

Healthcare expenditure statistics - overview

Statistics Explained

Data extracted in November 2023.

Planned article update: November 2024.

" Among the EU Member States, Germany (12.9 %), France (12.3 %) and Austria (12.1 %) had the highest current healthcare expenditure relative to GDP in 2021. "

" Among the EU Member States, the largest expansions (in percentage terms) in current healthcare expenditure per inhabitant between 2014 and 2021 were recorded in Latvia and Romania, where expenditure more than doubled. "

This article presents key statistics on expenditure aspects of [healthcare](#) in the [European Union \(EU\)](#) . More detailed information will be available – with analyses by functions, providers and financing schemes – in a future article. Healthcare systems are organised and financed in various ways across the EU Member States, but universal access to quality healthcare, at an affordable cost to both individuals and society at large, is widely regarded as a basic principle in the EU. Statistics on healthcare expenditure and financing may be used to evaluate how a healthcare system responds to the challenge of universal access to quality healthcare, through measuring financial resources available for the healthcare sector and the allocation of these resources between healthcare activities (for example, preventive and curative care) or groups of healthcare providers (for example, [hospitals](#) and ambulatory centres). This article forms part of an online publication on [Health in the European Union](#) . It should be noted that data are presented in this article for 2021. Therefore, the data in this article show the impact of the COVID-19 pandemic and its related restrictions. For this reason, particular attention should be paid when comparing 2020 and 2021 data with each other and with data from earlier years.

Healthcare expenditure

Germany, France and Austria had the highest current healthcare expenditure relative to GDP in 2021

Germany had the highest level of current healthcare expenditure among the EU Member States, valued at € 466 [billion](#) in 2021. France recorded the second highest level of current healthcare expenditure (€ 308 billion), followed by Italy (€ 168 billion) and Spain (€ 130 billion).

Current healthcare expenditure in Germany, France and Austria was equivalent to 12.9 %, 12.3 % and 12.1 %, respectively, of [gross domestic product \(GDP\)](#) , more than in any other EU Member State – see Table 1. The next highest ratios were in Sweden (11.2 %), the Netherlands, Portugal (both 11.1 %) and Belgium (10.9 %). Denmark, Spain, Malta and Finland were the only other EU Member States to record double-digit ratios. Note that current healthcare expenditure in Switzerland was equivalent to 11.6 % of GDP and that Norway and Serbia also had double-digit ratios. By contrast, current healthcare expenditure accounted for less than 7.0 % of GDP in four Member States, with Luxembourg recording the lowest ratio (5.7 %).

Current healthcare expenditure, 2021

	€ million	€ per inhabitant	PPS per inhabitant	% of GDP
EU (*)	1 591 900	3 562	3 562	10.9
Belgium	55 493	4 790	4 166	10.9
Bulgaria	6 081	884	1 707	8.6
Czechia	22 607	2 152	2 992	9.5
Denmark	36 447	6 223	4 323	10.6
Germany	465 855	5 599	5 156	12.9
Estonia	2 355	1 770	2 116	7.6
Ireland	28 632	5 689	3 883	6.6
Greece	16 665	1 577	1 873	9.2
Spain	129 615	2 734	2 769	10.6
France	307 804	4 542	4 200	12.3
Croatia	4 720	1 195	1 786	8.1
Italy	167 761	2 837	2 791	9.2
Cyprus	2 265	2 515	2 685	9.1
Latvia	3 038	1 612	2 113	9.1
Lithuania	4 393	1 568	2 311	7.8
Luxembourg	4 098	6 402	4 180	5.7
Hungary	11 368	1 171	1 865	7.4
Malta (*)	1 589	3 064	3 429	10.4
Netherlands	96 619	5 511	4 567	11.1
Austria	49 128	5 486	4 661	12.1
Poland (*)	37 111	983	1 732	6.4
Portugal	23 916	2 308	2 628	11.1
Romania	15 632	817	1 662	6.5
Slovenia	4 956	2 351	2 668	9.5
Slovakia	7 776	1 428	1 742	7.8
Finland (*)	25 435	4 590	3 547	10.1
Sweden	60 543	5 813	4 198	11.2
Iceland	2 104	5 647	3 495	9.7
Liechtenstein	363	9 268	:	6.0
Norway	41 754	7 720	4 955	10.1
Switzerland	79 867	9 175	5 170	11.6
Bosnia and Herzegovina	1 912	:	:	9.6
Serbia	5 340	781	1 466	10.0

(*) Provisional.

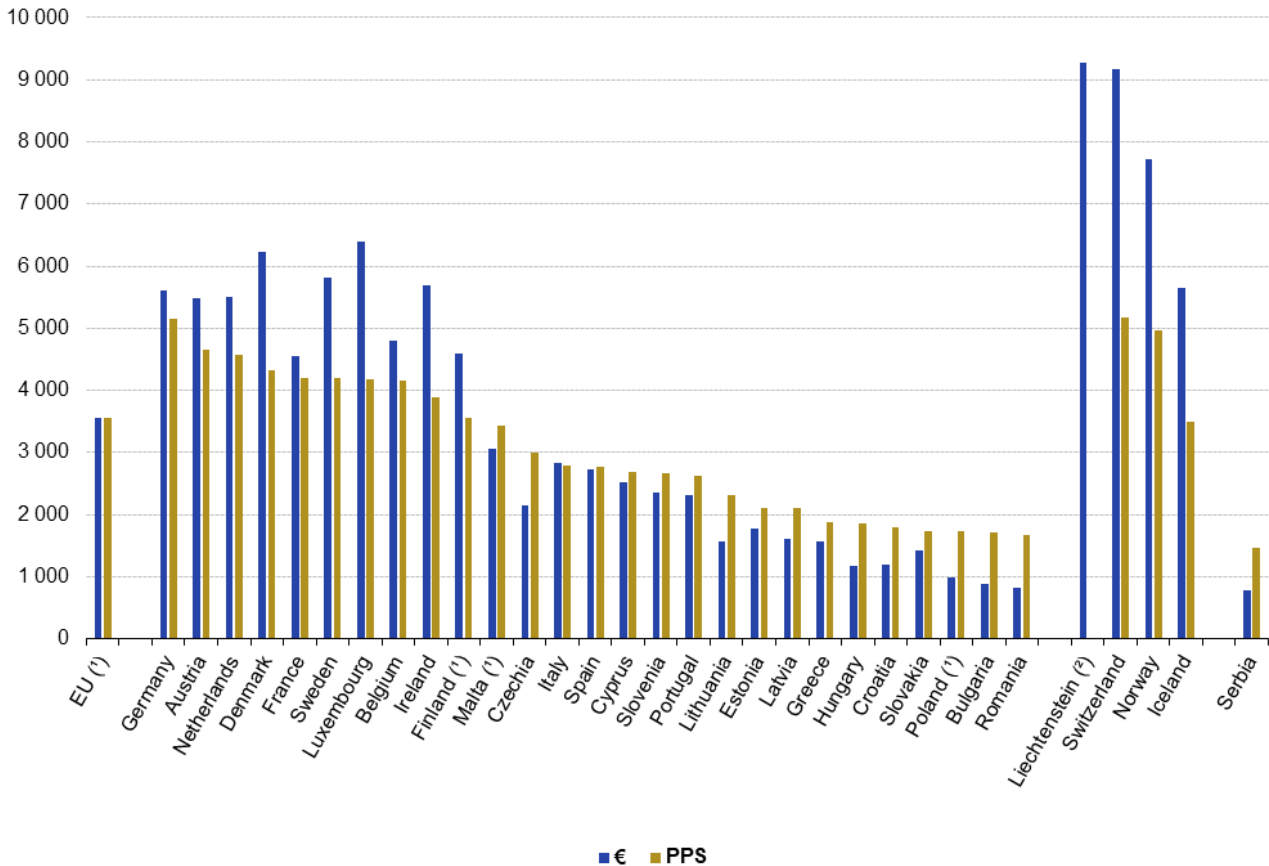
Source: Eurostat (online data code: hlth_sha11_hf)

eurostat 

Table 1: Current healthcare expenditure, 2021 Source: Eurostat (hlth_sha11_hf)

Relative to population size and in euro terms, current healthcare expenditure in 2021 was highest among the EU Member States in Luxembourg (€ 6 402 per inhabitant) and Denmark (€ 6 223 per inhabitant). It is interesting to note that Luxembourg had the highest ratio per inhabitant despite having the lowest ratio of healthcare expenditure to GDP, reflecting the high level of GDP in Luxembourg. A significant proportion of workers in Luxembourg are cross-border workers and live outside the country and, as non-residents, the expenditure on their healthcare is not included in Luxembourg's health accounts while their economic activity does contribute to Luxembourg's GDP. Three of the four EFTA countries included in Table 1 – Switzerland, Liechtenstein and Norway – each reported higher levels of healthcare expenditure per inhabitant than in any of the Member States. Following on from Luxembourg and Denmark, ratios over € 5 000 per inhabitant were also observed in Sweden, Ireland, Germany, the Netherlands and Austria. In turn, these were followed at some distance by another group – Belgium, Finland and France – with ratios in the range of € 4 542 to 4 790 per inhabitant. There was then a relatively large gap to Malta, Italy, Spain, Cyprus, Slovenia, Portugal and Czechia with ratios in the range of € 2 152 to 3 064 per inhabitant. All of the remaining 10 EU Member States recorded average expenditure below € 2 000 per inhabitant in 2021, three of these recording an average spend on healthcare below € 1 000 per inhabitant: Poland (€ 983), Bulgaria (€ 884) and Romania (€ 817). The ratio between the highest (Luxembourg) and lowest (Romania) levels of expenditure per inhabitant was 7.8 : 1.

Current healthcare expenditure per inhabitant, 2021



(*) Provisional.

(*) Purchasing power standards: not available.

Source: Eurostat (online data code: hlth_sha11_hf)

eurostat

Figure 1: Current healthcare expenditure per inhabitant, 2021 Source: Eurostat (hlth_sha11_hf)

These disparities are less apparent when expenditure is expressed in [purchasing power standards \(PPS\)](#). This measure adjusts for differences in price levels between the EU Member States. Germany (5 156 PPS per inhabitant), Austria (4 661 PPS per inhabitant) and the Netherlands (4 567 PPS per inhabitant) recorded the highest ratios of healthcare expenditure per inhabitant in PPS terms. Romania (1 662 PPS per inhabitant) had the lowest ratio. As such, by taking account of price level differences, the ratio between the highest (Germany) and lowest (Romania) levels of healthcare expenditure per inhabitant was considerably lower than the equivalent ratio in euro terms mentioned above, as it was 3.1 : 1.

Developments over time

Table 2 and Figures 2 and 3 highlight the developments in the level of healthcare expenditure in recent years, focusing on a comparison between 2014 and 2021. Note that the analyses in Table 2 and Figure 2 are presented in current price terms and so reflect price changes (inflation and deflation) as well as changes in real expenditure.

Based on the data shown in Table 2, all EU Member States recorded higher healthcare expenditure in 2021 than in 2014. The largest overall increases were observed in Latvia and Romania, where expenditure in 2021 was more than double that in 2014, up 135.4 % and 106.5 %, respectively; these amounted to annual average increases of 13.0 % in Latvia and 10.9 % in Romania. Overall increases of at least 80.0 % between 2014 and 2021 were also observed in Malta, Lithuania, Czechia, Cyprus, Estonia and Bulgaria.

Current healthcare expenditure, 2014–2021

	2014	2015	2016	2017	2018	2019	2020	2021	Overall change 2014–2021 (%)
	(€ million)								
EU (*)	1 178 592	1 216 190	1 249 343	1 293 987	1 337 563	1 392 924	1 463 428	1 591 900	35.1
Belgium	42 755	44 993	46 421	48 059	49 968	51 672	51 489	55 493	29.8
Bulgaria	3 306	3 386	3 637	3 936	4 121	4 364	5 226	6 081	84.0
Czechia	12 014	12 495	13 211	14 328	15 761	17 154	19 884	22 607	88.2
Denmark	27 397	28 241	29 023	29 770	30 528	31 424	32 923	36 447	33.0
Germany	322 775	338 644	352 404	370 371	386 371	406 910	432 236	465 855	44.3
Estonia	1 275	1 370	1 458	1 572	1 735	1 893	2 082	2 355	84.7
Ireland	18 559	19 292	20 181	21 216	22 460	23 931	26 505	28 632	54.3
Greece	13 986	14 498	14 743	14 391	14 581	15 031	15 720	16 665	19.2
Spain	93 811	98 344	99 710	103 984	108 310	113 911	120 135	129 615	38.2
France	248 069	251 680	256 268	260 845	264 879	270 306	280 282	307 804	24.1
Croatia	2 908	3 028	3 184	3 328	3 561	3 785	3 897	4 720	62.3
Italy (†)	144 317	146 613	147 963	150 697	153 790	155 524	159 880	167 761	16.2
Cyprus	1 212	1 219	1 265	1 345	1 480	1 638	1 841	2 265	86.9
Latvia	1 291	1 389	1 556	1 610	1 804	2 029	2 194	3 038	135.4
Lithuania	2 266	2 424	2 581	2 733	2 972	3 420	3 728	4 393	93.9
Luxembourg	2 709	2 751	2 850	2 987	3 174	3 412	3 720	4 098	51.3
Hungary	7 488	7 731	8 124	8 566	8 952	9 206	10 058	11 368	51.8
Malta (‡)	795	889	945	1 042	1 110	1 298	1 416	1 589	99.8
Netherlands	70 964	71 236	72 918	74 614	77 553	82 447	89 285	96 619	36.2
Austria	34 541	35 692	37 021	38 355	39 871	41 651	43 383	49 128	42.2
Poland (†)	25 681	27 280	27 756	30 664	31 502	34 400	34 183	37 111	44.5
Portugal	16 168	16 743	17 520	18 235	19 313	20 395	21 150	23 916	47.9
Romania	7 568	7 923	8 509	9 672	11 371	12 810	13 728	15 632	106.5
Slovenia	3 200	3 309	3 429	3 520	3 797	4 125	4 435	4 956	54.9
Slovakia	5 256	5 418	5 666	5 721	5 991	6 534	6 659	7 776	47.9
Finland (‡)	20 237	20 389	20 399	20 654	21 111	21 998	22 929	25 435	25.7
Sweden	48 043	49 212	50 601	51 771	51 497	51 656	54 461	60 543	26.0
Iceland	1 109	1 275	1 523	1 811	1 863	1 890	1 815	2 104	89.7
Liechtenstein	283	325	330	326	314	333	346	363	28.3
Norway	35 132	35 220	35 319	36 448	37 118	38 113	36 880	41 754	18.8
Switzerland (‡)	57 147	67 425	68 332	68 013	66 174	71 299	76 131	79 867	39.8
Bosnia and Herzegovina	1 325	1 367	1 414	1 434	1 520	1 633	1 723	1 912	44.3
Serbia	:	:	:	:	:	:	:	5 340	:

(*) 2020 and 2021: provisional.

(†) 2019: break in series.

(‡) 2015: break in series. 2021: provisional.

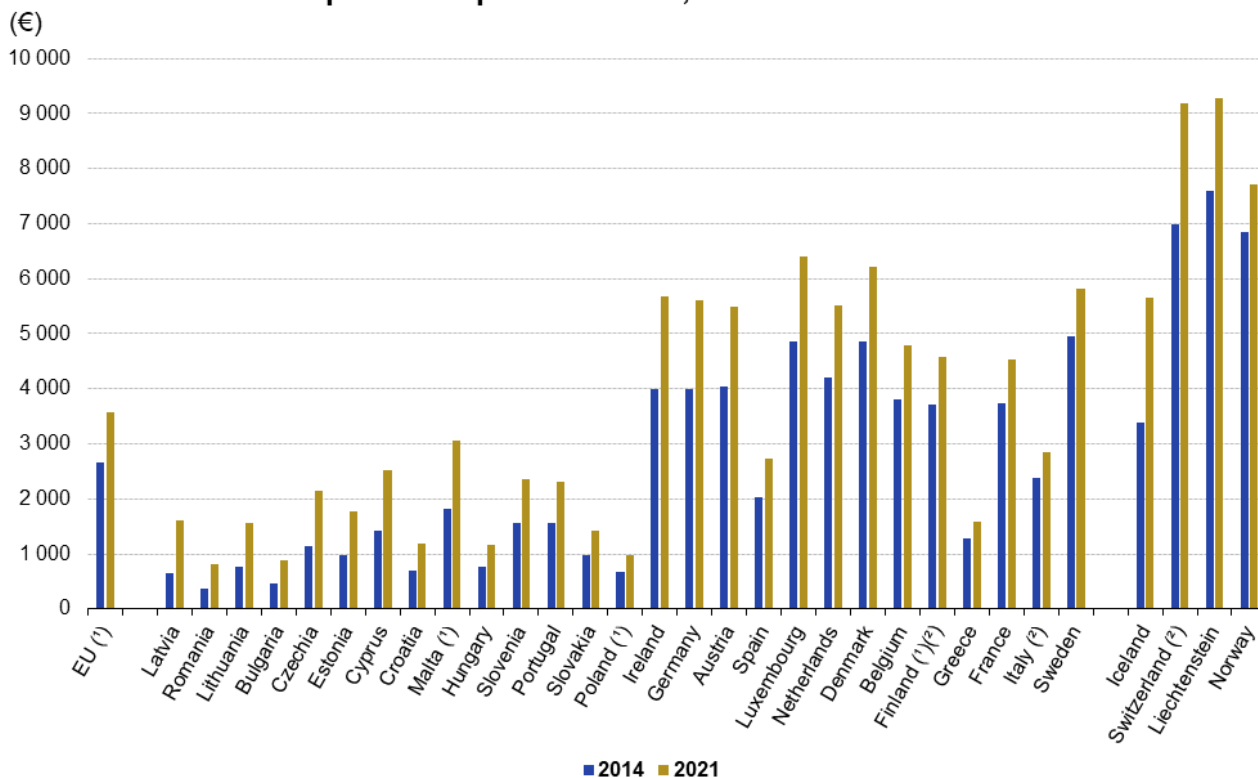
(§) 2021: break in series.

Source: Eurostat (online data code: hlth_sha11_hf)

Table 2: Current healthcare expenditure, 2014–2021 Source: Eurostat (hlth_sha11_hf)

As well as being affected by price changes, comparisons of healthcare expenditure over time can also be influenced by demographic changes. Figure 2 shows the average healthcare expenditure per inhabitant in 2014 and 2021. All EU Member States recorded a higher level of expenditure per inhabitant in 2021 than in 2014. As with the rate of change based on overall expenditure, Latvia and Romania recorded the largest increases, with average expenditure per inhabitant increasing by 149.0 % and 115.0 %, respectively. Lithuania recorded the next largest increase, up 103.0 %.

Current healthcare expenditure per inhabitant, 2014 and 2021



Note: ranked on the overall percentage change between 2014 and 2021. See the last column of Table 2.

(*) 2021: provisional.

(**) Break in series.

Source: Eurostat (online data code: hlth_sha11_hf)

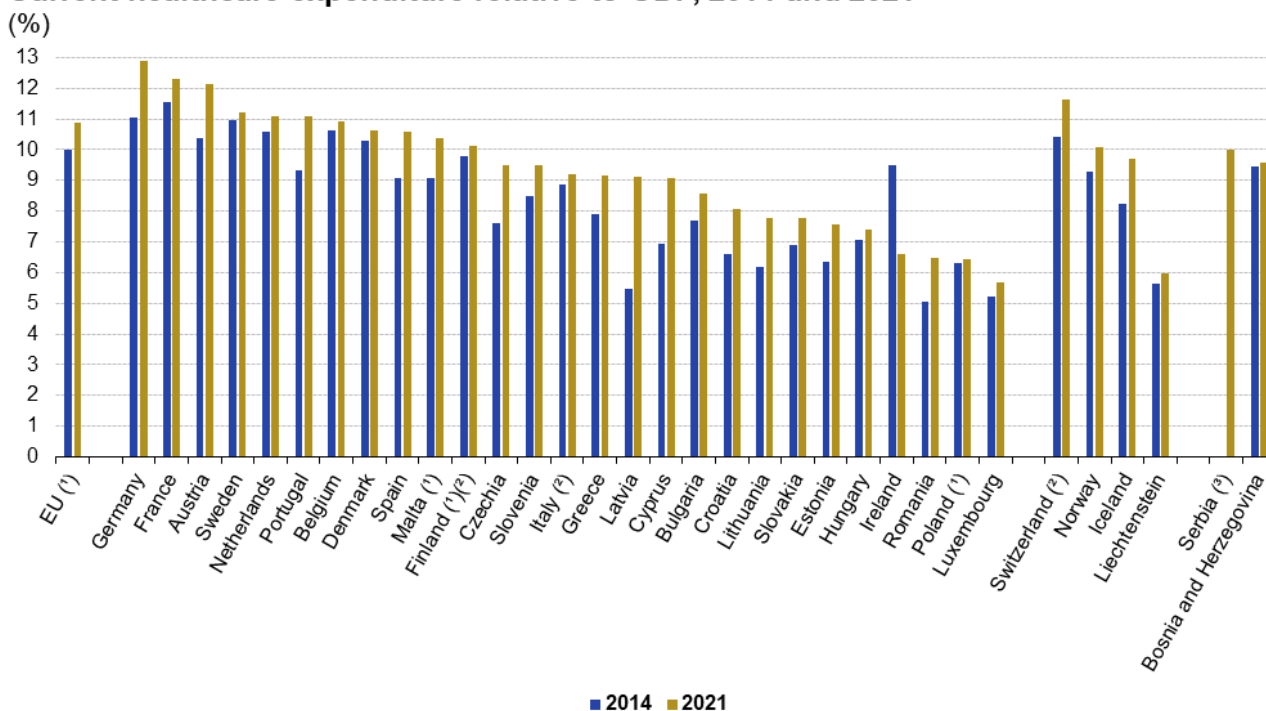
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Figure 2: Current healthcare expenditure per inhabitant, 2014 and 2021 (€) Source: Eurostat (hlth_sha11_hf)

Figure 3 provides another analysis of the change in overall healthcare expenditure between 2014 and 2021, focusing on the ratio between this expenditure and GDP. Healthcare expenditure and GDP are both influenced by price changes and so, when combining the two indicators in a ratio, the impact of inflation may cancel out to some degree: this depends on the extent to which the price changes related to healthcare expenditure are similar to those experienced in the economy as a whole.

Twenty-six EU Member States reported a higher ratio of healthcare expenditure to GDP in 2021 than in 2014, while Ireland reported a lower ratio, 2.9 percentage points lower in 2021 (6.6 %) than it had been in 2014 (9.5 %). In the Member States where the ratio was higher in 2021 than it had been in 2014, the increase was less than 2.0 percentage points in most cases. Larger increases were observed in Cyprus (up 2.2 percentage points) and Latvia (up 3.7 percentage points). Among the non-EU countries shown in Figure 3 with data for both years, all recorded higher ratios in 2021 than in 2014.

Current healthcare expenditure relative to GDP, 2014 and 2021



(¹) 2021: provisional.
 (²) Break in series.
 (³) 2014: not available.

Source: Eurostat (online data code: hlth_sha11_hf)



Figure 3: Current healthcare expenditure relative to GDP, 2014 and 2021 (%) Source: Eurostat (hlth_sha11_hf)

Source data for tables and graphs

[Healthcare expenditure statistics – overview: tables and figures](#)

Data sources

The data for the EU, Malta, Poland and Finland for 2021 are provisional.

Tables in this article use the following notation:

- a colon ' : ' is used to show where data are not available.

Current healthcare expenditure

Current healthcare expenditure quantifies the economic resources dedicated to health functions, excluding capital investment. Current healthcare expenditure is primarily concerned with healthcare goods and services that are consumed by resident units, irrespective of where that consumption takes place (it may be in the rest of the world) or who is paying for it. As such, exports of healthcare goods and services (to non-resident units) are excluded, whereas imports of healthcare goods and services for final use are included.

System of health accounts – methodology

Eurostat, the Organisation for Economic Co-operation and Development (OECD) and the World Health Organization (WHO) established a common framework for a joint healthcare data collection exercise. The data collected relates to healthcare expenditure following the methodology of the [system of health accounts \(SHA\)](#).

The SHA shares the goals of the [system of national accounts \(SNA\)](#) : to constitute an integrated system of comprehensive, internally consistent and internationally comparable accounts, which should as far as possible be compatible with other aggregated economic and social statistical systems. Health accounts provide a description of the monetary flows related to final consumption expenditure on healthcare goods and services. Health accounts are used in two main ways: internationally, where the emphasis is on a selection of comparable expenditure data; nationally, with more detailed analyses of healthcare spending and a greater emphasis on comparisons over time.

For more details on health accounts, see [A system of health accounts, 2011 – revised edition](#) . The core set of SHA tables addresses three basic questions: i) what kinds of healthcare goods and services are consumed, ii) which healthcare providers deliver them and, iii) which financing schemes are used to finance the expenditure?

Healthcare expenditure – legal basis

[Commission Regulation \(EU\) 2021/1901 of 29 October 2021 as regards statistics on health care expenditure and financing](#) is the legal basis for data collection according to SHA 2011 methodology for healthcare expenditure. [Commission Regulation \(EU\) 2015/359 of 4 March 2015 implementing Regulation \(EC\) No 1338/2008 as regards statistics on healthcare expenditure and financing](#) applied to data from reference year 2014 to 2020.

Statistics on healthcare expenditure are documented in a [background article](#) which provides more information on the scope of the data, the legal framework, the methodology employed, as well as related concepts and definitions.

Context

Health systems across the globe are developing in response to a multitude of factors, including: new medical technology and improvements in knowledge providing new health services and a greater access to them; changes in health policies to address specific diseases and demographic developments; new organisational structures and more complex financing mechanisms. However, access to healthcare and greater patient choice is increasingly being considered against a background of financial sustainability.

The European Commission adopted a [Strategic Plan](#) for the period 2020–2024. In order to improve the quality and effectiveness of public expenditure and contribute to prosperity and social cohesion, the European Commission seeks to provide expertise on health systems and support actions that help prevent and reduce the impact of ill-health on individuals and economies, while encouraging and supporting innovation and the uptake of modern technologies for better care delivery and cost-effectiveness.

The [Directorate-General for Health and Food Safety](#) has constituted a list of 88 [European core health indicators \(ECHIs\)](#) for monitoring progress in relation to health policy and broader objectives. Among these, it recommends specifically following developments for:

- [expenditure on healthcare as a percentage of GDP](#) ,
- [expenditures on healthcare in purchasing power standards \(PPS\)](#) .

Other articles

Online publication

- [Health in the European Union – facts and figures](#)

Methodology

- [Healthcare expenditure](#)

Healthcare expenditure statistics articles

- [Healthcare expenditure statistics by function, provider and financing scheme](#)

General health statistics articles

- [Eurostat regional yearbook – health](#)
- [Health statistics introduced](#)

Database

- [Health](#) (hlth), see:

Health care (hlth_care)

Health care expenditure (SHA 2011) (hlth_sha11)

Dedicated section

- [Health](#)

Methodology

- [A system of health accounts 2011 – revised edition](#)
- [Healthcare expenditure \(SHA 2011\)](#) (ESMS metadata file – hlth_sha11_esms)

Legislation

Implementing legislation

- [Commission Regulation \(EU\) 2015/359 of 4 March 2015 as regards statistics on healthcare expenditure and financing](#)
- [Commission Regulation \(EU\) 2021/1901 of 29 October 2021 as regards statistics on health care expenditure and financing](#)

External links

- [European Commission – Directorate-General for Health and Food Safety – Public Health](#) , see:
 - [European core health indicators \(ECHI\)](#)
 - [EU4Health 2021–2027](#)
- [European Economy – The 2021 Ageing Report](#)
- [OECD – Health expenditure](#)
- [World Health Organization \(WHO\)](#) , see:
 - [WHO – European Observatory on Health Systems and Policies](#)
 - [WHO – Health system governance](#)