European Commission

State of Health in the EU

HUNGARY

Country Health Profile 2025

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European Observatory on Health Systems and Policies
a partnership hosted by WHO

The Country Health Profiles series

The *State of Health in the EU*'s Country Health Profiles provide a concise and policy-relevant overview of health and health systems in the EU/European Economic Area. They emphasise the particular characteristics and challenges in each country against a backdrop of cross-country comparisons. The aim is to support policy makers and influencers with a means for mutual learning and knowledge transfer. The 2025 edition of the Country Health Profiles includes a special section dedicated to pharmaceutical policy.

The profiles are the joint work of the OECD and the European Observatory on Health Systems and Policies, in co-operation with the European Commission. The team is grateful for the valuable comments and suggestions provided by the Observatory's Health Systems and Policy Monitor network, the OECD Health Committee and the EU Expert Group on Health Systems Performance Assessment (HSPA).

Contents

Data and information sources

The data and information in the Country Health Profiles are based mainly on national official statistics provided to Eurostat and the OECD, which were validated to ensure the highest standards of data comparability. The sources and methods underlying these data are available in the Eurostat Database and the OECD Health Database. Some additional data also come from the Institute for Health Metrics and Evaluation (IHME), the European Centre for Disease Prevention and Control (ECDC), the Health Behaviour in School-Aged Children (HBSC) surveys, the Survey of Health, Ageing and Retirement in Europe (SHARE), the European Cancer Information System (ECIS], the World Health Organization (WHO), as well as other national sources.

The calculated EU averages are weighted averages of the 27 Member States unless otherwise noted. These EU averages do not include Iceland and Norway.

This profile was finalised in September 2025, based on data that were accessible as of the first half of September 2025.

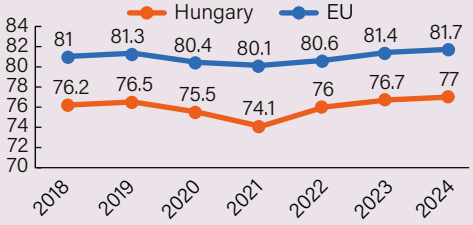
Demographic and socioeconomic context in HUNGARY, 2024

Demographic factors	Hungary	EU
Population size	9 584 627	449 306 184
Share of population over age 65	21 %	22 %
Fertility rate 2023[1]	1.5	1.4
Socioeconomic factors		
GDP per capita (EUR PPP)[2]	30 416	39 675
At risk of poverty or social exclusion rate[3]	20.2 %	20.9 %

1. Number of children born per woman aged 15-49.
2. Purchasing power parity (PPP) is defined as the rate of currency conversion that equalises the purchasing power of different currencies by eliminating the differences in price levels between countries.
3. At risk of poverty or social exclusion (AROPE) is the percentage of people who are either at risk of poverty, severely materially and socially deprived, or living in a household with very low work intensity.

Source: Eurostat Database.

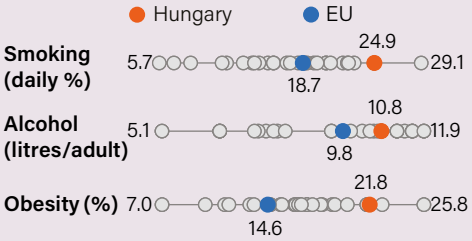
1 Highlights



Life expectancy at birth

Health Status

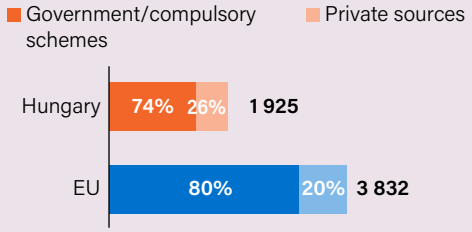
Following a temporary decrease during the COVID-19 pandemic, life expectancy rebounded to reach 77.0 years in 2024, which is 4.7 years below the EU average. There is a large gender gap, as women tend to live 6.3 years longer than men. Cardiovascular diseases and cancer together accounted for over 70 % of all deaths in 2023.



Adults, 2022 (or nearest year)

Risk Factors

Hungary has one of the highest rates of adult smokers in the EU, and the rate has declined at a slow rate compared to other EU countries over the last two decades. Alcohol consumption is relatively high, while obesity rates among adults and adolescents in Hungary continue to increase, and remain well above the EU averages.



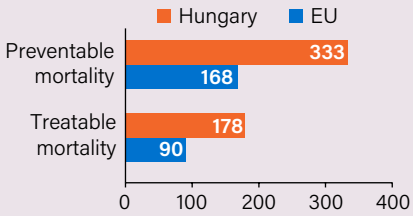
Health spending per capita (EUR PPP), 2023

The Health System

Hungary spent EUR 1 925 per capita on health in 2023 – around half the EU average. Public financing has gradually increased over recent years, accounting for 74 % of current health spending in 2023. Approximately 23 % of private expenditure comes from out-of-pocket payments – well above the EU average of 16 %.

Health System Performance

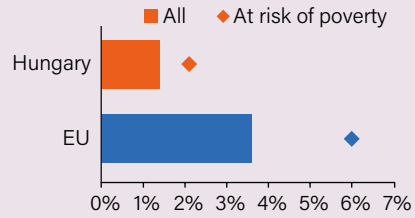
Effectiveness



Age-standardised rate per 100 000 population, 2022

Preventable and treatable mortality rates have declined in Hungary since 2011 but remain well above the EU averages. The preventable mortality rate is one of the highest in the EU. Lung cancer, ischaemic heart disease and alcohol-related diseases were the three leading causes in 2022. Heart diseases and different types of cancer were the leading causes of treatable mortality.

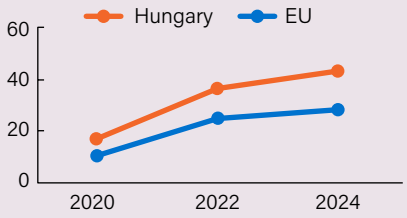
Accessibility



% reporting unmet medical care needs, 2024

In 2024, 1.4 % of Hungarians with medical care needs reported that they experienced unmet needs for a medical examination due to financial reasons, long waiting lists or distance to travel – a share that is below the EU average (3.6 %). As in other EU countries, unmet needs are higher among people at risk of poverty.

Resilience



% population accessing health records online

Digitalisation is a key plank in building a resilient health system. Hungarians are increasingly reporting use of digital tools for some health-related activities. The share of the population using information and communication technologies to access their health records increased significantly between 2020 and 2024. Hungarians with higher education levels are more frequent users than those with lower education levels.

Spotlight: pharmaceuticals

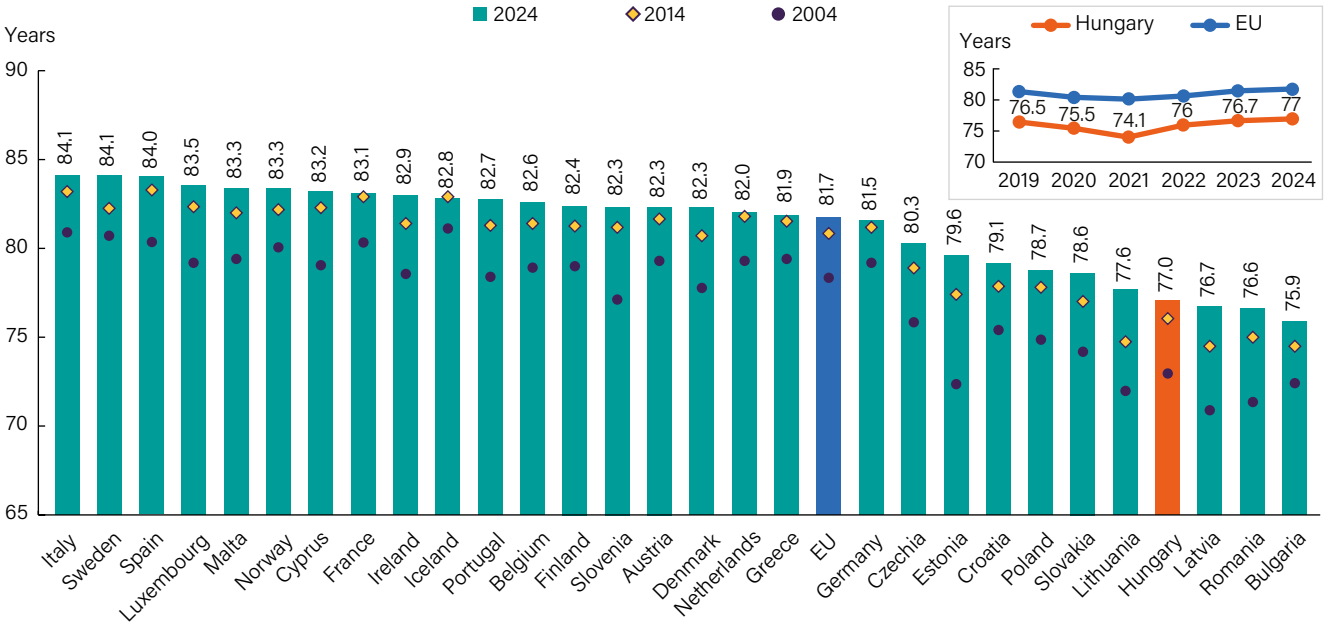
Hungary spent EUR 445 per capita on retail pharmaceuticals in 2023, which is less than the EU average (EUR 510). However, retail pharmaceutical spending represented about 23 % of health expenditure in Hungary – significantly higher than the EU average (13 %). The majority of pharmaceutical expenditure comes from out-of-pocket payments (51 % in 2023), as significant copayments are levied in the outpatient sector, along with a flat-fee user charge applicable to all fully reimbursed medicines. A special reimbursement scheme exists for vulnerable groups to offer some financial protection. Tax incentives for research and development are available, including for eligible pharmaceutical companies, which also benefit from tax relief on the cost of clinical trials and clinical research undertaken in Hungary.

2 Health in Hungary

Life expectancy in Hungary remains well below the EU average

In 2024, life expectancy at birth in Hungary was 77.0 years – 4.7 years below the EU average of 81.7 years. Following a decrease during the COVID-19 pandemic, life expectancy rebounded to slightly exceed its pre-pandemic level by 2023 (Figure 1). As in other EU countries, there is a large gender gap in life expectancy. In 2024, the life expectancy of Hungarian men (73.8 years) was 6.3 years shorter than women (80.1 years) – larger than the EU average gap of 5.2 years. This gender difference in life expectancy is mainly attributed to men's higher exposure to risk factors (see Section 3).

Figure 1. Life expectancy in Hungary rebounded after 2021 and now surpasses its pre-pandemic level



Notes: The EU average is weighted. Data for Ireland pertains to 2023.
Source: Eurostat (demo_mlexpec).

Cardiovascular diseases and cancer are by far the leading causes of death in Hungary

In 2023, the leading causes of death in Hungary were cardiovascular diseases (including ischaemic heart disease and stroke) and cancer, which together accounted for over 70 % of all deaths (Figure 2). In 2023, 1.3 % of deaths were attributed to COVID-19, a much lower share than in the first two years of the pandemic in 2020 (6.4 %) and 2021 (15.8 %). Digestive and respiratory diseases also account for a significant share of deaths.

Most Hungarians report being in good health, but there is a large gap by income group

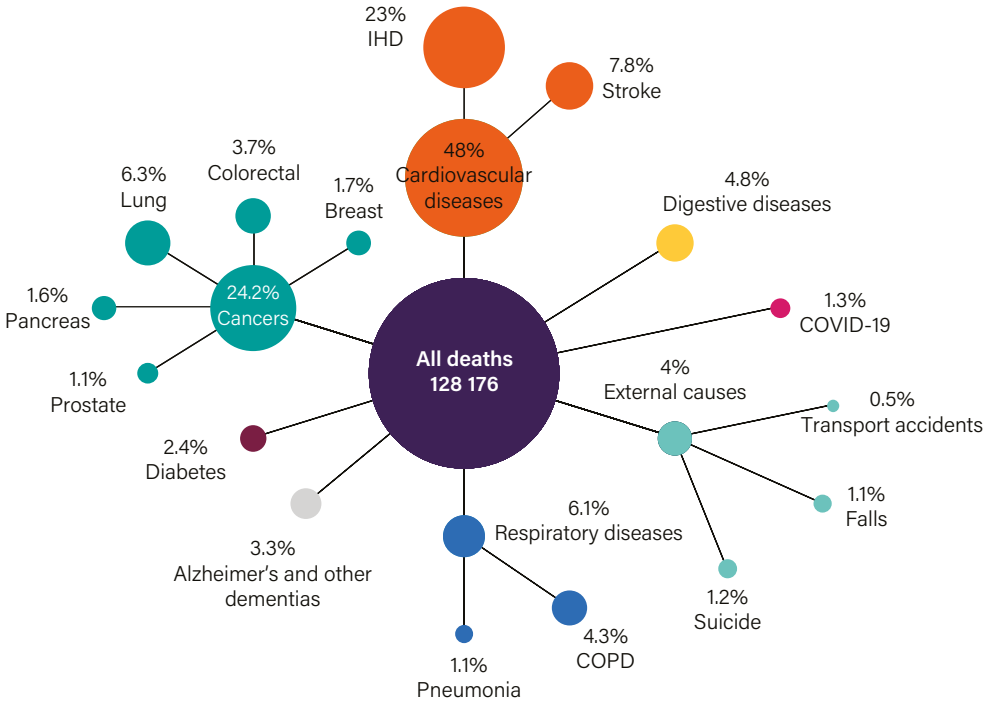
In 2024, 64 % of Hungarians reported being in good or very good health – slightly lower than the EU average of 68 %. As in other EU countries, there is a significant gender gap, as 67 % of men reported being in good health compared to 62 % of women. The gap is even greater by income level: only 43 % of women in the lowest income quintile reported being in good health compared to 77 % in the highest quintile. This gap is much greater than the EU average (Figure 3).

Many Hungarians aged over 65 live with chronic conditions and disabilities

Hungary has experienced a demographic shift towards an older population over the past few decades. The proportion of people aged 65 and over rose from 15 % of the total population in 2000 to 21 % in 2024. This share is projected to increase further to 28 % by 2050.

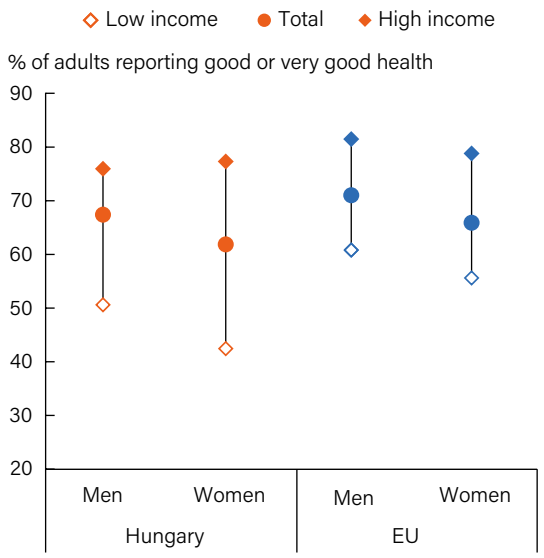
In 2022, 65-year-old women in Hungary could expect to live another 18.1 years, while men could expect to live another 14.2 years (Figure 4). However, the gender gap in healthy life years is much smaller (less than 1 year) as women live a smaller proportion of their lives free from health problems and disabilities after age 65. Half of Hungarian men and women aged over 65 report having multiple chronic conditions, which is among the highest shares across the EU. Similarly, a high share of men and women aged over 65 report limitations in activities of daily living compared to the EU average.

Figure 2. Cardiovascular diseases and cancer accounted for over 70 % of all deaths in Hungary



Notes: IHD = ischaemic heart disease; COPD = chronic obstructive pulmonary disease.
Source: Eurostat (hlth_cd_aro); Data refer to 2023.

Figure 3. Hungarian women and men on low incomes are much less likely to report being in good health



Note: Low income refers to adults in the bottom 20 % (lowest quintile) of the national equivalised disposable income distribution, while high income refers to adults in the top 20 % (highest quintile).
Source: Eurostat based on EU-SILC (hlth_silc_10) data refer to 2024.

Incidence rates of cardiovascular diseases are high in Hungary

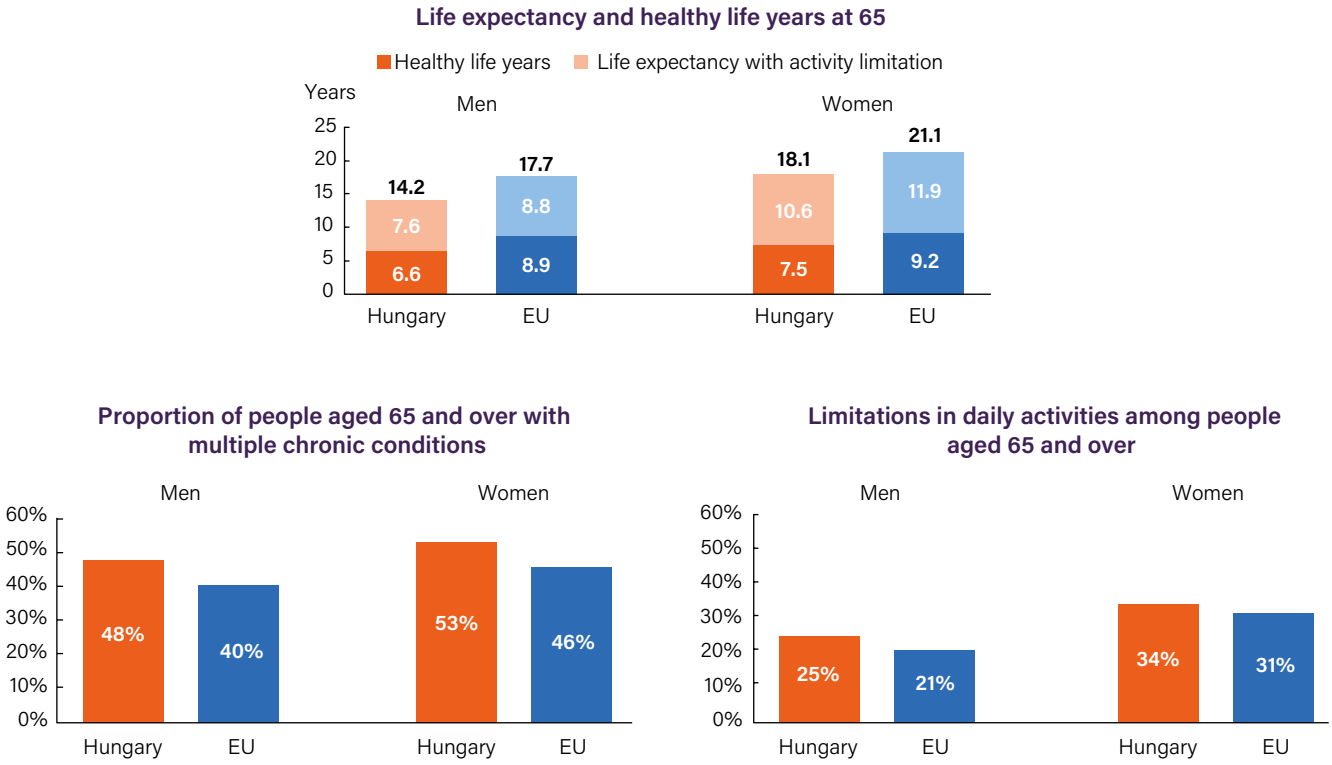
According to estimates from the Institute for Health Metrics and Evaluation (IHME), about 144 000 new cases of cardiovascular diseases (CVDs) were expected to have occurred in Hungary in 2021, while about 1.3 million people were estimated to be living with a CVD.

This corresponds to an age-standardised incidence rate (new cases) of 1 462 per 100 000 population and a prevalence rate (total cases) of 13 015 per 100 000 (Figure 5). While the incidence level is above the EU average, prevalence is almost equal, reflecting lower survival rates from CVDs in Hungary than the EU average. As in other EU countries, both the estimated incidence and prevalence rates of CVDs are higher among men than among women (31 % higher in terms of new cases and 35 % higher in prevalence in 2021). Ischaemic heart disease (also known as coronary artery disease) is the most frequent CVD, with an estimated 75 000 new cases each year, representing more than half of all CVDs.

An estimated 347 000 Hungarians were living with cancer in 2020

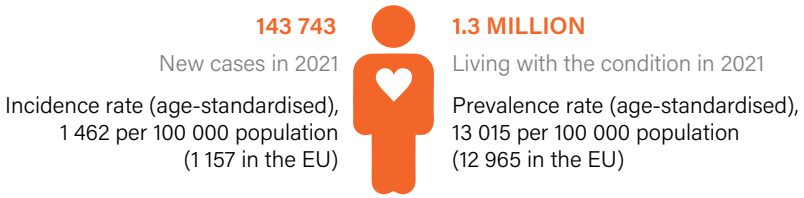
About 62 500 new cases of cancer were estimated in Hungary in 2022, and around 347 000 people were estimated to be living with cancer in 2020, according to the European Cancer Information System (ECIS) (Figure 6). The age-standardised incidence rate of cancer in Hungary is almost 10 % higher than the EU average, while the prevalence rate is around 25 % lower, reflecting a lower survival rate and higher cancer mortality rate (OECD/European Commission, 2025). In 2022, men were estimated to have a cancer incidence rate that was 17 % higher than women. The leading cancers among men include prostate, colorectum and lung cancer while for women these are breast and colorectum cancer. Several national screening programmes operate to aid the early detection of cancers (see Section 5.1).

Figure 4. A large share of Hungarians aged over 65 report multiple chronic conditions and limitations in daily activities



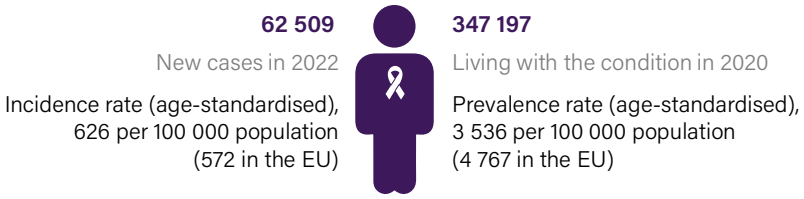
Source: Eurostat for healthy life years (tespm120, tespm130) and SHARE survey (for chronic conditions and limitations in daily activities); data refer to 2022 and 2021-22, respectively.

Figure 5. The estimated incidence of cardiovascular diseases in Hungary is 25 % higher than the EU average



Source: IHME, Global Health Data Exchange; estimates refer to 2021.

Figure 6. The estimated incidence of cancer in Hungary is almost 10 % higher than the EU average



Notes: These are estimates that may differ from national data. Cancer incidence includes all cancer sites except non-melanoma skin cancer.
Source: European Cancer Information System; estimates refer to 2022 for incidence data and 2020 for prevalence.

3 Risk factors

Behavioural and environmental risk factors account for 35 % of all deaths in Hungary

According to estimates from IHME, about 49 000 deaths in Hungary in 2021 can be attributed to behavioural risk factors, such as tobacco smoking, dietary risks, alcohol consumption and low physical activity. Another 9 000 deaths can be attributed to air pollution in the form of fine particulate matter ($PM_{2.5}$) and ozone exposure alone. Together, these behavioural and environmental risk factors accounted for 35 % of all deaths in Hungary in 2021, which is higher than the EU average of 29 %.

Hungarian adults and adolescents are among the heaviest smokers in the EU

One in four Hungarian adults smoked daily in 2019 – one of the highest rates (25 %) in the EU. Tobacco consumption has declined at a slower rate in Hungary than in many EU countries over the last two decades. There continues to be a huge gender gap in smoking rates: almost one in three Hungarian men reported smoking daily, compared to about one in five women.

Among adolescents, smoking rates are also high: 30 % of 15-year-olds reported smoking tobacco in the past month in 2022 – well above the EU average of 17 % (Figure 7). In addition, 33 % reported smoking e-cigarettes in the past month – the highest rate in the EU, where the average rate is 21 %.

Excessive alcohol consumption is a public health concern

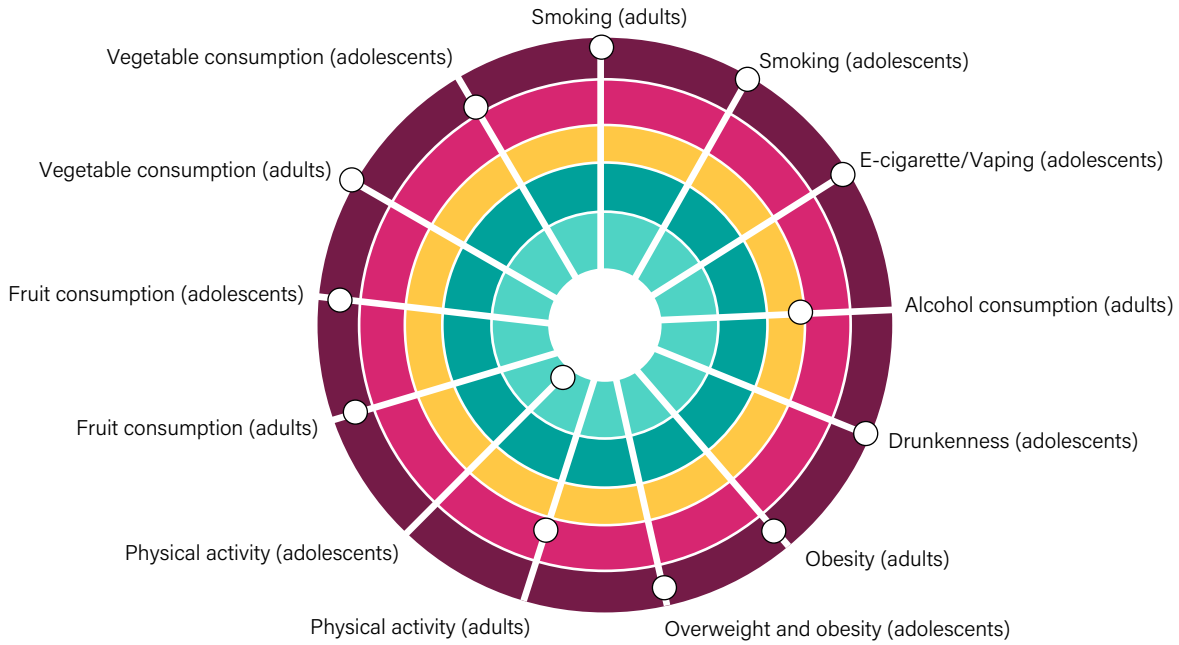
The average amount of alcohol consumed by Hungarian adults was 10.8 litres per person in 2022 – a slight reduction from 2010 but still higher than the EU average of 9.8 litres. Among 15-year-olds, 38 % reported having been drunk more than once in their lifetime – a much higher proportion than the EU average of 23 %.

Obesity is another major public health concern in Hungary

According to self-reported data from 2022, 22 % of Hungarian adults were classified as obese – well above the EU average of 15 %. Data based on the actual measurement of people's body mass index indicate even higher rates of obesity: one third (33 %) of the population was obese in 2019, which is an increase from 29 % in 2009. This trend is especially worrying among men: prevalence of obesity rose from 26 % to 36 % between 2009 and 2019, while it remained fairly stable among women. Overweight and obesity rates among adolescents have also increased over the past decade, rising from 15 % in 2010 to 25 % in 2022 – one of the highest rates in the EU.

Poor dietary habits partly explain the rising rates of overweight and obesity in Hungary. Rates of daily fruit and vegetable consumption are low among both adults (41 % and 33 %, respectively) and adolescents (25 % and 28 %, respectively). Furthermore, 74 % of adults reported doing physical activity less than three times a week in 2022. On a more positive note,

Figure 7. Most behavioural risk factors are more common in Hungary than in other EU countries



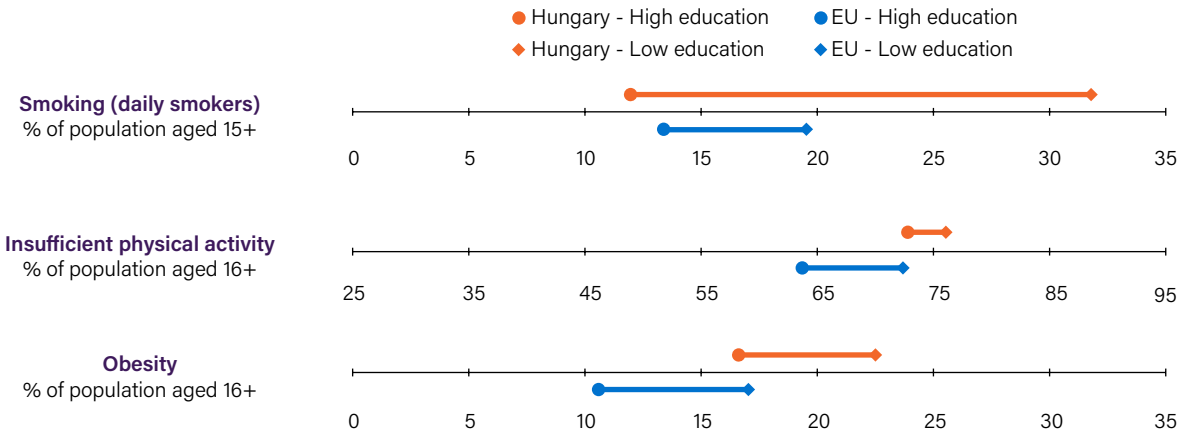
Notes: The closer the dot is to the centre, the better the country performs compared to other EU countries. No country reaches the white target area, indicating that all countries have room for improvement in all areas.
Sources: OECD calculations based on HBSC survey 2022 for adolescents indicators; Eurostat based on EU-SILC and OECD Data Explorer for adults indicators (2022 or nearest available year), except for smoking (EHIS 2019).

physical activity among adolescents in Hungary is higher than the EU average (15 %): in 2022 21 % of 15-year-olds reported doing at least 60 minutes of daily physical activity.

People with lower education levels are more exposed to behavioural risk factors – particularly smoking

As in other EU countries, several behavioural risk factors in Hungary are more common among people with lower education levels, in particular for smoking. In 2019, 32 % of adults with lower education levels reported smoking daily compared to 12 % of those with higher education levels – a much larger difference than the EU average gap. There is also a large education gap in obesity rates (Figure 8).

Figure 8. The gap in smoking rates by education level is the largest in the EU



Notes: Low education is defined as the population with no more than lower secondary education (ISCED levels 0-2), whereas high education is the population with tertiary education (ISCED levels 5-8). Low physical activity is defined as people doing physical activity three times or fewer per week.
Sources: Eurostat based on EHIS 2019 for smoking (hlth_ehis_sk1e) and EU-SILC 2022 for physical activity and obesity (ilc_hch07b, ilc_hch10).

4 The health system

A single health insurance fund provides near-universal coverage

The Hungarian health system is highly centralised: the Ministry of the Interior has been the main government body responsible for the health system since 2022. Hungary operates a social health insurance system with a single health insurance fund – the National Health Insurance Fund (NHIF). This is administered by the National Institute of Health Insurance Fund Management, which provides coverage for about 96 % of the population, leaving around 4 % of people without clear insurance status, such as those working abroad or individuals without a permanent address (see Section 5.2).

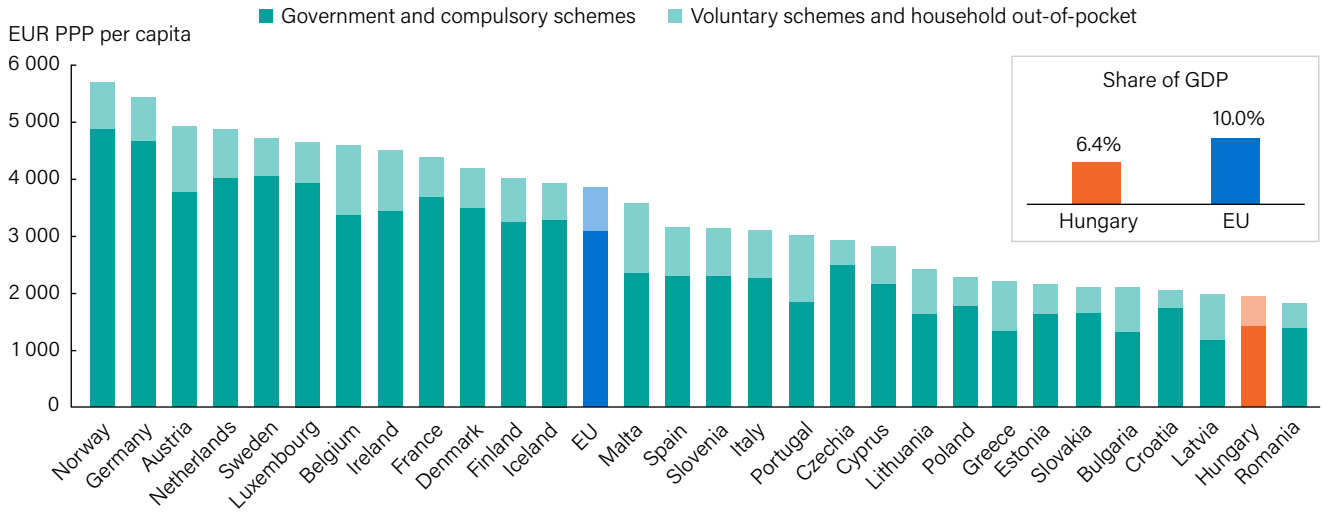
Health services are mainly supplied by public providers and local governments oversee primary care

Secondary and tertiary care is predominantly publicly provided, with responsibilities shared between municipalities and the central government. Private providers play a minor role, although the number has increased in recent years. Local governments oversee primary care, where general practitioner (GP) services are mainly delivered by individual private practices. However, a reform begun in December 2022 centralised some responsibilities, such as defining primary care practice boundaries, with the National Directorate-General for Hospitals. This reform also introduced financial incentives for GPs to form group practices to improve service coordination. Some municipalities also own outpatient specialist facilities (polyclinics), which provide secondary ambulatory care in various medical specialties.

Health spending has been growing in Hungary but is still among the lowest in the EU

Hungary's health expenditure has gradually increased over the past two decades but remains relatively low by EU standards. In 2023, Hungary devoted 6.4 % of GDP to health – below the EU average of 10.0 %. As in many other EU countries, following a surge in health spending during the COVID-19 years, health expenditure readjusted in Hungary and declined by an average of 4.3 % in real terms between 2021 and 2023. On a per capita basis, Hungary spent EUR 1 925 (adjusted for differences in purchasing power) in 2023, which is approximately half the EU average of EUR 3 832 (Figure 9).

Figure 9. Hungary spends considerably less on health than the EU average



Notes: PPP = purchasing power parity. The EU average is weighted (calculated by the OECD).
Source: OECD Data Explorer (DF_SHA); Eurostat (demo_gind); data refer to 2023.

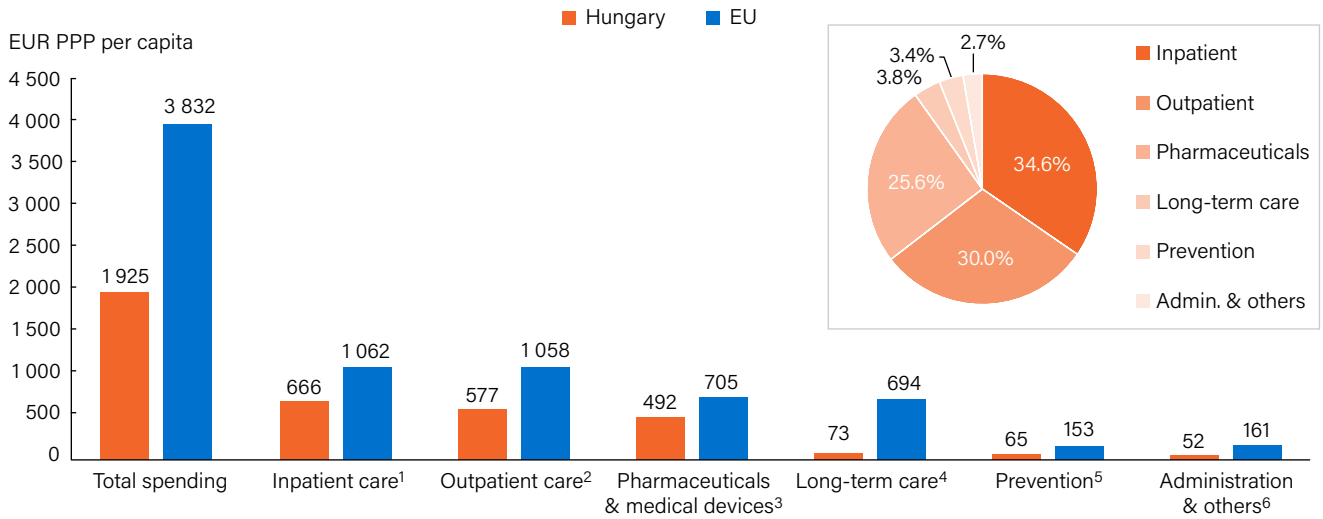
Public financing has gradually increased over recent years, and accounted for 74 % of current health spending in 2023, which is below the EU average of 80 %. Consequently, private health spending plays a prominent role, accounting for 26 % of health spending. Of this, 23 % comes from out-of-pocket (OOP) payments – well above the EU average of 16 %. High OOP payments mainly stem from household payments for pharmaceuticals, outpatient medical care and dental care (see Section 5.2). Voluntary health insurance plays a minor role in the health system (3 % of health spending).

Informal payments have historically been a concern in Hungary. The government more than doubled physicians' salaries over a three-year period starting in 2021, and criminalised the giving and accepting of informal payments, except for small-value gifts. Furthermore, EU funds under Hungary's Recovery and Resilience Plan have also been dedicated to measures eradicating the practice of informal gratuity payments.

Pharmaceuticals make up a significant share of Hungary's health spending

On a per capita basis, Hungary spends less than the EU averages in all health expenditure categories (Figure 10). In 2023, inpatient care accounted for 35 % of Hungary's health expenditure – exceeding the EU average of 28 %. Meanwhile, 30 % went on outpatient care, which is higher than the EU average of 28 %. Given Hungary's relatively low overall health expenditure, pharmaceutical and medical devices spending represents a substantial share of expenditure, at 26 % – higher than the EU average of 18 %. Spending on prevention remained low, at 3 % – below the EU average of 4 %.

Figure 10. Hungary spends half as much on prevention per capita as the EU average



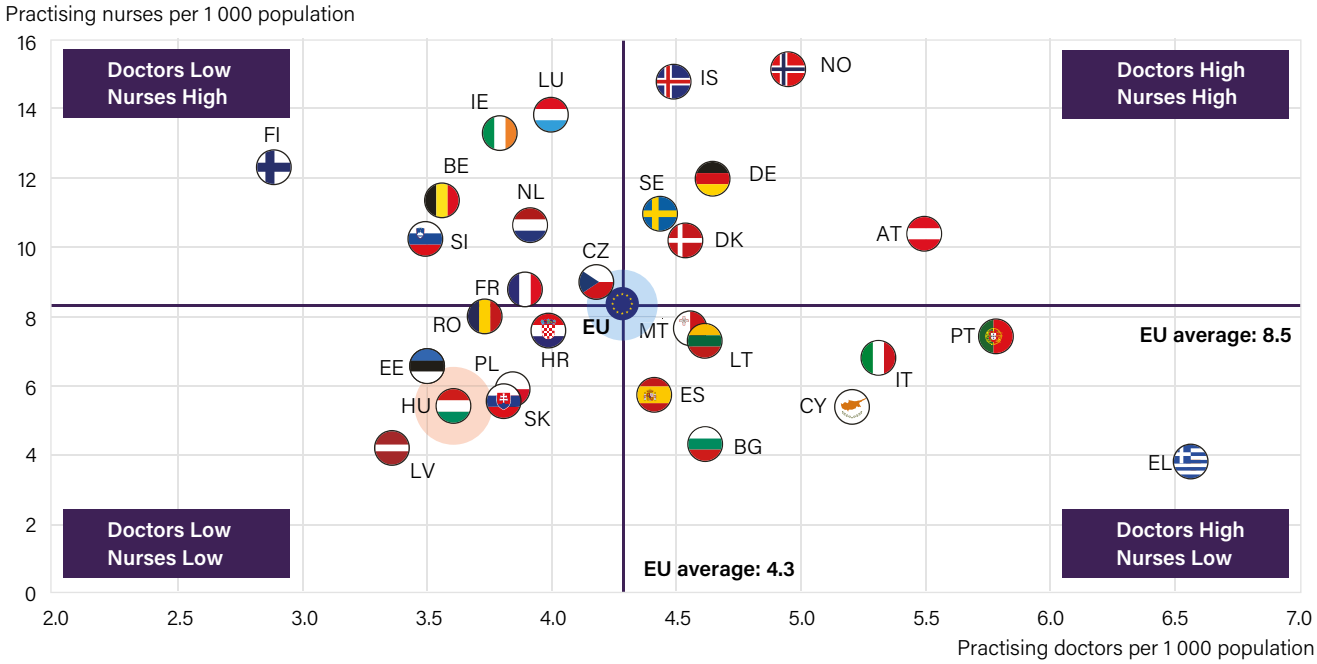
Notes: 1. Includes curative-rehabilitative care in hospital and other settings; 2. Includes home care and ancillary services (e.g. patient transportation); 3. Includes only the outpatient market; 4. Includes only the health component; 5. Includes only spending for organised prevention programmes; 6. Includes health system governance and administration and other spending. The EU average is weighted (calculated by the OECD).
Source: OECD Data Explorer (DF_SHA); Data refer to 2023.

Most doctors work as specialists or in hospital settings

In 2023, there were 5.5 nurses[1] per 1 000 population in Hungary – a rate well below the EU average of 8.5 per 1 000. The number of doctors stood at 3.6 per 1 000 population – also below the EU average of 4.3 per 1 000 (Figure 11). Among physicians in Hungary, around 12.4 % were GPs in 2023 compared to the EU average of 19.9 %, highlighting the fact that most doctors prefer to pursue specialties other than family medicine or to work in hospital settings. Moreover, Hungary is facing an uneven geographical distribution of doctors, limiting access to care in rural areas (European Commission, 2025).

As in many other EU Member States, Hungary faces persistent challenges in retaining its health workers, who may migrate abroad for better pay and conditions, or move into the expanding private sector. Hungary's health professionals often undertake multiple employment within the public sector and across sectors. Government actions to improve retention include phased salary increases for doctors, dentists, pharmacists and nurses (since 2021), and rewards of up to 40 % for good performance (since 2022). As of 1 March 2024, the base salaries of health professionals increased by an average of 20 %.

Figure 11. Hungary has lower densities of both nurses and doctors compared to the EU averages



Notes: The EU average is unweighted. The data on nurses include all categories of nurses (not only those meeting the EU Directive on the Recognition of Professional Qualifications). In Portugal and Greece, data refer to all doctors licensed to practise, resulting in a large overestimation of the number of practising doctors. In Greece, the number of nurses is underestimated as it only includes those working in hospitals.
Source: OECD Data Explorer (DF_PHYS, DF_NURSE); Data refer to 2023 or nearest available year.

5 Performance of the health system

5.1 Effectiveness

Modest progress has been made in improving the preventable mortality rate over the past decade

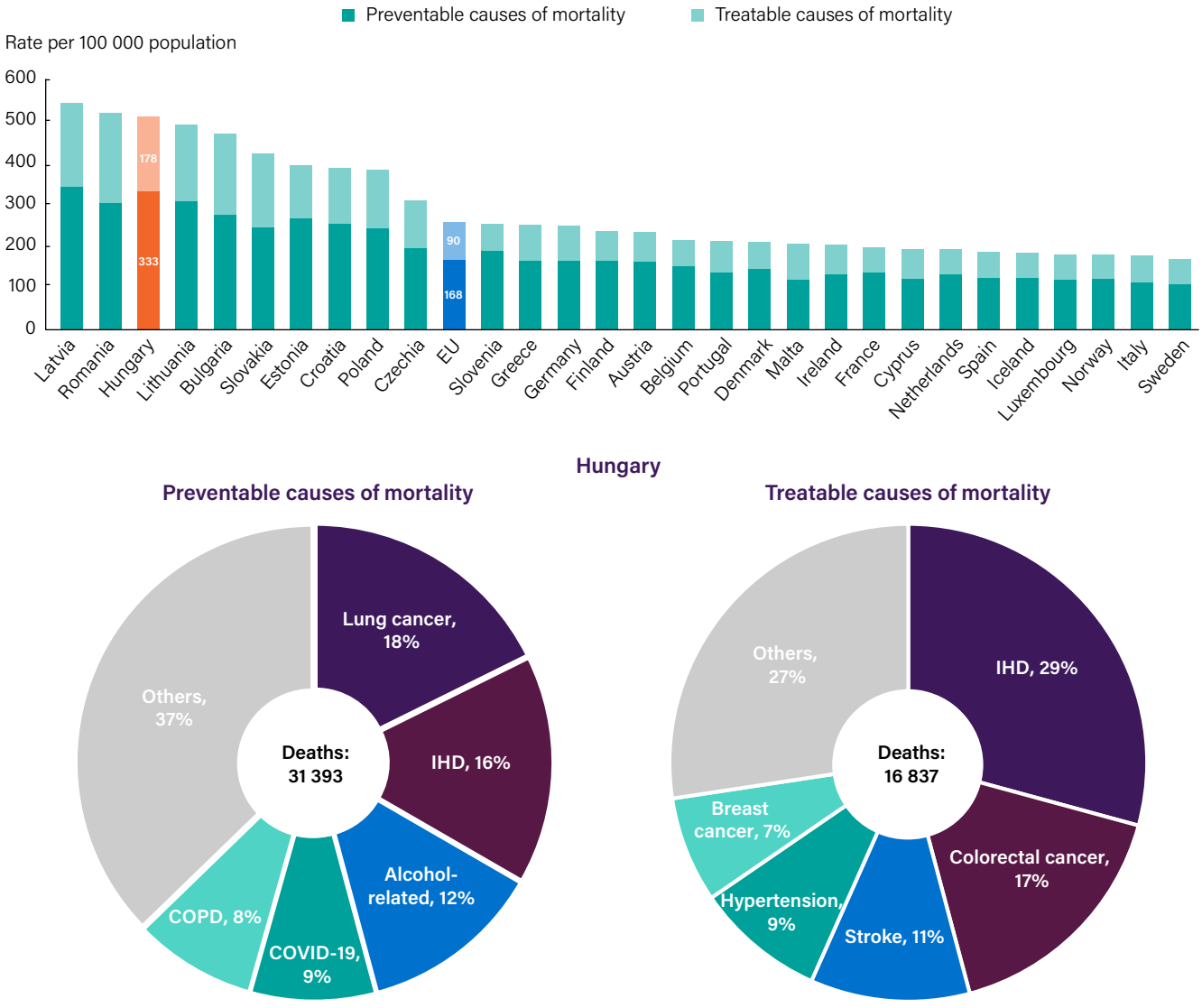
The rate of preventable premature deaths in Hungary had declined over time, reaching 315 deaths per 100 000 population in 2019. In 2020, the rate started to increase sharply – partly explained by the inclusion of COVID-19-attributed deaths in the preventable mortality statistics since that year – and reached 452 per 100 000 in 2021. It has since started to decline again, almost reaching pre-pandemic levels, at 333 per 100 000 population in 2022. Despite this, the preventable mortality rate remains among the highest in the EU. Lung cancer (18 %), ischaemic heart disease (16 %) and alcohol-related diseases (12 %) were the three leading causes of preventable

[1] The data on nurses for Hungary include all categories of nurses (not only those meeting the EU Directive on the Recognition of Professional Qualifications as reported by Eurostat).

mortality in 2022 (Figure 12). Hungary continues to have the highest prevalence of preventable deaths from lung cancer in the EU – a trend closely linked to the country's high smoking rates (see Section 3).

The three leading causes of premature mortality from treatable causes in 2022 were ischaemic heart disease (29 %), colorectal cancer (17 %) and stroke (11 %). These are deaths that can be mainly avoided through healthcare interventions, including screening and treatment. As with preventable mortality, deaths from treatable causes remain relatively high in Hungary. Although the rate declined from 193 deaths per 100 000 population in 2012 to 178 per 100 000 in 2022, it is nearly double the EU average of 90 per 100 000.

Figure 12. The avoidable mortality rate in Hungary remains well above the EU average



Notes: Preventable mortality is defined as death that can be mainly avoided through public health and primary prevention interventions. Treatable (or amenable) mortality is defined as death that can be mainly avoided through healthcare interventions, including screening and treatment. Both indicators refer to premature mortality (under age 75). The lists attribute half of all deaths from some diseases (e.g. ischaemic heart disease (IHD), stroke, diabetes and hypertension) to the preventable mortality list and the other half to treatable causes, so there is no double-counting of the same death. COPD refers to chronic obstructive pulmonary disease.
Source: Eurostat (hlth_cd_apr); data refer to 2022.

A prevention programme allowing general practitioners to prescribe physical activity is being piloted in Hungary

In 2019, to improve health prevention efforts, the Minister of Human Capacities introduced five national health programmes for 2019-22 covering child health, circulatory diseases, mental health, musculoskeletal disorders and cancer. Additionally, a national public health strategy 2023 – 2030 was also published in 2023.

In May 2024, the Activity Prescription Programme was launched – and is part of the broader Active Hungary public health strategy introduced in 2016. The Programme is being piloted by 30 municipalities and funded through an earmarked share of the public health product tax (Medical Online, 2024a). It allows GPs to prescribe physical activity to help prevent and treat lifestyle-related diseases and promote active living. Municipalities will raise awareness among GPs and the public, and will work with local sports facilities to offer free exercise sessions for patients with a prescription.

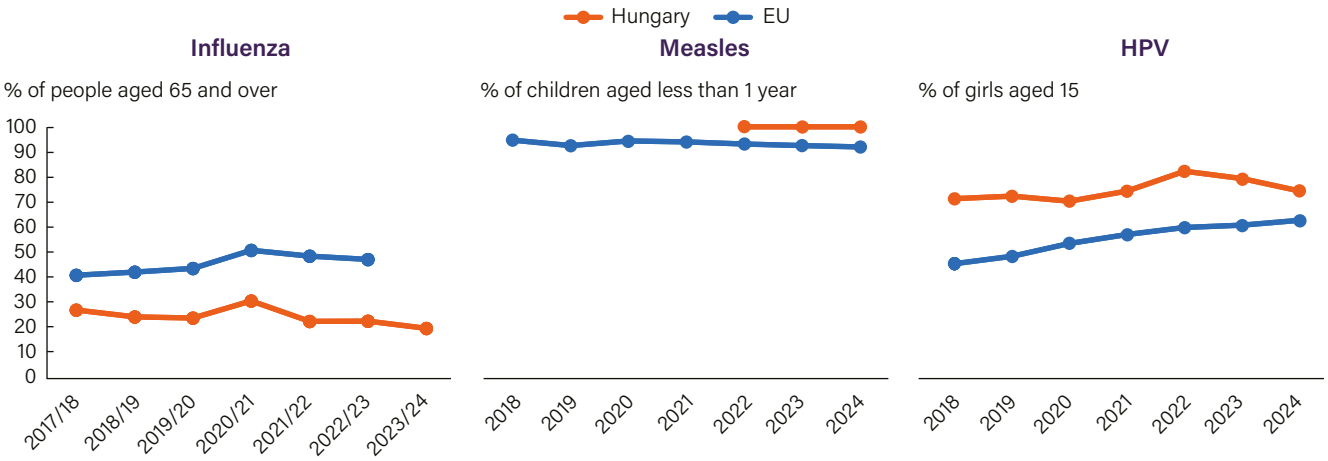
The immunisation rates for measles and human papillomavirus are higher than the EU averages

Hungary operates an age-based mandatory vaccination programme against certain diseases for children and adults. The immunisation rate for measles in Hungary is high and remains above the EU average; since 2022 it has stayed at nearly 100 % of the target population who have received the first dose of the vaccine.

In Hungary, parents of girls aged 12-13 (since 2014) and boys (since 2020) can voluntarily request the human papillomavirus (HPV) vaccine for their children free of charge. According to national data, 81 % of girls and 76 % of boys aged 12-13 were vaccinated in 2024 (National Center for Public Health and Pharmacy, 2025). International data show that the rate of 15-year-old girls who have received the recommended HPV vaccine doses increased from 72 % in 2018 to 83 % in 2022. Although coverage declined to 75 % in 2024, it remains well above the EU average (Figure 13).

The influenza vaccination rate among people aged over 65 gradually declined from 27 % in the 2017/18 winter season to 22 % in 2022/23, which was well below the EU average (47 %). In Hungary, the influenza jab is free for this higher-risk group as part of the national immunisation programme. While post-COVID-19 fatigue and vaccine hesitancy may play a role, a study that looked at Hungary's already declining influenza vaccination rates before the pandemic identified some important factors that contribute to higher influenza vaccination take-up among those aged over 65, including higher educational attainment, having a partner, more frequent annual doctor visits and having comorbidities (Szőllősi et al., 2022).

Figure 13. Hungary's immunisation rate for influenza is below the EU average, while rates for measles and human papillomavirus are higher



Note: The EU average is weighted for influenza (calculated by Eurostat) and unweighted for measles and HPV.
Sources: Eurostat (hlth_ps_immu) and WHO/UNICEF Joint Reporting Form on Immunization (JRF).

A pilot screening programme for colorectal cancer is being rolled out across the country as part of the national public health strategy

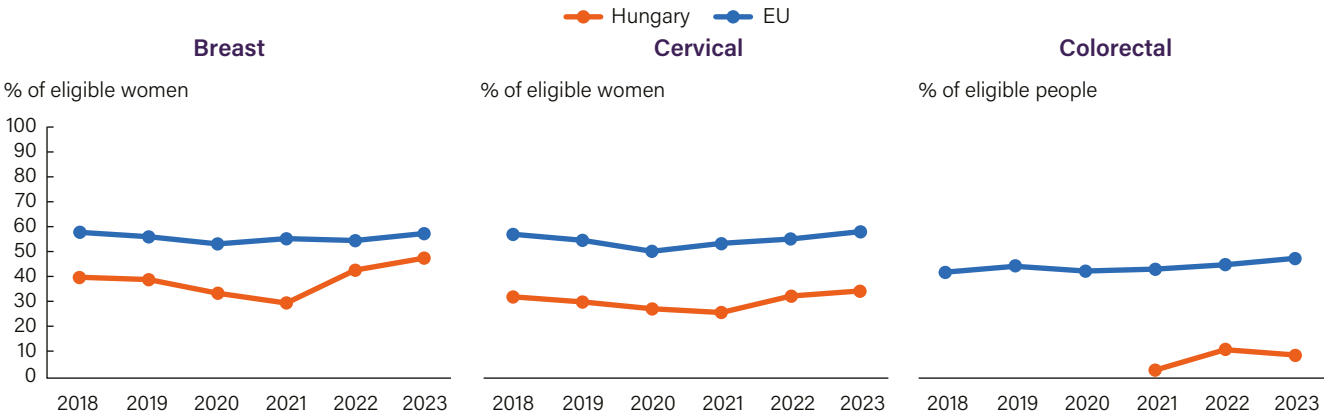
Cancer screening rates for breast and cervical cancer were declining in Hungary before the COVID-19 pandemic, and remain below the EU averages. Although in 2006, 49 % of Hungarian women aged 50-69 had been screened for breast cancer in the previous two years, by 2019, the rate had declined to 39 %, and it decreased further during the pandemic, reaching 30 % in 2021. However, since 2022, the rate has increased, reaching 49 % in 2024. The screening rate for cervical cancer among women aged 20-69 has also slightly increased since the pandemic, from 26 % in 2021 to 36 % in 2024 (Figure 14).

The participation rate in the colorectal cancer screening programme was only 9 % in 2023 among men and women aged 50-74 (based on programme data) – the lowest rate among reporting countries. In 2018, a biannual pilot screening programme for colorectal cancer was introduced for individuals aged 50-70, funded by the Hungarian Government and the European Social Fund. Aiming to increase the participation rate, the pilot programme was incorporated into the organised population screening programme as part of the national public health strategy, and implemented gradually across the country from January 2025 (Medical Online, 2024b). The National Cancer Plan outlines other initiatives to strengthen cancer screening activities (Box 1).

Hungary is receiving support from the EU Technical Support Instrument to create a new financial and clinical governance model

National concerns over the high number of avoidable hospital admissions have led to efforts to improve primary care and reduce hospital stays for chronic obstructive pulmonary disease (COPD) patients. With support from the EU's Technical Support Instrument, Hungary is developing a new financial and clinical governance model, including bundled payments through pilot projects. These initiatives are still ongoing and have been extended to 2026 (Margit et al., 2025). In parallel, reorganising primary care from single to group practices aims to strengthen and enhance capacity for outpatient care (see Section 5.3).

Figure 14. Screening rates for breast and cervical cancer have started to rise again after the pandemic



Notes: All data refer to programme date. The EU average is unweighted.
Sources: OECD Data Explorer (DF_KEY_INDIC) and Eurostat (hlth_ps_prev).

Box 1. Efforts are under way to expand and improve the efficacy of population-based cancer screening programmes

The Hungarian National Cancer Plan (2018-30) sets out several measures related to cancer care, including improving the efficacy of the population-based cancer screening programmes for breast, cervical and colorectal cancer. It also expands the suite of population-based screening services by introducing low-dose computed tomography lung cancer screening (OECD/European Commission, 2025). Furthermore, a Cervical Cancer Elimination Committee has been established to support clear communication, strengthen primary and secondary prevention and improve access.

To help implement the National Cancer Plan, in 2023, the National Centre for Public Health and Pharmacy established a working group to propose reforms to improve the efficiency and effectiveness of cancer screening. Recommendations include inviting women aged 30-65 for HPV-based testing every five years (while inviting women aged 25-28 for cytology-based screening), as well as considering launching preventive screening programmes for lung, stomach and prostate cancer. Stomato-oncology screening has been carried out since 2022 as an opportunistic screening, with the participation of dental hygienists, organised by the National Center for Public Health and Pharmacy.

5.2 Accessibility

Hungarians report relatively low unmet needs for medical and dental care

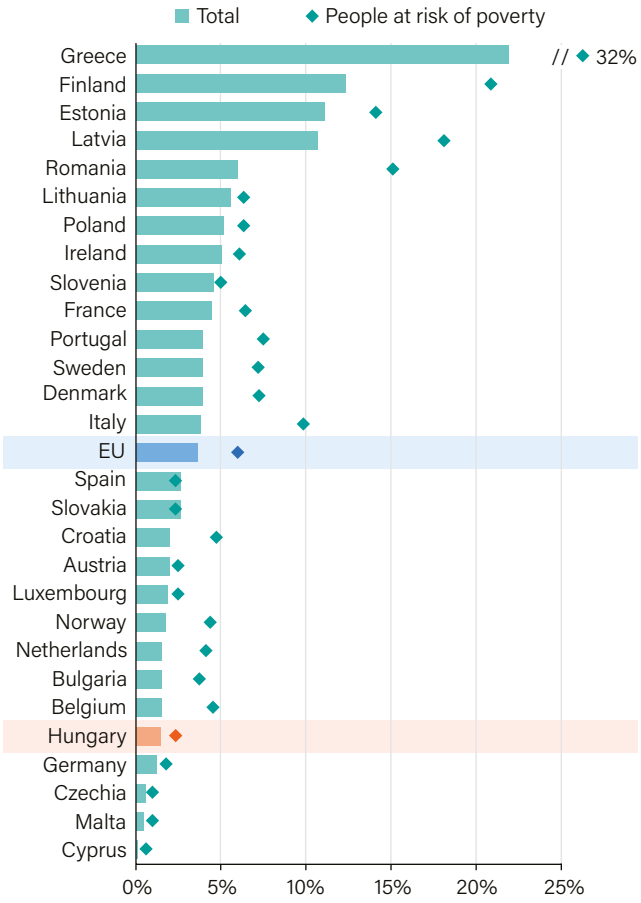
According to the EU-SILC survey, 1.4 % of Hungarians with a medical care need reported that they experienced unmet needs for a medical examination due to costs, travel distance or waiting time in 2024 – a share below the EU average (3.6 %). As in other EU countries, self-reported unmet needs are higher among people at risk of poverty (Figure 15). The same picture emerges when looking at unmet needs for a dental examination. In 2024, 1.5 % of Hungarians with dental care needs reported having unmet needs for a dental examination, which is also below the EU average (6.4 %). For Hungarians at risk of poverty, the share of unmet dental care needs was 5.0 %, which is significantly below the average (14.3 %) across the EU.

Unmet needs for mental healthcare have continued to increase in Hungary since the pandemic

Despite the relatively low reported unmet needs for a medical examination in the EU-SILC survey, the picture is more nuanced when looking at specific care areas. According to the Eurofound Living and Working in the EU Survey,[2] unmet needs for mental healthcare in Hungary increased continuously between 2021 and 2024. The share of adults reporting unmet needs for mental healthcare increased from 3.8 % in 2021 to 8.4 % in 2024 (Figure 16), highlighting the potential longer-term effects of the COVID-19 pandemic. The share of adults reporting unmet needs for primary care also increased from 5.5 % in 2021 to 7.0 % in 2022, but has since decreased to 6.1 % in 2024, while remaining above the EU average.

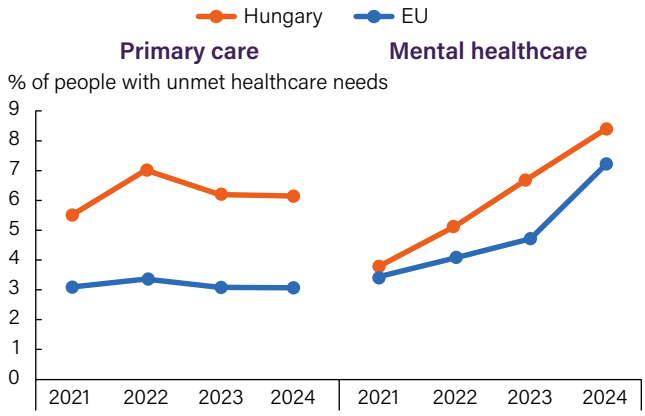
[2] The data from the Eurofound survey are not comparable to those from the EU-SILC survey because of differences in methodologies.

Figure 15. People at risk of poverty in Hungary report higher levels of unmet needs for medical examinations



Notes: The EU average is weighted. Data refer only to individuals who reported having medical care needs. People at risk of poverty are defined as those with an equivalised disposable income below 60 % of the national median disposable income.
Source: Eurostat (hlth_silc_08b); data refer to 2024.

Figure 16. Hungarian adults report higher unmet needs for primary care and mental healthcare than the EU average



Note: Primary care includes access to a GP/family doctor or a health centre.
Source: Eurofound's Living and working in the EU survey (2025).

Eligibility for publicly financed health services is tied to residency and payment of mandatory contributions

Entitlement to publicly financed health services is based on residence in Hungary (i.e. people with a permanent registered residence for at least 12 months) and payment of mandatory contributions to the NHIF. Consequently, people without permanent addresses – mainly foreign residents with low incomes and people from ethnic minority groups – may be unable to enrol in the NHIF (WHO Regional Office for Europe, 2025). Eligible residents are covered in one of four categories: economically active people covered through payment of mandatory contributions; people covered through government contributions, such as children aged under 18; people covered through international agreements; and people covered through a monthly flat-rate contribution to the NHIF.

Refugees, people under subsidiary or humanitarian protection, and people eligible for temporary protection (i.e. asylum seekers) are entitled to a limited package of healthcare (including selected primary, outpatient, inpatient and specialised care) free of charge for the first six months from the date of their status recognition. After six months they are entitled to the same benefits as residents under the NHIF (WHO Regional Office for Europe, 2025).

The benefits package is broad, but there are gaps in pharmaceutical and dental care services

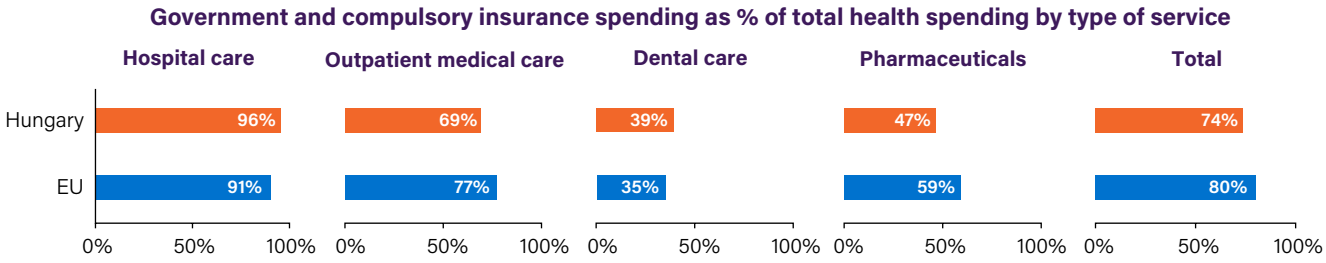
Regardless of legal or residence status or payment of contributions, everyone in Hungary is entitled to a limited set of publicly financed health services, including preventive care for communicable diseases, emergency transport and emergency care for 31 diseases and conditions (WHO Regional Office for Europe, 2025). Those entitled to the statutory benefits package can access a broad range of healthcare services and medicines. However, dental care and pharmaceuticals are not fully covered. In 2023, public coverage of pharmaceuticals stood at 47 %, which is relatively low compared to the EU average of 59 % (Figure 17). The proportion of publicly covered costs for outpatient medical care (69 %) is also below the EU average (77 %), while the rates in Hungary are above the EU averages for hospital care and dental care.

High copayments are a key driver of out-of-pocket pharmaceutical spending

In 2023, OOP payments made up 23 % of total health spending in Hungary – well above the EU average of 16 %. The largest share of OOP spending was on outpatient pharmaceuticals (51 %), driven by high copayment rates (see Section 6). OOP spending on medicines also accounts for approximately three quarters of all catastrophic household spending on healthcare (WHO Regional Office for Europe, 2025). [3] Outpatient medical care accounted for 22 % of OOP expenditure and dental care for 11 %, reflecting direct payments for privately provided services (Figure 18).

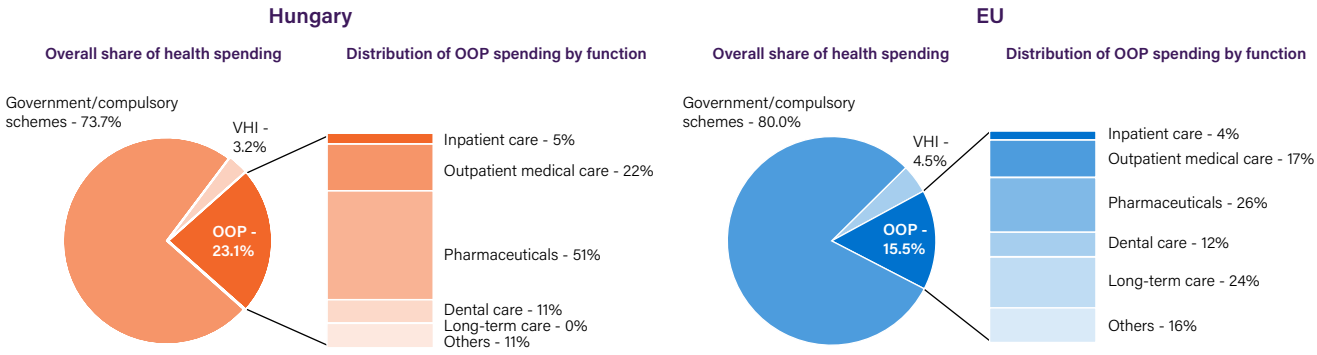
[3] Catastrophic expenditure is defined as household OOP spending exceeding 40 % of total household spending net of subsistence needs (i.e. food, housing and utilities).

Figure 17. Hungary spends less on pharmaceutical care than the EU average



Notes: Outpatient medical services mainly refer to services provided by generalists and specialists in the outpatient sector. Pharmaceuticals include prescribed and over-the-counter medicines and medical non-durables. The EU average is weighted.
Source: OECD Data Explorer (DF_SHA); Data refer to 2023.

Figure 18. Out-of-pocket spending in Hungary primarily goes to pharmaceuticals and outpatient medical care



Notes: VHI refers to voluntary health insurance, which also includes other voluntary prepayment schemes. The EU average is weighted.
Source: OECD Data Explorer (DF_SHA); data refer to 2023.

Copayments are required for outpatient prescribed medicines, medical products, some dental care treatments and specific inpatient services, such as long-term care. Socially disadvantaged individuals and/or those with serious chronic conditions are exempt from copayments through a special scheme that covers healthcare costs up to a specified monthly budget of HUF 12 000 (EUR 30).

Hungary is implementing measures to improve access to outpatient care

A digital appointment booking system under the Hungarian National eHealth Infrastructure (EESZT) has existed since 2017. In March 2025, new rules were introduced to offer financial incentives for outpatient providers offering specified imaging procedures to increase use of the booking system. The aim is to enhance the efficiency of the digital appointment booking system and access to outpatient care for patients. Although local governments are responsible for providing services based on geography and care level to aid accessibility, the new rules allow patients and physicians to book outpatient appointments with providers outside their assigned area.

5.3 Resilience

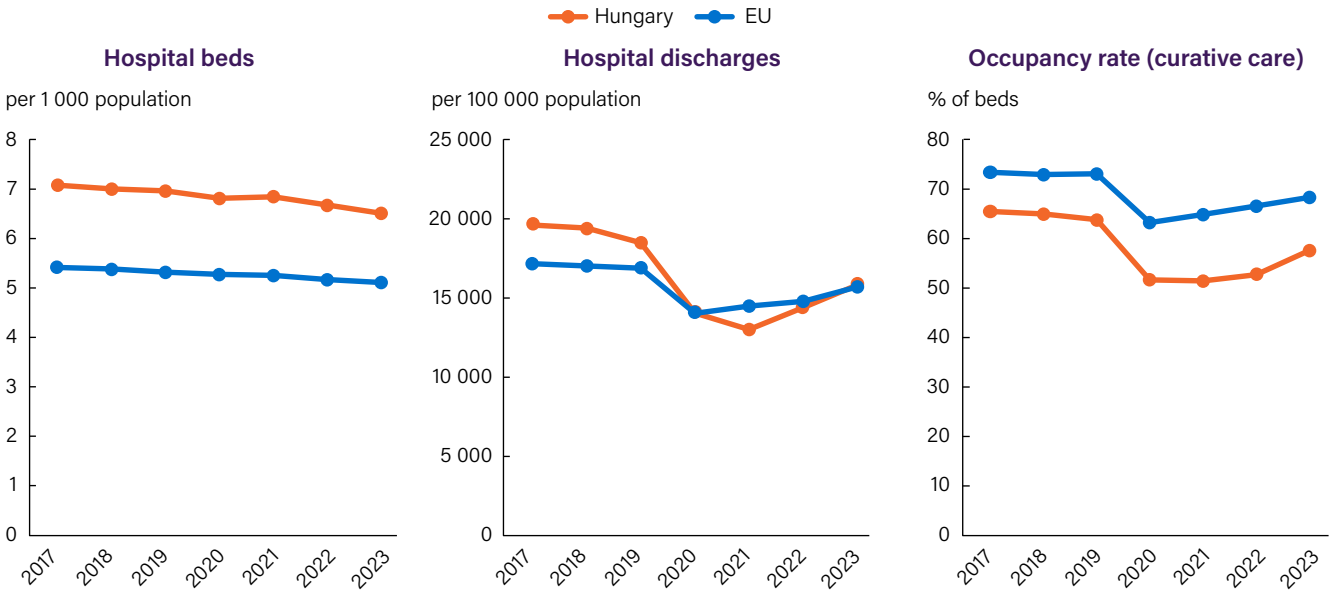
Health system resilience – the ability to prepare for, manage (absorb, adapt and transform) and learn from shocks and structural changes – has become central to policy agendas. Key priorities include easing pressures on service delivery, strengthening health infrastructure and workforce capacity, adapting crisis preparedness strategies, supporting digital innovation, and safeguarding long-term sustainability.

Despite lower hospital activity levels since the pandemic, care provision in Hungary is still heavily reliant on hospitals

The total number of hospital beds has gradually decreased in Hungary from 8.2 beds per 1 000 population in 2000 to 6.5 per 1 000 in 2023. However, the density is still well above the EU average of 5.1 per 1 000 population (Figure 19), and only surpassed by Austria, Bulgaria, Germany and Romania. After a significant decline in the number of hospital discharges during the COVID-19 pandemic, the rate increased, reaching 15 824 per 100 000 population in 2023. Similarly, the occupancy rate of available hospital beds saw a large reduction during the pandemic due to postponed care, but it too has started to rise again, albeit not at the same pace. Nevertheless, at only 58 % in 2023, the bed occupancy rate is significantly below the EU average (68 %), continuing a long-established trend.

Hungary's predominantly hospital-centred health system makes it less suited to care effectively for patients with multiple chronic conditions, who require more integrated and coordinated care. The most significant attempt at structural reform to address this along with wider health system performance challenges was the Integrated Care Coordination Pilot, implemented between 1999 and 2008. However, the initiative was ultimately unsuccessful due to limited political support and feasibility (Gaál et al., 2025). Since then, several smaller-scale projects have aimed to improve care coordination through financial incentives

Figure 19. Hungary has very high hospital bed numbers but low occupancy rates



Note: The EU averages are weighted for hospital beds and hospital discharges.
Sources: Eurostat (hlth_rs_bds1) and OECD Data Explorer (DF_KEY_INDIC).

and governance reforms, such as bundled payments for COPD patients and the formation of group practices in primary care, but none have matched the scope or ambition of the Integrated Care Coordination Pilot.

Waiting times for selected elective procedures continue to be a challenge

Hospital surgical activity for elective procedures decreased in Hungary during the first year of the pandemic, as it did across the EU. However, unlike the EU averages, surgical activity levels continued to decline in 2021. Between 2019 and 2021, the number of hip replacements per 100 000 population decreased by 40 %, knee replacements dropped by 66 % and the number of inguinal hernia repairs fell by 46 %. Activity for all three procedures increased in 2022 and 2023, reaching pre-pandemic levels.

The suspension of many non-emergency services as part of the health system response to COVID-19 resulted in a sharp increase in the share of patients waiting more than three months for cataract, hip and knee replacement surgery between 2019 and 2020 (Figure 20). Although these waiting times started to decrease in either 2021 or 2022, they remained above pre-pandemic levels in 2024. In 2024, 29 % of patients waited more than three months for a cataract surgery (compared to 7 % in 2019), 74 % for a hip replacement (58 % in 2019) and 78 % for a knee replacement (65 % in 2019). The slow progress in combating waiting lists suggest difficulties in clearing the back log of surgeries inherited from the pandemic and/or addressing systemic challenges.

The share of public spending on health has readjusted but is higher than the pre-pandemic level

Following exceptional annual growth in both 2020 and 2021 due to pandemic response measures, Hungary's growth in public spending on health per capita fell in 2022. In 2023, expenditure remained higher than the hypothetical trajectory projected from pre-pandemic growth patterns (2015-19) (Figure 21). At the same time, the share of health expenditure in total government spending was 8.2 % in 2023 – lower than the pre-pandemic average of 10 % during 2015-19. Investment in the health system is also derived from EU-level funding instruments (Box 2).

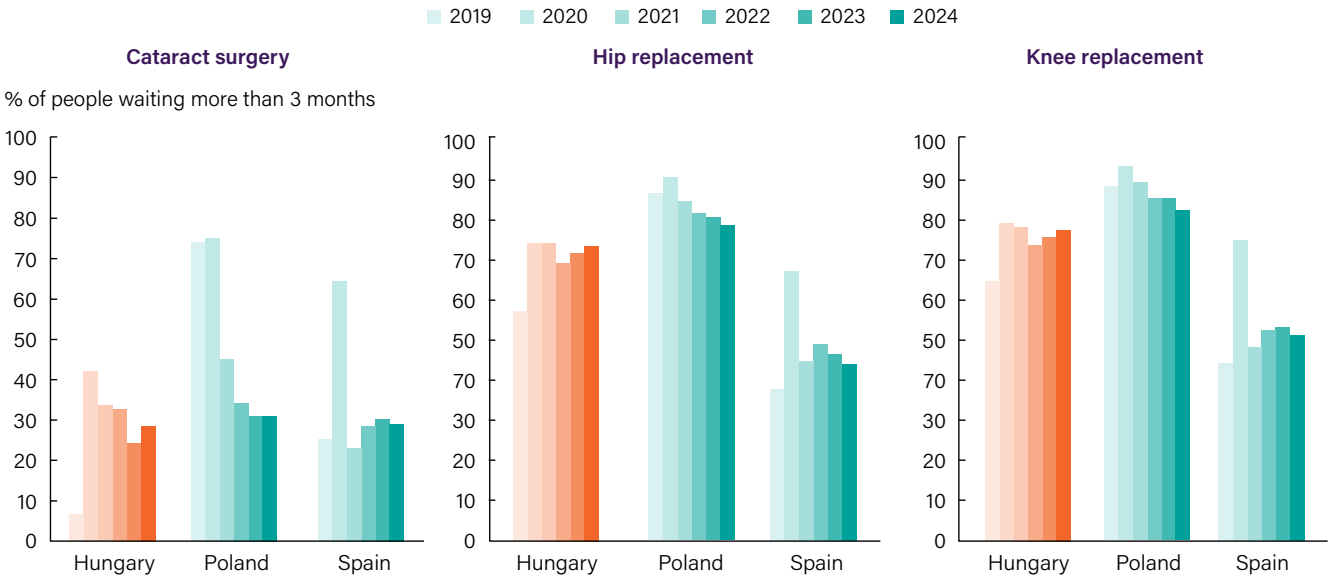
Hungarians are increasingly reporting use of digital tools for some health-related activities

Hungary has made limited progress in digital health investment relative to other EU countries. In 2023, health spending on information and communication technology (ICT) was EUR 0.6 million per 100 000 population, below the EU average of EUR 2.3 million per 100 000. According to an EU survey on the use of ICT, the share of the Hungarian population using ICT to make medical appointments increased overall from 22 % in 2018 to 33 % in 2024 (Figure 22). Similarly, the share of the population using ICT to access their health records increased significantly from 17 % in 2020 to 42 % in 2024. In contrast, the share of the population using ICT to seek health information rose incrementally between 2018 and 2020 and has been slowly declining since then; but at 65 % in 2024, the rate remains above the EU average.

As in other EU countries, use of digital tools for health-related activities in Hungary is influenced by factors such as education and age. For example, among the 42 % who reported using ICT to access their health records in 2024, 11 % had lower education levels,[4] while 67 % had higher education levels. Furthermore, nearly half (48 %) were aged 25-64, while just over a quarter (26 %) were aged 65-74.

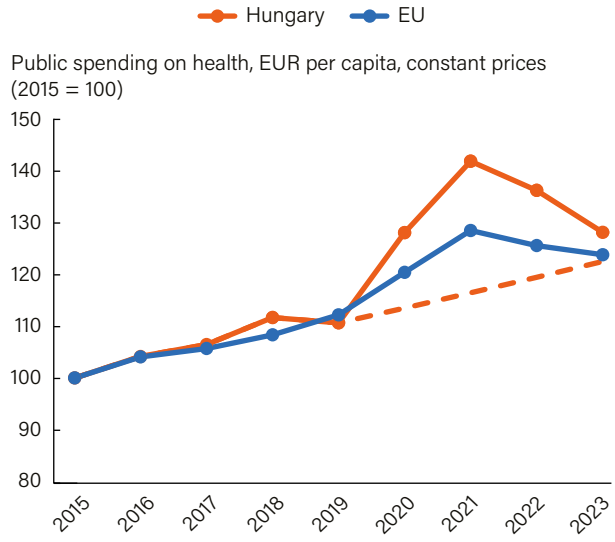
[4] Low education is defined as the population with no more than lower secondary education (ISCED levels 0-2), whereas high education is the population with tertiary education (ISCED levels 5-8).

Figure 20. The percentages of patients waiting more than three months for elective surgical procedures have remained persistently high



Source: OECD Data Explorer (DF_WAITING).

Figure 21. Hungary's public spending on health remained higher in 2023 than the projected trend



Notes: The EU average is weighted (calculated by the OECD). The dashed line represents the projected trend based on pre-pandemic (2015-19) data.
Source: OECD Data Explorer (DF_SHA).

Box 2. EU funding supports several areas of the Hungarian health system

Hungary's health system is supported by EU funding across multiple instruments. Under the Recovery and Resilience Plan[5] (RRP), Hungary allocated EUR 1.3 billion (12.5 % of total RRP funds) to health, focusing on reforms and investments that aim to eradicate gratuity payments in the health system; reinforce the role of GPs; streamline inpatient care and upgrade its infrastructure; increase the use of information and communications technology to improve the quality and efficiency of healthcare services; and develop a remote health surveillance programme for older adults.

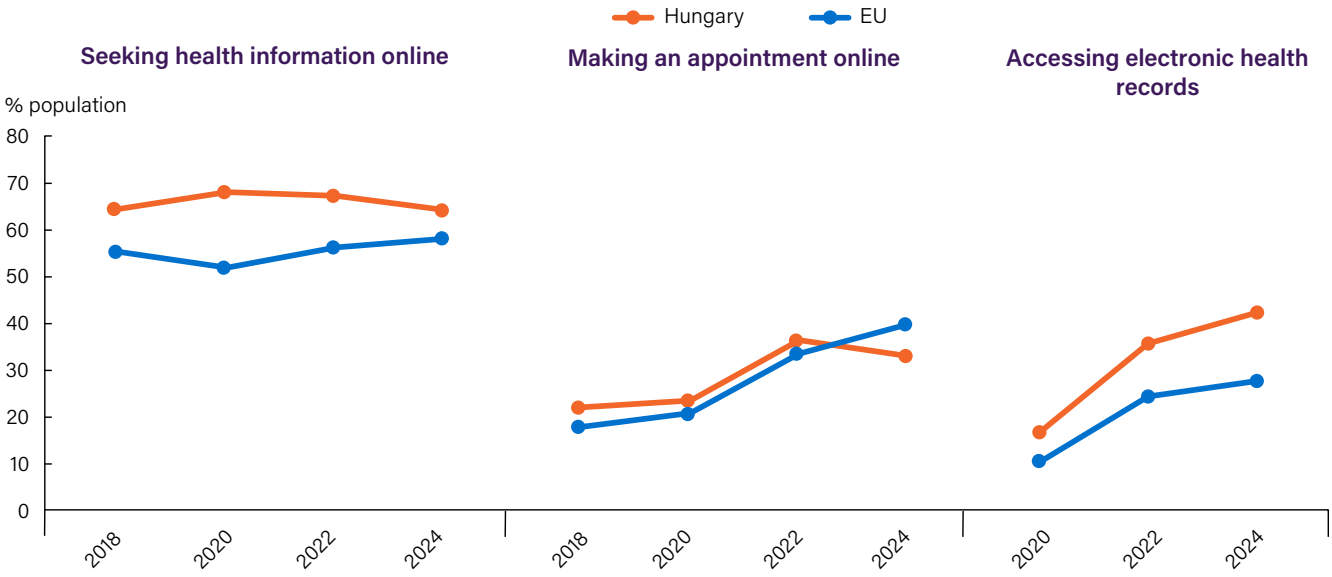
Complementing the RRP, the EU Cohesion Policy (2021-27) currently dedicates EUR 132 million (EU co-financed share) to healthcare for health infrastructure, including enhancing primary and outpatient care. Additionally, under the EU4Health work programmes (2021-25), Hungarian beneficiaries received funding via joint actions, action grants and direct grants amounting to about EUR 27.7 million. It was primarily dedicated to crisis preparedness (26 %), health promotion and disease prevention (25 %), and cancer initiatives (24 %).

A single digital platform links healthcare providers and patients in Hungary

EESZT is the central information technology system in Hungary. It oversees a central cloud-based database, which various health professionals can access through their workplace – such as hospitals, GP practices and pharmacies. EESZT gives health professionals access to patients' medical records, including referrals and prescriptions from other providers. Meanwhile, citizens can access their health records through a single centralised interface following electronic identification authentication. As of the beginning of 2023, almost all publicly funded healthcare institutions – including outpatient and inpatient facilities, private healthcare providers, pharmacies, doctors, pharmacists and GPs, use the EESZT (European Commission, 2024). Additionally, an outpatient pathway management tool has been implemented

[5] Recovery and Resilience Fund data are based on the information available as of 20 September 2025; potential future amendments may affect these figures.

Figure 22. The use of digital tools for health purposes is comparatively high in Hungary



Source: Eurostat (isoc_ci_ac_i).

to streamline appointments and patient flow. The tool is also integrated with the EESZT and the Health Window phone application. In other areas, such as cancer screening, innovations using artificial intelligence are being piloted (Box 3).

Hungary is tentatively on track to achieve its national reduction target for human antibiotic consumption by 2030

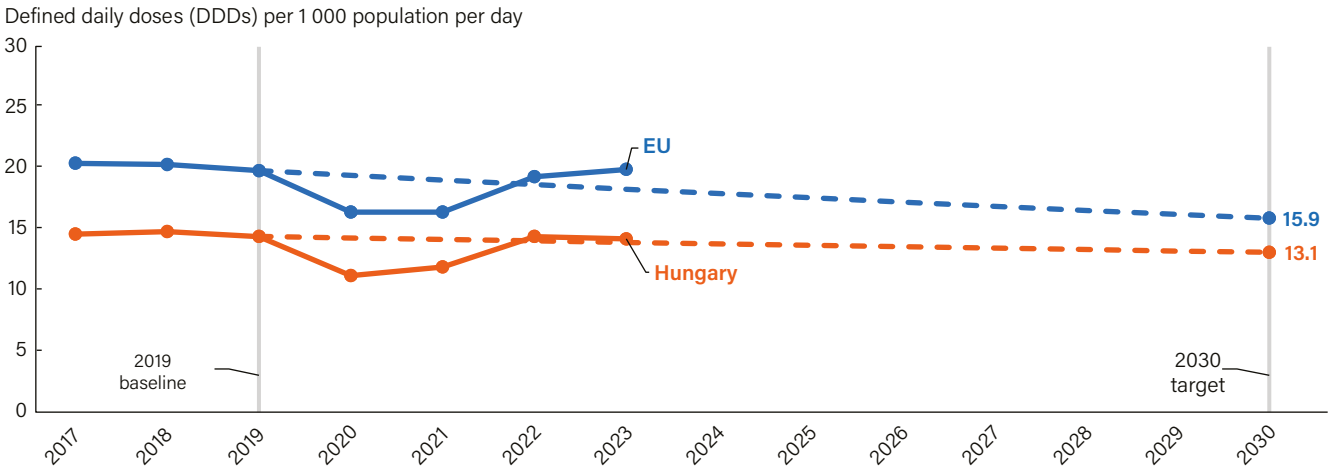
Reducing inappropriate antibiotic use is critical to addressing antimicrobial resistance (AMR), a priority reinforced by the EU Council's 2030 targets that were adopted in 2023 for reducing consumption.[6] Total antibiotic consumption (hospital and community) in Hungary has decreased marginally, overall, in the last few years: the number of defined daily doses (DDD) per 1 000 population per day fell from 14.6 in 2017 to 14.4 in 2019. Hungary experienced a marked reduction in antibiotic use in 2020 and 2021 primarily driven by reduced infection rates during the COVID-19 pandemic. However, the rate subsequently increased again to 14.4 DDD per 1 000 population per day in 2022 before declining slightly to 14.2 per 1 000 in 2023 (Figure 23). This recent modest reduction suggests that Hungary is slowly progressing towards its national target of reducing total human antibiotic consumption to 13.1 DDD per 1 000 population per day by 2030 – a 9 % decrease from the 2019 baseline. Although a national multisectoral working group submitted a strategic AMR Plan in 2019 (National Public Health Centre, 2019), there is currently no official national action plan or strategy for AMR in Hungary.

Box 3. Hungary is moving towards system-wide use of artificial intelligence to strengthen cancer screening

Hungary is advancing the use of digital health solutions through a pilot project that applies artificial intelligence (AI)-based decision support in pathology diagnostics (OECD/European Commission, 2025). Initially launched in eight pathology centres and now extended further, the project tests a deep-learning algorithm aimed at enhancing colorectal cancer screening within the public health system (Balogh et al., 2022). Recognising the transformative potential of data-driven healthcare, an AI committee has been established to monitor developments and create a roadmap for the system-level integration of AI technologies. These efforts reflect a broader strategic vision to scale up innovative digital tools, moving from experimental implementation towards widespread adoption across the healthcare sector (OECD/European Commission, 2025).

[6] Council Recommendation on stepping up EU actions to combat antimicrobial resistance in a One Health approach, 2023/C 220/01.

Figure 23. Despite a rebound after the pandemic, antibiotic consumption in Hungary is still below the EU average



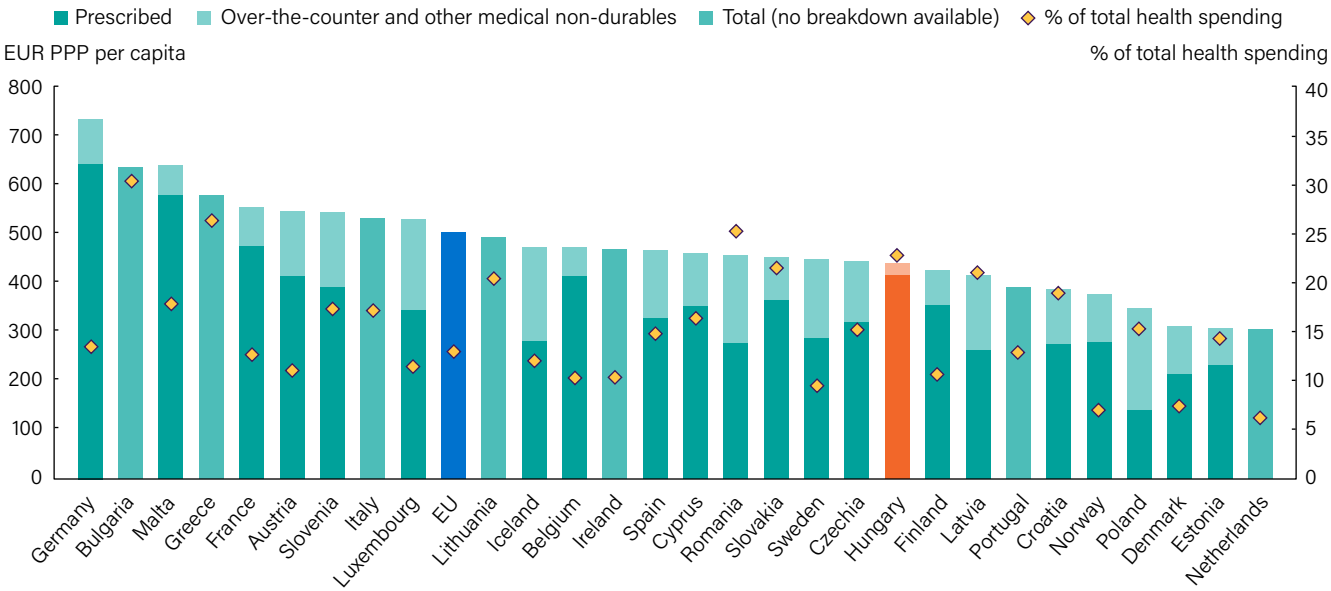
Notes: The EU average is weighted. The chart shows antibiotic consumption in hospitals and the community. The dashed line illustrates the policy target pathway to meet the 2030 reduction targets.
Source: ECDC ESAC-Net.

6 Spotlight on pharmaceuticals

Prescription medicines account for the majority of spending on retail pharmaceuticals

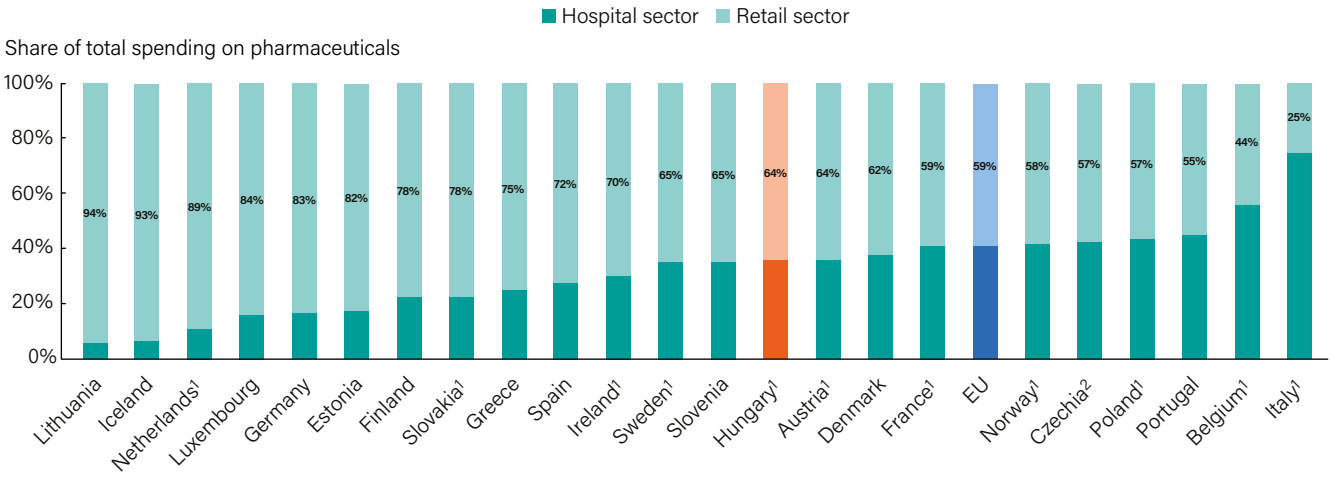
In 2023, Hungary spent EUR 445 per capita on retail pharmaceuticals, which is lower than the EU average of EUR 510 (adjusted for differences in purchasing power). Retail pharmaceutical spending, represented 23 % of health expenditure in Hungary – a significantly higher share than the EU average of 13 % (Figure 24). As in most other EU countries, prescription medicines account for the majority of the spending on retail pharmaceuticals in Hungary (95 %), while over-the-counter medicines and other medical non-durables make up the remaining part. Retail pharmaceutical spending only gives a partial picture of pharmaceutical costs in the Hungarian health system. It accounted for 64 % of total spending on pharmaceuticals in 2023, while spending on medicines in the hospital sector accounted for the remaining 36 % (Figure 25).

Figure 24. Expenditure on retail pharmaceuticals per capita is lower in Hungary than the EU average



Note: This figure represents expenditure on pharmaceuticals dispensed through retail pharmacies for outpatient use only. It excludes medications administered in hospitals, clinics or physician offices.
Source: OECD Data Explorer (DF_SHA); data refer to 2023, except for Norway (2022).

Figure 25. Spending on medicines in the retail pharmaceutical sector accounts for just over 60 % of the total

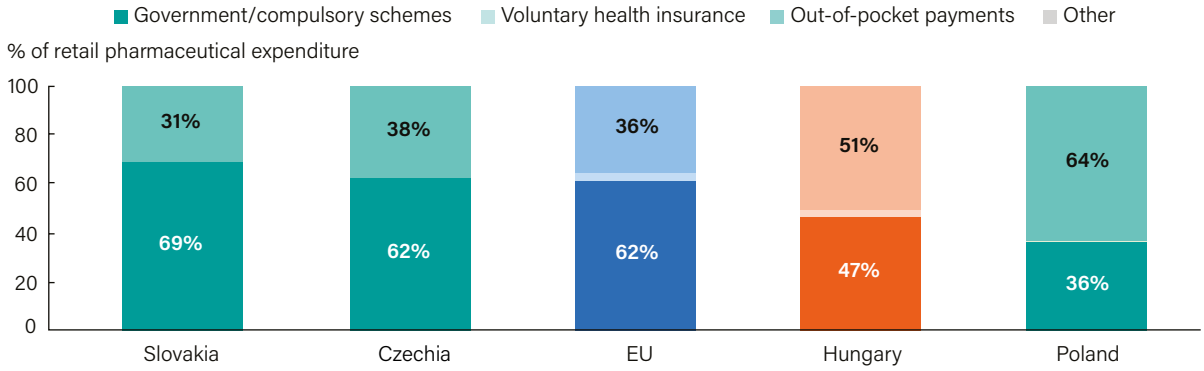


Notes: The EU average is weighted. Hospital pharmaceutical sales data for the Netherlands are incomplete, leading to an overestimation of the share of retail pharmacy sales in the figure.
Sources: OECD Data Explorer (DF_SHA); [1]IQVIA and Swedish Dental and Pharmaceutical Benefits Agency, 2024; [2]Czech Institute of Health Information and Statistics; data refer to 2023, except for Norway and Slovenia (2022).

Retail pharmaceutical spending is predominantly financed by out-of-pocket payments

The majority of retail pharmaceutical expenditure in Hungary comes from OOP payments, constituting by far the largest share of total household spending on healthcare (see Section 5.2). In 2023, OOP spending by households accounted for 51 % of retail pharmaceutical spending, while 47 % was covered by government and compulsory insurance schemes (Figure 26).

Figure 26. Half of expenditure on retail pharmaceuticals is paid out of pocket in Hungary



Note: The EU average is unweighted.
Source: OECD Data Explorer (DF_SHA); data refer to 2023, except for Norway (2022).

In the outpatient sector, patients usually pay a copayment covering the difference between the gross retail price and the reimbursement price. Even for fully reimbursed medicines, there is a flat-fee user charge of HUF 300 (EUR 1). Reimbursement rates vary: unrestricted medicines receive 0-80 % reimbursement (antibiotics: 25 %; antihypertension drugs: 55 % or 80 %), while those with prescribing or indication limits are covered at 50-100 % (anti-dementia products: 50 %; drugs for the treatment of bone diseases: 70 %; anti-asthma products: 90 %; oncology drugs: 100 %). The Named Patient Programme offers nearly full reimbursement with various copayments for off-label or non-listed therapies. A special reimbursement scheme exists for vulnerable groups, such as patients with chronic conditions or low socioeconomic status. The scheme waives copayments up to a monthly cap of EUR 30. There are no copayments for medicines in the hospital sector. Furthermore, all expensive medicines used in hospitals are fully reimbursed by the National Institute of Health Insurance Fund Management.

The availability of new medicines in Hungary takes longer than in many other EU countries but new medicines undergoing approval can be subsidised

Two of the indicators most commonly used to assess the timelines and breadth of access to new medicines are the average time elapsed between EU marketing authorisation and public reimbursement, and the proportion of centrally-approved medicines available nationally. Both metrics are reported in the European Federation of Pharmaceutical Industries and Associations' Patients WAIT Indicator Survey (Newton et al., 2025). While neither indicator comprehensively captures clinical uptake, prescribing restrictions or patient

access in practice, they provide a basis for discussion. According to the WAIT indicator, for medicines approved by the EU between 2020 and 2023, Hungary recorded an average time-to-reimbursement of 636 days, which is 10 % longer than the EU average (578 days). Furthermore, as of January 2025, 27 % of these medicines had coverage in Hungary, compared to an EU average of 46 %.

It is important to note that the average time-to-reimbursement indicator does not fully capture the real-world availability of medicines in Hungary; nor does it reflect the broader therapeutic availability of active substances, irrespective of their specific formulations. According to an OECD report, Hungary reported an early access scheme for 12 of the 15 products/indications surveyed as of 1 October 2021 (Chapman, Szklanowska & Lopert, 2023). Such schemes typically apply to therapies for severe diseases with high unmet needs, and allow temporary access to medicines either prior to marketing authorisation or before the coverage decision. The National Institute of Health Insurance Fund Management can subsidise new medicines undergoing approval.

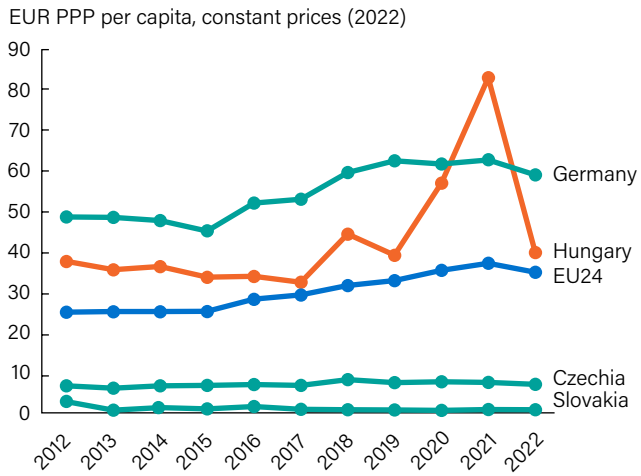
Hungary has measures in place to promote uptake of generic products

Hungary promotes use of generic over branded products to reduce costs and improve access to medicines. The main strategies are generic substitution in pharmacies and generic prescribing, both of which are voluntary. Measures are in place to encourage uptake, such as financial incentives to pharmacies to dispense generics and although pharmacists are obliged by law to offer the cheaper alternative, this rarely happens.

Hungary's business spending on pharmaceutical research and development per capita is higher than the EU average

Hungary's well-established pharmaceutical sector is a major contributor to the economy, with both domestic and international manufacturers operating in the country, and a solid export market for pharmaceutical products. In 2022, Hungary's pharmaceutical industry invested approximately EUR 382 million in research and development (R&D), accounting for 2.4 % of total EU pharmaceutical R&D expenditure. When adjusted to constant 2022 prices, Hungary's per capita R&D investment reached EUR 40 in 2022 – significantly lower than in 2021 (EUR 85) – but higher than the EU average (Figure 27). Tax incentives for R&D are available for eligible companies – including in the pharmaceutical industry, which also benefits from tax relief on the cost of clinical trials and clinical research undertaken in Hungary.

Figure 27. Hungary's business spending on pharmaceutical research and development per capita is higher than the EU average



Note: The EU average is weighted (calculated by the OECD).
Source: OECD Data Explorer (DF_ANBERDi4).

The number of pharmaceutical patent applications is a crucial metric for gauging innovation potential within the pharmaceutical sector. According to OECD Intellectual Property Statistics, 18 patent applications filed under the Patent Co-operation Treaty in 2022 originated from applicants based in Hungary. This volume accounts for 1 % of all Treaty applications originating from EU countries, positioning Hungary as a relatively modest contributor to Europe's pharmaceutical R&D capacity. The number of early phase (II and II) clinical trials per million population in Hungary reached 18.7 in 2024 – on a par with the EU average (18.3), and representing 2 % of all new clinical trials in the EU. In fact, the largest number of ongoing clinical trials in 2024 were phase III trials conducted mainly in oncology, pulmonology, cardiology and gastroenterology (Cromos Pharma, 2024). Most clinical trials in Hungary (90 % in 2024) are industry-funded rather than funded from public sources (10 %). The vast majority of these trials (91 %) are also part of multi-country studies, showing that while local R&D capacity is limited, Hungary is well embedded in global pharmaceutical R&D networks.

7 Key findings

- Life expectancy in Hungary stood at 77.0 years in 2024, which is 4.7 years below the EU average. As in other EU countries, there is a large gender gap in life expectancy: Hungarian women generally live 6.3 years longer than men – a greater gap than the EU average of 5.2 years. In 2023, the leading causes of death in Hungary were cardiovascular diseases (including ischaemic heart disease and stroke) and cancer, which together accounted for over 70 % of all deaths.
- Hungarians smoke, drink and experience obesity at significantly higher rates than the EU averages. These risk factors are especially pronounced among men and people with lower education levels. Behavioural risk factors drive poor health outcomes and contribute to health inequalities.
- Per capita health expenditure in Hungary is comparatively low, at EUR 1 925, which is approximately half the EU average. Public financing for healthcare has gradually increased over recent years, accounting for 74 % of current health spending in 2023, but it remains below the EU average of 80 %. Consequently, private spending plays a prominent role, and out-of-pocket payments made up 23 % of health expenditure in 2023 – significantly higher than the EU average of 16 %.
- Mortality rates from preventable and treatable causes were among the highest in the EU in 2022. Lung cancer, ischaemic heart disease and alcohol-related diseases were the three leading causes of preventable mortality, while ischaemic heart disease, colorectal cancer and stroke were the main drivers of treatable mortality. These health outcomes reflect longstanding public health challenges and the limited effectiveness of interventions. A prevention programme through which general practitioners can prescribe physical activity is being piloted in 30 municipalities. Initiatives in cancer screening are also under way, spearheaded by the National Cancer Plan.
- Although the shares of Hungarians reporting unmet needs for medical or dental examination are low compared to the EU averages, high out-of-pocket payments can create financial barriers to accessing care – particularly for pharmaceuticals, outpatient services and dental care. Mental healthcare is one area where unmet needs for treatment have been increasing – particularly in the years since the COVID-19 pandemic.
- Use of digital tools in healthcare has grown significantly in recent years. The proportion of Hungarians making medical appointments online is growing, while the share of those accessing their health records online increased from 17 % in 2020 to 42 % in 2024. Citizens can access their health records through a single centralised interface following electronic identification authentication. Hungary has a central information technology system, which almost all publicly funded healthcare institutions use. The centralised digital system includes an outpatient pathway management tool that links providers and patients, helping to streamline appointments and patient flows.
- Hungary's health system is supported by EU funding across multiple instruments, including the Recovery and Resilience Plan. Investments support key reforms, such as upgrading infrastructure, reducing informal payments, enhancing digital tools and strengthening primary care. Together, these funds aim to enhance Hungary's health system resilience and efficiency.
- Pharmaceutical spending accounts for a large share of total health expenditure, and just over half of retail pharmaceutical costs are paid out of pocket by patients. Although per capita spending on pharmaceuticals is below the EU average, household payments are high due to copayments and limited reimbursement coverage. A special reimbursement scheme helps to mitigate costs for vulnerable groups, but financial protection mechanisms to protect patients from out-of-pocket payments could be improved. To support the availability of new medicines, early access schemes grant access to therapies for severe diseases, allowing temporary use before full marketing and reimbursement authorisation.

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Country abbreviations

Austria	AT	Czechia	CZ	Germany	DE	Italy	IT	Netherlands	NL	Slovakia	SK
Belgium	BE	Denmark	DK	Greece	EL	Latvia	LV	Norway	NO	Slovenia	SI
Bulgaria	BG	Estonia	EE	Hungary	HU	Lithuania	LT	Poland	PL	Spain	ES
Croatia	HR	Finland	FI	Iceland	IS	Luxembourg	LU	Portugal	PT	Sweden	SE
Cyprus	CY	France	FR	Ireland	IE	Malta	MT	Romania	RO		

State of Health in the EU
Country Health Profiles 2025

The *Country Health Profiles* are a key element of the European Commission's *State of Health in the EU* cycle, a knowledge brokering project developed with financial support from the European Union.

These Profiles are the result of a collaborative partnership between the Organisation for Economic Co-operation and Development (OECD) and the European Observatory on Health Systems and Policies, working in tandem with the European Commission. Based on a consistent methodology using both quantitative and qualitative data, the analysis covers the latest health policy challenges and developments in each EU/EEA country.

The 2025 edition of the *Country Health Profiles* provides a synthesis of various critical aspects, including:

- the current state of health within the country;
- health determinants, with a specific focus on behavioural risk factors;
- the structure and organisation of the health system;
- the effectiveness, accessibility and resilience of the health system;
- an account of the pharmaceutical sector and policies within the country.

Complementing the key findings of the Country Health Profiles is the *Synthesis Report*.

For more information, please refer to: https://health.ec.europa.eu/state-health-eu_en

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