

The State of European Healthcare at the End of 2026

CW1 Group's reading of this year's public figures finds European healthcare well funded and short of capacity, with budgets for 2027 falling behind costs and patients waiting longer.



Introduction

CW1 Group works with providers, insurers and patients in Sweden, Germany and Portugal. To see where European healthcare stands as 2026 ends, we read this year's figures from Eurostat, the OECD, the European Commission and national health agencies, and set those three countries beside the EU as a whole.

We see three things shaping European healthcare as it goes into 2027:

1. Europe spends heavily on health, and the results have held up.
2. Budgets for 2027 are falling behind costs, and staff are already stretched.
3. Patients are waiting longer, and the digital tools meant to help are little used.

A few figures lie behind them. The EU spent about a tenth of its economic output on health in 2023, or EUR 1.72 trillion, and it has more than two million practising doctors. Life expectancy, at 81.5 years, is above its 2019 level, and the rate of avoidable deaths is below it. But France plans 2.0% growth in health insurance spending for 2027 against a cost trend of 3.4%, more than a third of EU doctors are 55 or older, and waiting lists are now the main reason people go without care they need.

In this report, we take the three in turn, then set out five moves we would make in 2027 and the dates to plan around. We cover the EU-27, plus the United Kingdom, Norway and Switzerland where data exist. Research closed on 12 October 2026. Each figure refers to the year shown and was read at its original source. Page 6 is our own view.

European healthcare in four numbers

9.94%

of EU economic output was spent on health in 2023

1.2 million

estimated shortage of doctors, nurses and midwives in the EU in 2022

2.4%

of people went without medical care they needed in 2025, up from 1.7% in 2019

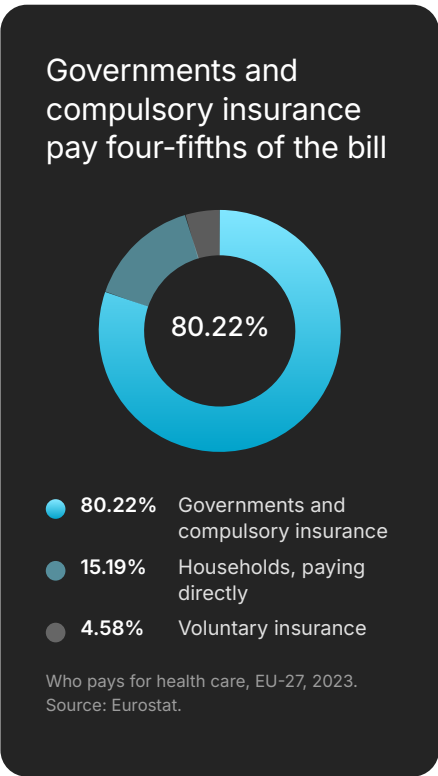
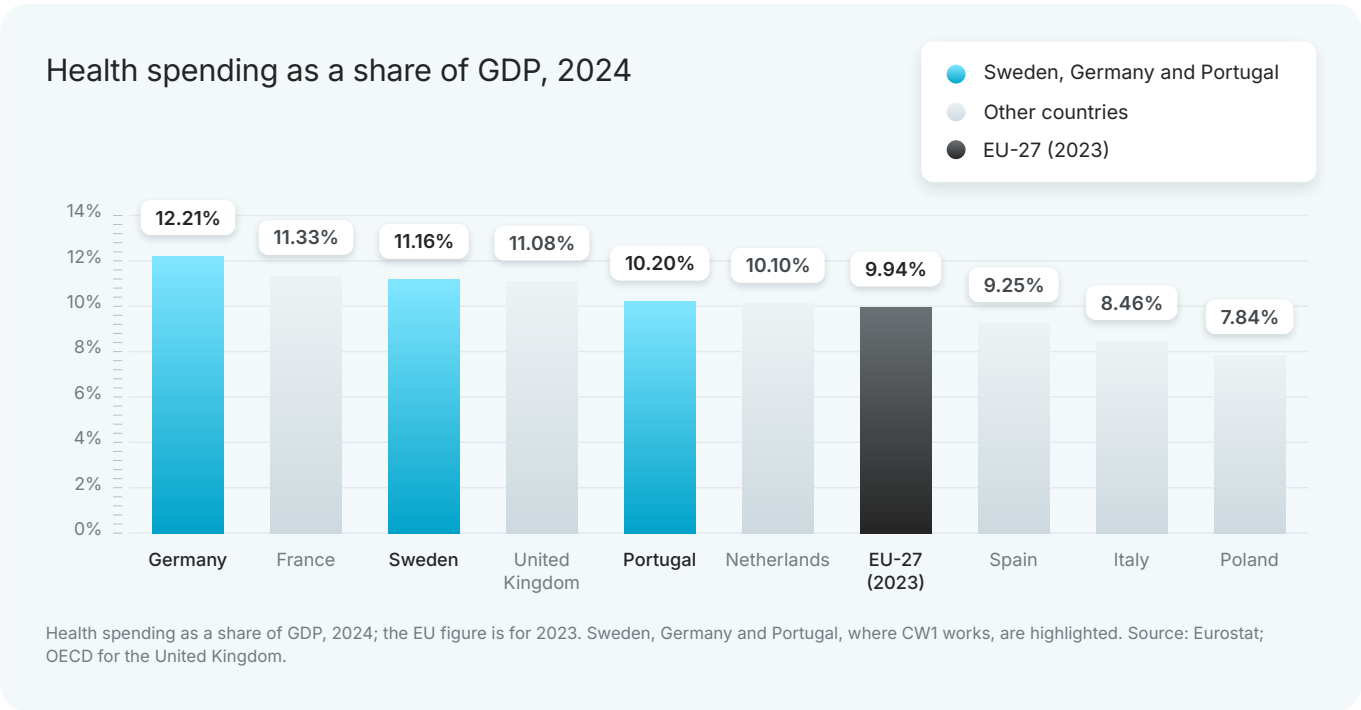
28%

of people used online access to their health record in 2024, although its availability scores 87%

Source: Eurostat; OECD and European Commission; European Commission, Digital Decade.

Spending is high, and results have held up

The EU spent 9.94% of its economic output on health in 2023, or EUR 1.72 trillion. Among the countries we compared, spending in 2024 ranged from 7.84% of GDP in Poland to 12.21% in Germany. The results moved the right way. Life expectancy was 81.5 years in 2024, up from 81.1 in 2019, and the rate of avoidable deaths among people under 75 fell from 243.16 to 237.66 per 100,000 inhabitants between 2019 and 2023.



Sweden, Germany and Portugal beside the EU

	Sweden	Germany	Portugal	EU-27
Share of health spending paid directly by households, 2024	12.83%	11.10%	28.67%	15.19% (2023)
Practising doctors per 100,000 people, 2024	465.9	475.4	431.4	
Hospital beds per 100,000 people, 2024	186.6	758.6	331.0	507.4
People aged 65 or over, 2025	20.8%	22.7%	24.3%	22.0%
People aged 65 or over, projected for 2050	24.8%	27.7%	34.6%	29.1%
Life expectancy at birth, 2024 (years)	83.8	81.2	82.5	81.5
Remote consultations with a doctor per person, 2024	0.8	0.1	1.4	
Days from EU approval of a medicine to availability	459	158	839	597

Doctors and beds are rounded to one decimal. Source: Eurostat; OECD for remote consultations, which countries define differently; EFPIA and IQVIA for days to availability, an industry survey of 168 medicines, as of 5 January 2026.

Budgets for 2027 are falling behind costs

Planned budgets for 2027 do not keep pace with costs, and many hospitals already lose money. Half of Germany's hospitals lost money in 2024. French public hospitals expected a deficit of about EUR 2.6 billion for 2025, and NHS providers in England ended 2024/25 with a net deficit of GBP 776 million. Most providers should expect payments to rise more slowly than their costs in 2027.



Staff are already stretched

The EU was short of an estimated 1.2 million doctors, nurses and midwives in 2022. Some countries already rely on doctors trained abroad: 30.65% of doctors in Sweden (2023) and 15.71% in Germany (2024). In September 2026 the European Parliament asked for one million more health professionals by 2034, and the Commission has not committed to it. Providers should not count on finding the staff they are missing.

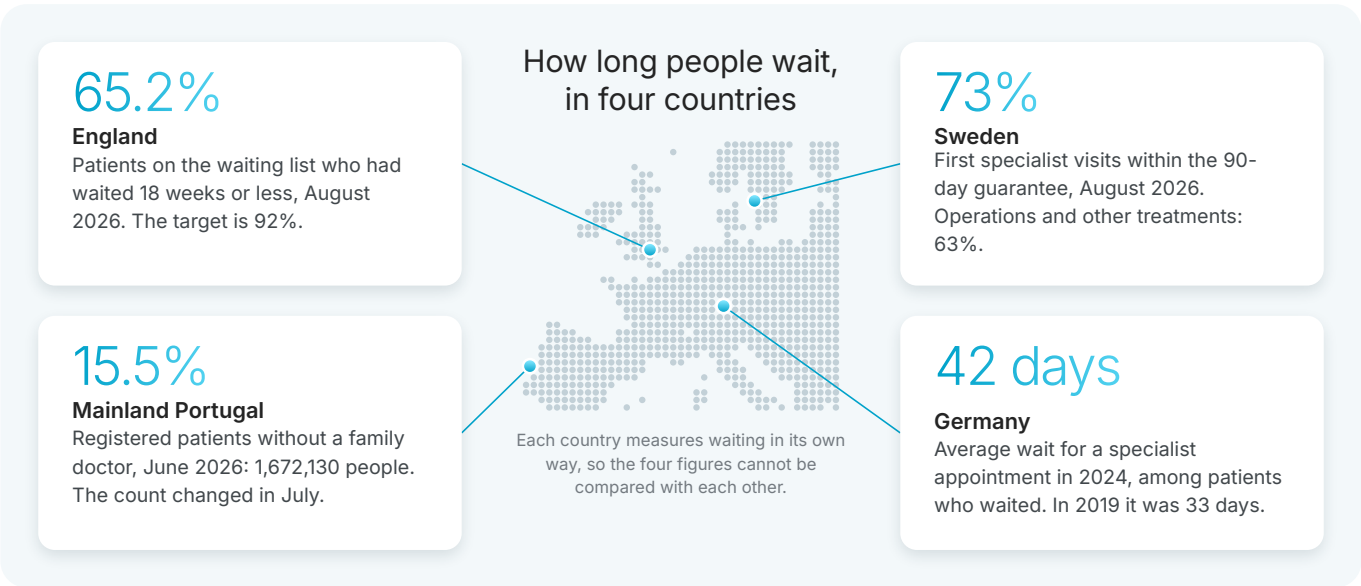
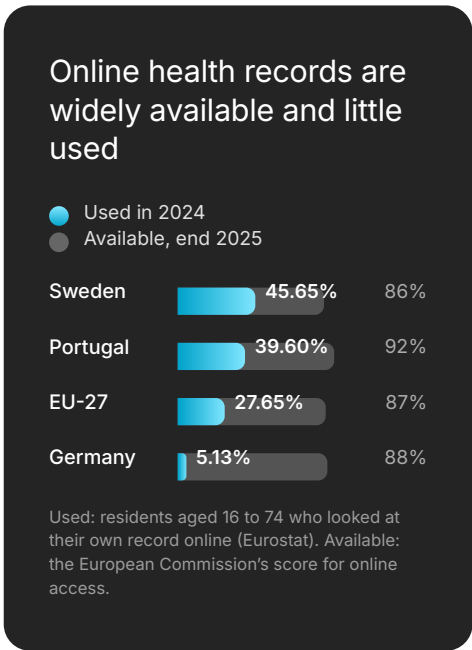
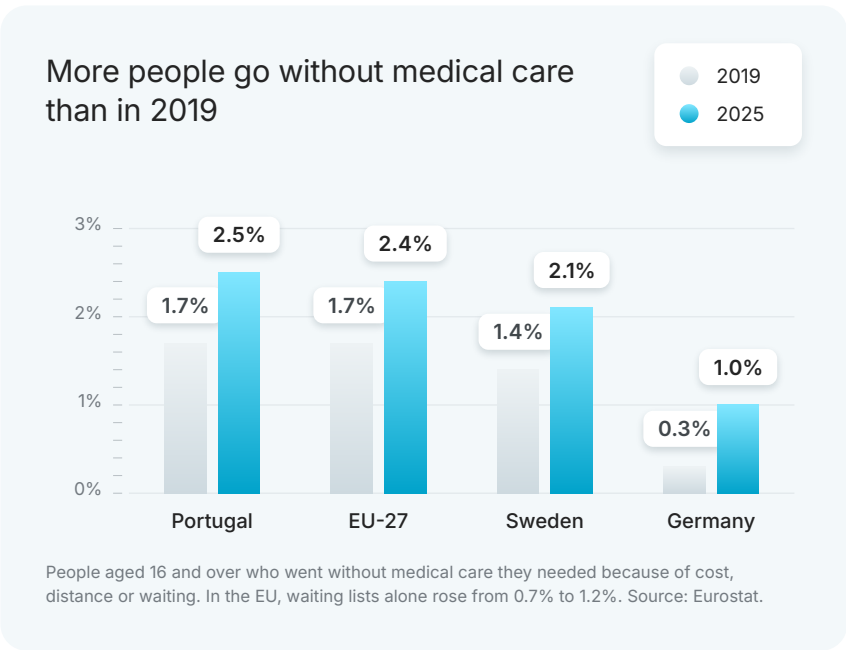


Source: Bundesministerium für Gesundheit; Assemblée nationale, bill n° 3211; Portugal's budget report for 2027; SKR; RWI, Krankenhaus Rating Report 2026; Fédération hospitalière de France; Department of Health and Social Care.
Source: OECD and European Commission; Eurostat; WHO Regional Office for Europe, 90,171 valid responses from doctors and nurses, published 10 October 2025; European Parliament.

Patients are waiting longer

More people now go without care they need. In 2025, 2.4% of people aged 16 and over in the EU went without medical care because of cost, distance or waiting, up from 1.7% in 2019, and waiting lists alone rose from 0.7% to 1.2%. Income makes a large difference. In the poorest fifth, 3.7% went without medical care and 6.1% without dental care. In the richest fifth, it was 1.4% and 1.2%.

The digital tools meant to help are in place and little used. Online access to health records scores 87% for availability across the EU, yet only 28% of people used it in 2024. New medicines arrive unevenly too: 158 days after EU approval in Germany, 459 in Sweden and 839 in Portugal, against an EU average of 597.



Source: NHS England; Socialstyrelsen; SNS, Portal da Transparência; German federal government, answer to parliament of 28 January 2026. Share of people aged 16 and over who went without care they needed, EU-27, 2025. Source: Eurostat. Average days from EU approval to availability, 168 medicines approved 2021 to 2024, as of 5 January 2026. Source: EFPIA, the industry association, and IQVIA.

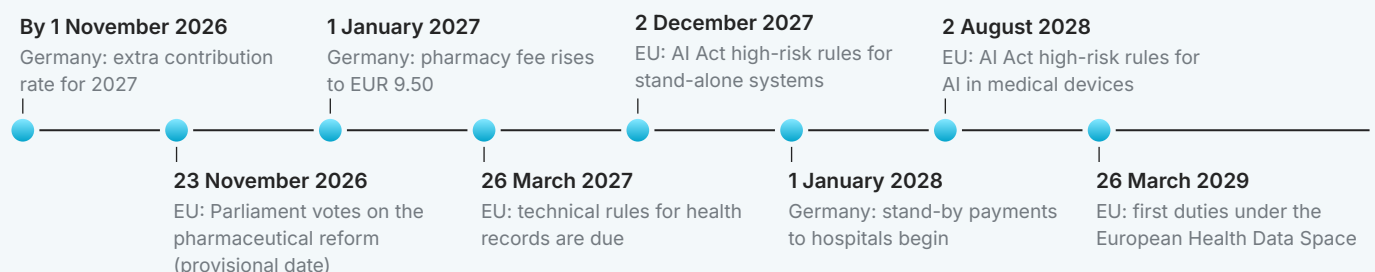
Five moves we would make in 2027

We do not expect more money or more staff to arrive in time. This is what we would do now. It is our view, based on the facts on the previous pages.

- | | |
|---|--|
| <p>→ Assume prices will lag behind costs
Hospitals and clinics</p> | <p>France plans 2.0% growth in health insurance spending for 2027, against a cost trend of 3.4%. Germany must save almost EUR 19 billion.</p> <p>Where to start: Know your margin by department and your spending on agency staff before the budget is set.</p> |
| <p>→ Free up clinicians' time, and check what AI writes
Hospitals, clinics, practices</p> | <p>One in three doctors and nurses reports symptoms of depression or anxiety. In an AI note-taking trial, almost 90% of clinicians reported saving time; 37.3% of logged uses needed correcting.</p> <p>Where to start: Measure documentation hours for one week. Test one tool in one department, and have every note read before it is signed.</p> |
| <p>→ Offer a first point of contact outside the hospital
Clinics, pharmacies, care for the elderly</p> | <p>EU hospital beds fell from 553 to 507 per 100,000 people in ten years. England's pharmacies have handled 7.08 million consultations for seven common conditions.</p> <p>Where to start: List the first contacts a pharmacy, a nurse or a remote consultation can handle, and how each is passed on to a doctor.</p> |
| <p>→ Get patients to use the records you already offer
Every provider</p> | <p>Online access to records scores 87% in the EU, but only 28% of people used it in 2024. In Germany 5% did, while 45% say they have asked an AI chatbot a health question.</p> <p>Where to start: Show results and appointments on the first screen. Ask your software supplier how it will meet the EU record rules of March 2029.</p> |
| <p>→ Check how quickly your insurance gets people seen
Insurers and employers</p> | <p>Sick days cost Germany an estimated EUR 134 billion in lost production in 2024. Sweden paid SEK 44.4 billion in sickness benefit in 2025. With consent, Dutch insurers may now find a faster provider for patients who wait too long.</p> <p>Where to start: Insurers: track waits by provider and offer the faster option. Employers: count days lost to illness, and ask your health plan what happens when an employee cannot get an appointment.</p> |

Source: Assemblée nationale, bill n° 3211; Bundesministerium für Gesundheit; WHO Regional Office for Europe; Oxford University Hospitals, evaluation of 23 February 2026; Eurostat; NHS Business Services Authority; European Commission; Bitkom, a trade body's survey; BAuA, as quoted by KBV; Försäkringskassan; Dutch ministry of health.

Dates to plan around



CW1 GROUP

Göteborg · Frankfurt · Lisbon

cw1.com

Help us to make healthcare the same for everyone.

CW1 Group is a European healthcare network with ehr railways in Sweden, Germany and Portugal. We connect providers, insurers and patients for faster access and fairer care.

Research closed on 12 October 2026. Each figure refers to the year shown and was read at its original source. The full fact base, with a link for every figure, is available on request.