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HEALTHIER PEOPLE, STRONGER SLOVAKIA

Healthcare is too often discussed purely in terms of cost: hospital debt, reimbursement pressures, rising expenditure. But this framing misses the point. Healthcare should not be a spending category listed for reductions. It is one of the most important investments a country can make in its economic future¹.

If Slovakia wants a productive workforce, resilient public finances, and long-term sustainability, healthcare cannot remain a secondary policy issue. It must become a shared national priority: for policymakers, employers, healthcare professionals, and, most importantly, the public.

THE NUMBERS BEHIND URGENCY

The data makes the case better than any argument. Slovakia is among the fastest-ageing populations in Europe: roughly 18 % of the population is already over 65, and this share could increase to nearly 29 % by 2050.¹ Population ageing is not a future scenario, it is already reshaping the system today.²

Beyond demographics, the financial consequences are significant. Projections presented at the AmCham Healthcare Conference held in March have shown us that, without a reform, Slovakia's healthcare system could face a funding gap of 15 % by 2040, equivalent to roughly €350 per citizen.³

Although Slovakia spends a slightly smaller share of its GDP on healthcare than the Czech Republic (8.4 % versus 8.5% of GDP in 2024)^{4,5}, its health outcomes remain weaker, raising the question whether we spend effectively.

Moreover, the economic cost of poor health is visible in the top leading causes of death in our country – cancer and cardiovascular diseases.¹

In 2025, over 13,000 cancer-related deaths and more than 24,000 deaths related to cardiovascular diseases were recorded in Slovakia,⁶ including many among people of working age. These are not abstract statistics; they are lost family members, lost workers, lost taxpayers.

WHY "INVESTMENT" IS THE RIGHT WORD

Every euro spent addressing these gaps should be understood in terms of return, not just a cost. A healthier working-age population means fewer years of productive life lost to preventable disease, fewer people forced out of the labor market early, and lower long-term social and disability spending.

Closing even a portion of the projected funding gap through efficiency, better hospital network organization, and reduced avoidable deaths would not be an expense. It would be a return on smarter allocation of resources already in the system.

Prevention shows the same logic. Slovakia's relatively weak record in healthy ageing compared to European peers is not just a health statistic; it is an economic constraint

on how long people remain active contributors to the workforce. Every euro invested in earlier diagnosis, chronic disease management, and health literacy reduces downstream costs and keeps people economically active for longer.

DATA AS THE FOUNDATION FOR SMARTER INVESTMENT

Treating health as an investment requires knowing where the returns are greatest, and that requires data. Slovakia already collects significant amounts of healthcare data through multiple institutions. The challenge is not the lack of data, but its quality and flow, and the system's ability to turn that information into decisions and focus the investments on the measures and programs with the greatest evidence-based impact.

Data should also help us evaluate the entire patient journey, not just individual interventions. Patients experience healthcare as a chain of prevention, diagnosis, treatment, rehabilitation, and long-term follow-up. Improving outcomes therefore requires a complex approach that identifies gaps across the entire patient pathway and ensures that investments are directed where they create the greatest value for patients and society.

Without scientific evidence, even well-intentioned

reforms risk misallocating resources. With it, healthcare spending can be directed towards measurable outcomes rather than just quick-fix approaches.

A SHARED NATIONAL PRIORITY

Investments require continuity to pay off and healthcare reform in Slovakia has historically suffered from short-term thinking in political cycles, driven in part by the rather short tenure of health ministers.

Slovak healthcare is at a turning point. If we want to progress and see the reforms deliver returns, we cannot keep operating within old structures and short-term vision. Strategic plans must translate into consistent standards of care and clearly defined patient pathways. A national cardiovascular plan, multidisciplinary teams as a standard in oncology, and a clearly defined pathway for every patient with an oncology diagnosis are practical examples of how long-term priorities can become better coordinated, more accessible and implemented systematically. The evidence is clear: an ageing population, an increasing funding gap, regional differences and a growing economic impact from both preventable diseases and diseases diagnosed too late, at advanced stages. None of these

challenges can be solved quickly or simply – the solution must be long-term and shared across both private and public sectors.

Ultimately, the data tells us plainly: the cost of inactivity is far higher than the cost of investment. If Slovakia wants to live a healthier and more sustainable future, healthcare must be treated as one of the country's most important investments, not as a burden.

We have a real opportunity to shape the system for the better, together, and this is exactly the vision driving our work within the AmCham Healthcare Committee, bringing policymakers, industry, and healthcare stakeholders to the same table. The choice is now.

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