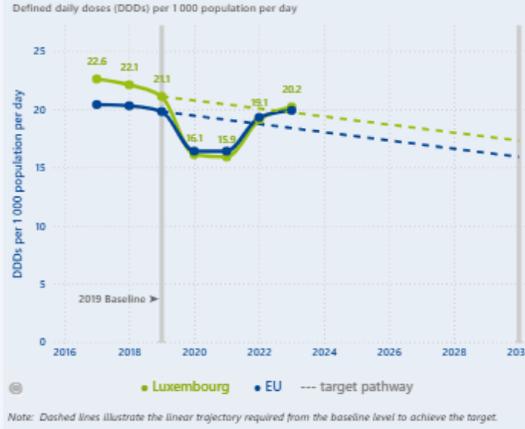
- ▶ Health status
- ▶ Risk factors
- ▶ The health system
- ▶ Performance: Effectiveness
- ▶ Performance: Accessibility
- ▶ Performance: Resilience
- ▶ Spotlight on Pharmaceuticals

Luxembourg's health system benefits from EU funding under the Recovery and EU4Health programmes, supporting workforce, preparedness, cancer and digital initiatives. Digital adoption is growing through electronic records and the GesondheitsApp. Antibiotic use was near the EU average. The National Antibiotics Plan strengthened governance and awareness but further action is needed to meet 2030 OneHealth targets.

Digital health - use of digital tools for health-related activities, by age group, 2024



Antibiotic consumption and 2030 reduction targets



Key EU funding mechanisms for health

- Recovery and Resilience Facility (RRF)
- EU Cohesion Funds**
- EU4Health Fund

EU Cohesion Policy 2021 - 2027: financial support allocated to Luxembourg for healthcare-related projects

Breakdown of funds (EUR) by destination

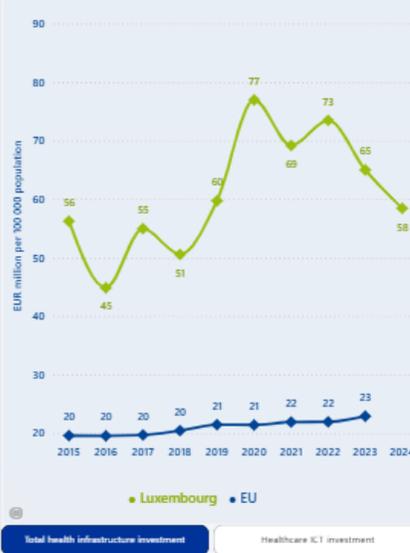
EU co-financing rate: N/A

About the Funds
EU Cohesion Policy is the European Union's primary investment tool designed to reduce regional disparities and foster economic, social, and territorial cohesion. These funds operate on a co-financing basis: while the EU typically covers between 50% and 85% of project costs - depending on the region's development level - the remainder is funded by national or regional sources.

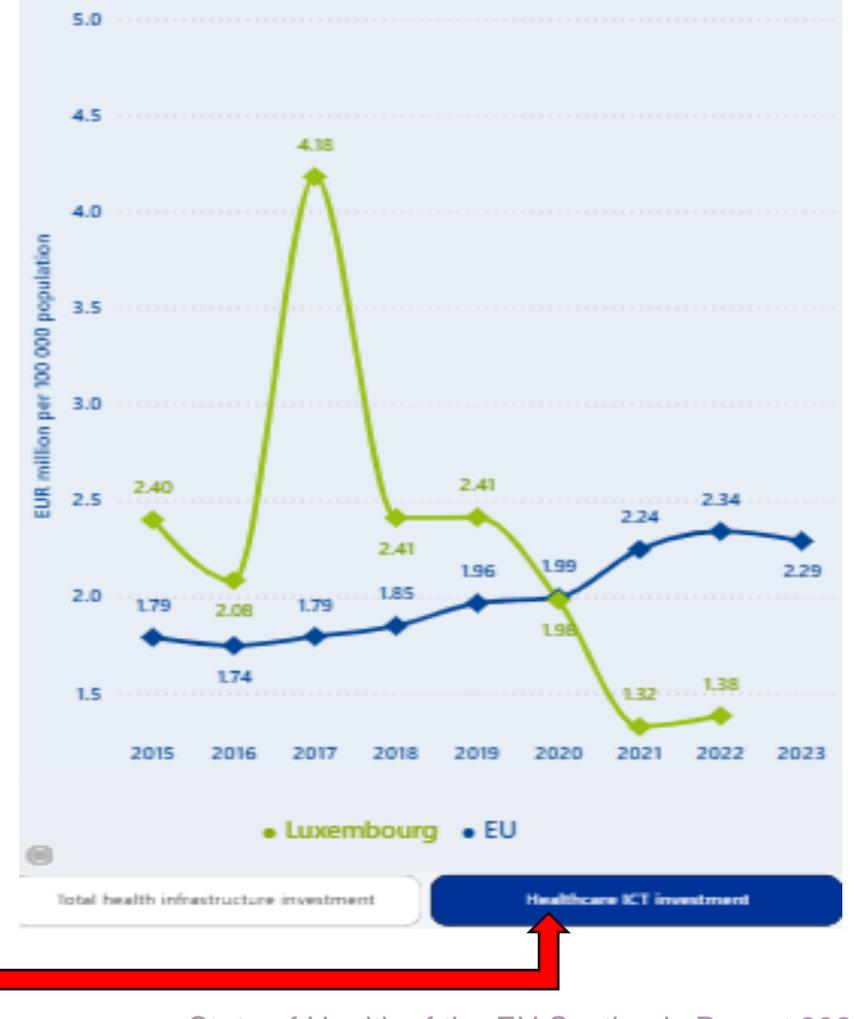
About the Data
This dashboard displays the EU contribution to health investments funded through Cohesion Funds; national co-financing shares are excluded. The data allows for a breakdown by funding source and investment category, showing both the absolute amounts (in EUR) and the percentage of the selected country's total Cohesion envelope dedicated to health. Please note that these figures represent budgeted allocations (programmed resources) and do not reflect realised expenditure or final payments. Figures are updated on a quarterly basis.

Note: Data current as of Q3 2025.

Luxembourg - total health infrastructure investment by year



Luxembourg - healthcare ict investment by year



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