Factsheet Hungary



National Healthcare System



National Healthcare

- System: universal system administered by the National Health Insurance Fund (NEAK); universal in principle
- Funding: 72,5% of current health spending in publicaly financed, while 27,5% is private, indicating higher private share then EU average 18,9%
- Coverage: 100% coverage (by OECD), free care for children, students, parents with infants, pensioners, low-income and disabled people groups

Key Stakeholders



- Ministry of Interior sets health policy, controls financing, and regulates the healthcare system; in 2022 healthcare transferred from Ministry of Human Resources
- National Health Insurance Fund (NEAK) manages the single-payer system, contracts providers, and oversees reimbursement
- National Centre for Public Health and Pharmacy (NCPHP) leads public health, epidemiological surveillance, and pharmaceutical regulation
- National Directorate-General for Hospitals supervises public hospitals and coordinates inpatient care planning
- Directorate-General for Public Procurement (KEF) central purchasing body under the Ministry of Finance, responsible for government-wide procurement

Funding & Budget Allocation



- National programs: NRDI Fund + GINOP Plus to provide ~HUF 215 billion (€580 million) for R&D and innovation in 2025, with HUF 12 billion earmarked for health innovations
- EU & international funding: Hungary receives support through Horizon Europe and Structural Funds, including €6.1 billion under GINOP Plus (2021-2027) for SME innovation and digital readiness

Care Delivery & Procurement



 Procurement: new legislation is centralizing supply chains, with a government-run hub for medical consumables and a project company to handle hospital pharmaceutical procurement from 2025

Digital Health Infrastructure



- EHR system: Hungary's national EHR, EESZT, mandatory since 2017 and connects GPs, hospitals, outpatient providers, and pharmacies
- Accessibility: the system processes ~75 million medical documents and ~180
- million interactions annually, ensuring wide coverage across healthcare actors Interoperability: full interoperability between different healthcare IT systems
- remains a challenge

Reimbursement for Digital Services



- Telemedicine limited reimbursement for defined services (consultations, follow-ups, monitoring) via NEAK, strict coding and documentation rules
- Digital therapeutics (DTx) no national reimbursement pathway; most DTx remain non-reimbursed

Challenges & Priorities



- Aging population
- Chronic diseases
- Long-term care financing

National priorities:

- tackle aging population
- structural reforms to decrease hospital debts: realistic tariffs, shorter supplier payment terms, introducing multi-year financing addressing supplier exposure



