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In 2014, current health expenditure amounted to EUR 3,188 million and was higher than in the previous year

Health expenditure and sources of funding, Slovenia, 2014

In 2013, EUR 3,145 million was spent on health care in Slovenia; in 2014, EUR 3,188 million was spent or 1.4% more than in the previous year. The structure of health care funding in 2014 remains unchanged: ratio 29 (private sources): 71 (public sources).

In 2014, 1.4% growth of health care expenditure

In 2014, current expenditure on health care, i. e. expenditure excluding capital formation, increased by 1.4% over the previous year. In percentage of GDP this is 8.55%; therefore, despite the nominal growth of expenditure, this was less than in the previous year - 8.76%. This was due to larger nominal GDP growth, which was 3.9%.

Private sources account for almost three tenths of the total structure of sources of financing health care

In 2014, the share of private sources of health care financing amounted to 29%. Compared to 2013, the structure (private or public) stayed the same: ratio 29:71. As far as the movement of sources is concerned, in 2014 both private and public sources increased: by 1.4% and 1.3%, respectively.

In all the years of observation the primary source of funding health care was social security funds. Thus, in 2014, they covered almost 70% of current expenditure on health.

Most funds of health care used for services of curative care, for medical goods and for long-term care

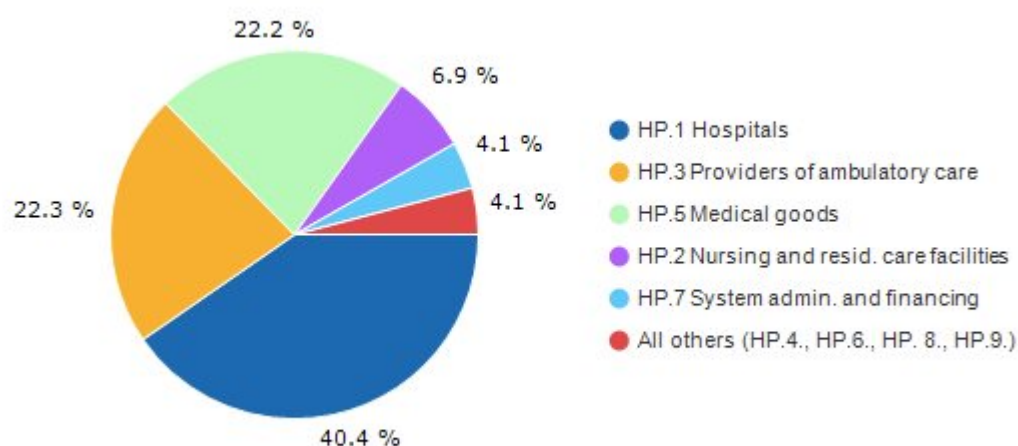
In 2014, a little less than three quarters (74.7%) of current health expenditure was used for services of curative care and for medical goods. Moreover, the share of expenditure on curative care in 2014 decreased compared with 2013 (from 53.2% to 52%). The share of expenditure on medical goods also decreased in the observed period (from 23.7% in 2013 to 22.7% in 2014).

In terms of the share in total current health expenditure, services of long-term care (health) were next with 10.3% in 2014. Total long-term care expenditure is divided into the health and social part (the last is not part of current health expenditure): expenditure for the first part in 2014 amounted to EUR 328 million (4.3% growth compared to 2013) and for the second to EUR 159 million (1.6% growth compared to 2013). Total nominal growth of long-term care expenditure in 2014 was thus 3.4%. In percentage share this is 1.31% of GDP (the same as a year before; mostly on account of larger nominal growth of GDP).

Expenditure for hospital and residential care was twice as high as expenditure for ambulatory health care and for medical goods

In the structure of current health expenditure, in 2014 expenditure for services in hospitals and in nursing and residential care facilities (47.3% of total current health expenditure) was twice as high as expenditure for out-patient ambulatory health care (22.3%) and expenditure for medical goods (22.2%).

Chart 1: Current health expenditure by health care providers, Slovenia, 2014



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Table 1: Current health expenditure and sources of funding of health care (by functions) and long term care, Slovenia

	Total	General government	Private sectors	Total	General government	Private sectors
	2013			2014		
	1,000 EUR					
Functions of health care and goods and social services of LTC¹⁾	3,145,169	2,233,121	912,047	3,188,783	2,264,523	924,260
HC.1 Curative care	1,674,779	1,357,161	317,618	1,658,564	1,374,924	283,640
HC.2 Rehabilitative care	66,911	31,194	35,717	137,298	46,490	90,808
HC.3 Long-term care (health)	314,340	302,406	11,934	327,984	315,796	12,187
HC.4 Ancillary services to health care	102,422	71,087	31,335	111,446	80,322	31,124
HC.5 Medical goods dispensed to out-patients	745,963	330,607	415,355	723,883	322,761	401,122
HC.6 Prevention and public health services	118,569	82,340	36,229	97,436	61,149	36,287
HC.7 Governance and health system and financing administration	122,185	58,326	63,859	132,172	63,079	69,093
HCR.1 Long-term care (social)	156,800	39,116	117,685	159,292	40,427	118,865

1) Some totals do not add up due to rounding.
Source: SURS

Methodological note

In preparing the 2014 data on health care expenditure and sources of funding a slightly revised methodology of the System of Health Accounts was taken into account – i.e. SHA 2011 methodology. This methodology no longer covers expenditure for capital formation, so we are talking only about current health expenditure. As regards the classification of sources of funding (HF), no significant changes were introduced. The classification of expenditure for health care functions (HC) also remains more or less unchanged. A major change is the removal of subcategory HC.1.3.9 (All other outpatient curative care n. e. c.), which results in the relocation of this expenditure in subcategory HC.2.3 (Outpatient rehabilitative care) and thus an increase

in expenditure for that function. Most of the changes are in the classification of activities or providers of services in health care (HP), where two new independent categories are defined: providers of ancillary services (HP.4) and providers of preventive care (HP.6).

Attachments

-  [Health care expenditure by functions and sources of funding_2014.xls](#), 67kB
-  [Health care expenditure by providers and sources of funding_2014.xls](#), 50kB

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