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THE HEALTHCARE SYSTEM IN SLOVAKIA AND ITS DENTAL COMPONENT: EXPERIENCE FOR UKRAINE

Introduction. The article analyzes the modern healthcare system of the Slovak Republic with a focus on the organization of dental care. Reforming Ukraine's healthcare system requires consideration of the experience of Central and Eastern European countries that have transitioned from post-socialist models towards systems based on universal healthcare coverage, mandatory health insurance, and regulated competition among healthcare providers. In this context, the experience of the Slovak Republic is particularly relevant.

The aim of this article is to analyze Slovakia's healthcare system and its dental care component, as well as to identify opportunities for applying the Slovak experience to the modernization of dental care in Ukraine.

Materials and methods. The study employed methods of systems analysis and comparative analysis, as well as the synthesis of regulatory documents from the Slovak Republic and Ukraine, analytical materials from the European Commission, the OECD, and the WHO, and scientific publications regarding healthcare organization and dentistry.

Results and discussion. Financing mechanisms, the role of health insurance, the structure of dental services, preventive measures, and accessibility of dental care for the population are examined. The key elements of the Slovak model that can be adapted in Ukraine in the context of healthcare reform and integration into the European healthcare area are identified. The expediency of developing insurance-based dentistry, preventive programs, digitalization, and professional self-governance of dentists is substantiated.

Conclusions. For Ukraine, the most promising areas for adopting the Slovak experience include: creating a basic dental insurance package; developing systemic preventive care programs for children and adults; integrating dental care into the unified electronic healthcare system; strengthening the role of professional self-governance; introducing financial incentives for preventive check-ups.

Implementing these measures will help improve access to dental care, reduce the prevalence of dental diseases, and bring the Ukrainian healthcare system closer to European standards.

Key words: healthcare system, dentistry, health insurance, prevention, Slovakia, Ukraine, healthcare reform.

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СИСТЕМА ОХОРОНИ ЗДОРОВ'Я У СЛОВАЧЧИНІ ТА ЇЇ СТОМАТОЛОГІЧНА СКЛАДОВА: ДОСВІД ДЛЯ УКРАЇНИ

Вступ. У статті проаналізовано сучасну систему охорони здоров'я Словацької Республіки з акцентом на організації стоматологічної допомоги. Реформування системи охорони здоров'я України вимагає врахування досвіду країн Центральної та Східної Європи, які здійснили перехід від постсоціалістичних моделей до систем, що ґрунтуються на загальному охопленні медичними послугами, обов'язковому медичному страхуванні та регульованій конкуренції між надавачами медичних послуг. У цьому контексті досвід Словацької Республіки є особливо актуальним.

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Метою статті є аналіз системи охорони здоров'я Словаччини та її стоматологічної складової, а також визначення можливостей застосування словацького досвіду для модернізації стоматологічної допомоги в Україні.

Матеріали та методи. У дослідженні використано методи системного та порівняльного аналізу, а також синтез нормативно-правових документів Словаччини та України, аналітичних матеріалів Європейської комісії, ОЕСР і ВООЗ та наукових публікацій щодо організації охорони здоров'я і стоматології.

Результати та обговорення. Розглянуто механізми фінансування, роль медичного страхування, структуру стоматологічних послуг, профілактичні заходи та доступність стоматологічної допомоги для населення. Визначено ключові елементи словацької моделі, які можуть бути адаптовані в Україні в контексті реформування охорони здоров'я та інтеграції в європейський медичний простір. Обґрунтовано доцільність розвитку стоматології на засадах страхування, впровадження профілактичних програм, цифровізації та розвитку професійного самоврядування стоматологів.

Висновки. Для України найбільш перспективними напрямками запозичення словацького досвіду є: створення базового пакета стоматологічних послуг у межах страхування; розробка системних програм профілактики для дітей та дорослих; інтеграція стоматологічної допомоги в єдину електронну систему охорони здоров'я; посилення ролі професійного самоврядування; запровадження фінансових стимулів для проходження профілактичних оглядів. Реалізація цих заходів сприятиме покращенню доступу до стоматологічної допомоги, зниженню поширеності стоматологічних захворювань та наближенню української системи охорони здоров'я до європейських стандартів.

Ключові слова: система охорони здоров'я, стоматологія, медичне страхування, профілактика, Словаччина, Україна, реформа охорони здоров'я.

Introduction. Reforming Ukraine's healthcare system requires consideration of the experience of Central and Eastern European countries that have transitioned from post-socialist models towards systems based on universal healthcare coverage, mandatory health insurance, and regulated competition among healthcare providers. In this context, the experience of the Slovak Republic is particularly relevant. Following independence in 1993, Slovakia implemented comprehensive reforms in the financing, management, and organization of healthcare [1,2].

Dental care is an important component of public health because oral diseases affect quality of life, work capacity, and the population's need for healthcare services. At the same time, in most European countries, dental care is characterized by a lower share of public financing and substantial out-of-pocket expenditure by patients [3,4]. In Slovakia, mandatory health insurance provides only partial coverage of dental expenditure: in 2023, government and compulsory insurance sources covered approximately 34% of total dental expenditure [5]. Thus, the Slovak experience is valuable not as a model of comprehensive insurance coverage for dentistry, but as an example of combining public financing, private service provision, and professional regulation [6].

For Ukraine, access to dental care is particularly important given limited resources, uneven distribution of healthcare professionals, the consequences of the war, and the need to restore healthcare infrastructure [7]. Under the Program of Medical Guarantees, urgent dental care is publicly financed, while planned dental care within the relevant package primarily covers children under 18 years of age [8]. This contributes to substantial out-of-pocket expenditure among adults and highlights the need to strengthen preventive dental care.

Important elements of the Slovak experience that may be relevant to Ukraine include the development of preventive programs, the involvement of health insurance organizations in financing dental services, professional self-governance of dentists, and the digitalization of healthcare [9]. Adapting these mechanisms could improve access to dental services, facilitate early detection of oral diseases, and promote more efficient use of healthcare resources [10].

However, direct replication of the Slovak model in Ukraine is inappropriate because of differences in economic conditions, healthcare financing capacity, workforce availability, and the consequences of the war. Therefore, individual elements of the Slovak experience should be introduced gradually and adapted to Ukraine's social, economic, and institutional context.

The aim of this article is to analyze Slovakia's healthcare system and its dental care component, as well as to identify opportunities for applying the Slovak experience to the modernization of dental care in Ukraine.

Materials and methods. The study employed methods of systems analysis and comparative analysis, as well as the synthesis of regulatory documents from the Slovak Republic and Ukraine, analytical materials from the European Commission, the OECD, and the WHO, and scientific publications regarding healthcare organization and dentistry.

Results and discussion. The Slovak healthcare system operates on the basis of mandatory health insurance. The key stakeholders in the system are: the Ministry of Health of the Slovak Republic; the Health Care Surveillance Authority; health insurance companies; public and private healthcare facilities; professional chambers of healthcare professionals.

Funding is provided primarily through insurance contributions from employers, employees, and the state. Citizens have the right to choose their insurance company, which creates elements of competition among insurers.

Table 1

Key features of the Slovak model

Component	Characteristic
System type	Mandatory health insurance
Funding sources	Insurance contributions + state budget
Service providers	Public and private
Choice of physician	Free choice by the patient
Quality control	State oversight + professional chambers

A significant feature is the substantial share of private medical facilities operating under contracts with insurance companies. This approach makes it possible to combine state guarantees regarding the accessibility of med-

ical care with market-based mechanisms for enhancing efficiency.

Organization of Dental Care in Slovakia. Dental care is an integral part of the healthcare system but possesses a number of specific characteristics.

Structure of the Dental Service: general dentists; pediatric dentists; orthodontists; periodontists; maxillofacial surgeons; dental laboratories; preventive dental centers.

Professional activities are coordinated by the Slovak Chamber of Dentists (*Slovenská komora zubných lekárov*), which is responsible for the registration of specialists, continuing professional development, and adherence to ethical standards.

Financing of dental care

The Slovak model entails mixed financing for dentistry:

1. Services covered by health insurance

Insurance companies pay for: preventive check-ups; emergency dental care; treatment of specific conditions in children; basic therapeutic procedures; certain surgical interventions.

2. Patient co-payment

Patients personally pay for: aesthetic dental services; most prosthetic appliances; implant placement; a significant portion of orthodontic treatment for adults; premium-quality modern filling materials.

This approach makes it possible to focus insurance resources on socially significant and preventive services while simultaneously maintaining the potential for the development of high-tech private dentistry.

One of the system's greatest strengths is prevention.

Key preventive measures include:

- mandatory preventive check-ups for children;
- regular check-ups for adults, incentivized by insurance companies;
- school-based hygiene education programs;
- fluoride prophylaxis;
- information campaigns on healthy eating and oral hygiene.

Insurance companies employ financial incentives: patients who undergo regular preventive check-ups may receive partial reimbursement for certain dental procedures or bonuses within their insurance plans.

This mechanism is particularly relevant for Ukraine, as the current financing system offers almost no incentives for the population to adopt preventive health behaviors.

Digitalization of dental care

Slovakia is actively implementing electronic tools:

- electronic medical records;
 - electronic prescriptions;
 - electronic referrals;
 - data exchange between dentists and insurance companies;
 - digital radiology and telemedicine consultations.
- Digitalization ensures:
- reduced administrative costs;
 - monitoring of service volumes;
 - increased transparency of funding;
 - the ability to monitor the quality of dental care.

Table 2

Comparison of dental systems: Slovakia and Ukraine

Parameter	Slovakia	Ukraine
Health insurance	Mandatory	Absent
Dental coverage	Partial insurance	Predominantly direct payment
Preventive programs	Systemic	Fragmented
Role of the professional chamber	High	Limited
Digitalization	High level	Uneven implementation
Competition among providers	Developed	Partially developed

Following the launch of healthcare reform in Ukraine, dental care has effectively fallen outside the guaranteed package of medical services, except for specific population groups and emergency care. This has resulted in an increased financial burden on patients and a reduction in preventive care activities.

Elements of the Slovak experience useful for Ukraine

1. Implementation of dental insurance

It is advisable to create a basic dental care package that includes:

- preventive check-ups;
- treatment of dental caries in children;
- emergency dental care;
- preventive measures for pregnant women and individuals with chronic diseases.

2. Development of preventive programs

It is necessary to:

- restore school-based dental services;
- implement regular screening for children;
- fund hygiene education programs;
- encourage preventive visits through state or insurance reimbursement mechanisms.

3. Strengthening professional self-governance

Slovak experience demonstrates the effectiveness of the professional chamber in:

- quality control;
- accreditation of continuing education;
- development of clinical standards;
- protection regarding professional liability.

4. Digital integration of dentistry

It is advisable for Ukraine to integrate dental facilities into the unified electronic health system (EHS), which will ensure:

- electronic record-keeping of dental services;
- monitoring of the epidemiological situation;
- workforce planning;
- transparent financing.

Potential risks of adapting the Slovak model

Directly replicating the Slovak system is not advisable due to a number of factors:

- significant economic differences;
- lower levels of insurance coverage among the population in Ukraine;
- staff shortages in rural areas;
- the consequences of hostilities and the destruction of medical infrastructure;

Therefore, adaptation should be carried out in stages, taking into account Ukraine's socio-economic realities.

Conclusions. Slovakia's healthcare system exemplifies the successful transformation of a post-socialist model into a system based on the principles of mandatory health insurance, provider competition, and robust professional self-governance.

The dental component of the Slovak system is characterized by: integration into the general healthcare system; a mixed financing mechanism; a focus on prevention; active involvement of insurance companies in encouraging preventive behavior; a high level of digitalization; effective professional self-governance for dentists.

For Ukraine, the most promising areas for adopting the Slovak experience include: creating a basic dental insurance package; developing systemic preventive care pro-

grams for children and adults; integrating dental care into the unified electronic healthcare system; strengthening the role of professional self-governance; introducing financial incentives for preventive check-ups.

Implementing these measures will help improve access to dental care, reduce the prevalence of dental diseases, and bring the Ukrainian healthcare system closer to European standards.

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REFERENCES

1. OECD/European Observatory on Health Systems and Policies. *Slovakia: Country Health Profile 2025*. Paris: OECD Publishing, 2025.
2. Ministry of Health of the Slovak Republic. *Health Care System in the Slovak Republic*. Bratislava, 2025.
3. Slovenská komora zubných lekárov. *Professional Standards and Continuing Education in Dentistry*. Bratislava, 2025.
4. European Commission. *State of Health in the EU: Slovakia*. Brussels, 2025.
5. World Health Organization. *European Health Information Gateway: Slovakia*. Copenhagen: WHO Regional Office for Europe, 2025.
6. Národné centrum zdravotníckych informácií. *Health Statistics Yearbook of the Slovak Republic 2025*. Bratislava, 2026.
7. Лехан В.М., Крячкова Л.В. Організація стоматологічної допомоги в умовах трансформації системи охорони здоров'я України // *Вісник соціальної гігієни та організації охорони здоров'я України*. 2024. № 3. С. 45–52.
8. Закон України «Про державні фінансові гарантії медичного обслуговування населення» від 19.10.2017 № 2168-VIII.
9. Ковтонюк П.М. Реформа фінансування охорони здоров'я в Україні: сучасний стан та перспективи розвитку // *Україна. Здоров'я нації*. 2024. № 2. С. 15–22.
10. World Dental Federation (FDI). *Oral Health for an Ageing Population*. Geneva, 2024.

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