

Overview

In 2024, current health expenditure in the international sense (DCSi) in France amounts to €333 billion, representing 11.4% of GDP. It rises by 3.6% in 2024 (after +3.4% in 2023), a growth rate among the most moderate within the European Union. Accounting for 77% of DCSi, the consumption of healthcare and medical goods (CSBM) increases at a comparable pace, by 3.7% (after +4.8% in 2023). Volumes consumed decline slightly (+3.1% after +3.4%), while prices overall decelerate more (+0.6% after +1.4%). CSBM prices thus rise less than inflation in 2024 (+2.0%), while in value, CSBM is rising slightly more than GDP (+3.3%).

The volume of hospital care consumed in the public sector accelerates slightly (+2.1% after +1.6%) but remains below pre-COVID-19 level. In outpatient care, many price increases affect the cost of care (significant price rises for midwives and paramedical professions, among others). The consumption of medicines in value remains very dynamic, driven by the volumes consumed and a smaller price decrease in 2024 compared to previous years.

Public financing of CSBM remains at a historically high level, but declines by 0.5 points in 2024, to 79.4%, with the shortfall compensated by complementary insurance schemes and households. Reduction in public reimbursements for certain services (transferred to complementary insurance schemes) and the increases in flat-rate contributions (borne directly by households) are not fully offset by mechanisms covering full costs via public administrations, such as long-term illnesses. However, regarding DCSi, out-of-pocket household payments in France remain among the lowest in the European Union.

The DCSi amounts to €333 billion in 2024, including €255 billion in CSBM

In 2024, current health expenditure in the international sense (DCSi) amounts to €332.6 billion (Table 1), representing 11.4% of GDP. It increases by 3.6%, following +3.4% in 2023 and +2.5% in 2022. DCSi is driven by the consumption of healthcare and medical goods (CSBM), which rises by 3.7% in 2024, and to a lesser extent by healthcare system management costs (+4.9% in 2024).

The CSBM, representing 77% of DCSi, totals €254.8 billion in 2024, increasing by 3.7%, a slowdown compared with previous years (+4.1% in 2022, +4.8% in 2023). However, this slowdown should be put into perspective: in 2024, CSBM and DCSi grow slightly faster than GDP, unlike the two previous years.

Long-term care, the second-largest component of DCSi after CSBM (16% of DCSi), grows at a slightly lower rate (+3.4% in 2024), reaching €52.2 billion. Healthcare system management costs (€16.9 billion in 2024, i.e., 5% of DCSi) accelerate (+4.9% in 2024, after +2.4% in 2023), mainly due to the administrative costs of complementary insurance schemes (+5.8% after +4.5%). In 2024, preventive care expenditures increase by 0.9%, after having decreased by 50.4% between 2021 and 2023 during the gradual recovery from the health crisis. Since 2019, preventive care spending has increased by 38.8%. In 2024, while COVID-19-related preventive expenditures continue to decline, preventive spending in maternal and child health and occupational health remains dynamic.

In 2024, the share of CSBM and DCSi in GDP stabilizes at the same levels as in 2023: 8.7% and 11.4%, respectively. These shares have remained relatively stable over the past ten years, excluding the health crisis.

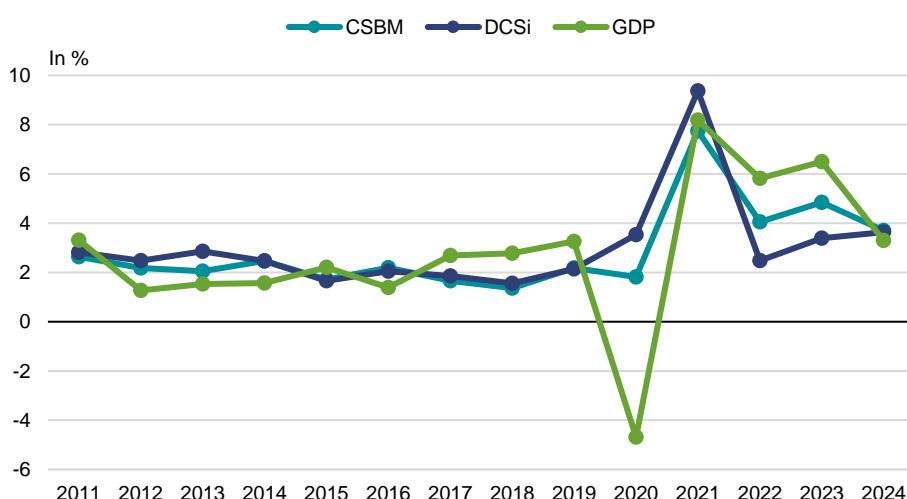


Table 1 | Consumption of healthcare and medical goods (CSBM) and current healthcare expenditure in the international sense (DCSi) by item

	In million euros						
	2014	2020	2021	2022	2023	2024	2024 growth (in %)
Hospital care	84 763	98 804	105 712	110 440	117 088	120 746	3,1
Public hospital care	65 536	76 923	81 653	85 687	91 054	93 650	2,9
Private hospital care	19 227	21 881	24 059	24 754	26 033	27 096	4,1
Outpatient care	56 421	62 557	68 683	71 239	74 839	77 825	4,0
Private practice care	42 124	46 860	50 960	52 592	54 676	56 960	4,2
Medical care and midwifery	17 789	19 412	20 168	20 984	21 650	22 724	5,0
Paramedical care	13 652	16 832	18 556	19 131	20 119	21 031	4,5
Dental care	10 682	10 617	12 236	12 477	12 908	13 205	2,3
Healthcare centres	1 522	2 453	2 911	3 249	3 616	3 842	6,2
Technical and auxiliary activities	12 776	13 244	14 812	15 399	16 546	17 023	2,9
Laboratory services	4 189	4 377	4 619	4 546	4 710	4 675	-0,7
Imaging diagnosis	4 119	4 052	4 544	4 771	5 125	5 485	7,0
Patient transportation	4 468	4 815	5 650	6 081	6 711	6 863	2,3
Medical goods	46 408	47 661	50 824	52 669	53 781	56 225	4,5
Medicines	31 705	29 861	30 927	32 479	33 017	34 540	4,6
Medical devices	14 703	17 800	19 898	20 191	20 764	21 685	4,4
Medical optics	6 378	6 468	7 549	7 574	8 001	8 273	3,4
Medical devices excluding optics	8 325	11 332	12 349	12 616	12 762	13 412	5,1
CSBM	187 592	209 022	225 219	234 349	245 707	254 796	3,7
CSBM (in % of GDP)	8,7	9,0	9,0	8,8	8,7	8,7	
Expenditure outside CSBM	56 528	67 977	77 750	76 123	75 275	77 844	3,4
Long-term care	35 982	43 488	44 886	47 049	50 498	52 208	3,4
Prevention	5 611	9 339	17 455	13 330	8 657	8 731	0,9
Governance	14 935	15 150	15 408	15 744	16 120	16 905	4,9
DCSi	244 120	276 999	302 969	310 473	320 983	332 640	3,6
DCSi (in % of GDP)	11,3	11,9	12,1	11,7	11,4	11,4	

Sources > DREES, health accounts; INSEE for GDP.

Figure 1 | Growth rate of CSBM, DCSi and GDP in value



Sources > Sources > DREES, health accounts; INSEE for GDP.

Hospital care represents nearly half of CSBM in 2024

Healthcare consumption and medical goods consist primarily of hospital care, which accounts for 47% of CSBM in 2024 (Figure 2), amounting to €120.7 billion. Hospital care expenditure is mainly incurred in the public sector (€93.7 billion). These expenditures increase by 3.1% in 2024, growing faster in the private sector (+4.1%) than in the public sector (+2.9%). In both sectors, the growth is mainly driven by higher volumes of care. Hospital care prices slow down significantly in 2024 (+0.8% after +3.8%), especially in the public sector, due to lower energy prices.

Outpatient care (excluding hospital outpatient care) is the second component of the CSBM, amounting to 77.8 billion euros in 2024, or 31% of the CSBM. It includes care provided in private practice (€57.0 billion), care in health centres (€3.8 billion) and technical and auxiliary activities (laboratory services, imaging diagnosis, patient transportation), totalling €17.0 billion in 2024.

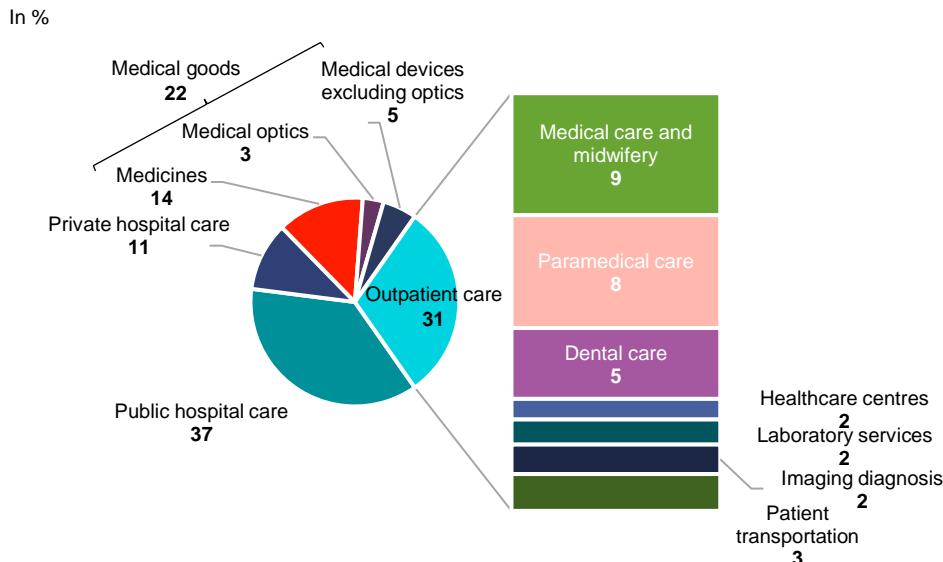
Outpatient care increases by 4.0% in 2024, driven by a strong rise in both general practitioner and specialist consultations. Midwife services in private practice and care provided in health centres (by all types of health professionals), while still representing a smaller share of CSBM, also grow at a sustained pace. Expenditure on technical and auxiliary activities rises by 2.9% in 2024, though

trends vary by activity: spendings on laboratory services (€4.7 billion) decrease slightly (−0.7%), while spendings on imaging diagnosis grow strongly (+7.0%), confirming a trend observed since 2021. Patient transport expenditures show weaker growth, increasing by 2.3% in 2024. Unlike hospital care, outpatient care prices accelerate in 2024 (+1.6% after +0.4%), mainly due to tariff revaluations.

Medical goods expenditure accounts for the remaining 22% of CSBM, amounting to €56.2 billion. This share fell by 3 percentage points between 2014 and 2024, due to the decline in medicines spending (−5.8% between 2014 and 2020). Although these expenditures are on the rise again since 2021, they represent 14% of CSBM in 2024, compared to 17% in 2014. They amount to €34.5 billion in 2024. They are complemented by spending on medical devices (€21.7 billion), led by medical optical devices (€8.3 billion). Among medical devices, expenditure on equipment and aids for daily living is particularly dynamic in 2024.

The composition of CSBM has remained relatively stable over time: in 1950, hospital care accounted for 44% of CSBM and outpatient care for 27% (Box 1), while in 2024, hospital care represents 47% and outpatient care 31%. Over 75 years, the shift from hospital care to outpatient care has been only of 3 points. The structure of medical goods expenditure has changed more significantly: in 1950, medicines accounted for 86% of all medical goods consumed, while in 2024, they account for only 61%.

Figure 2 Structure of CSBM and of ambulatory care in 2024



Source > DREES, health accounts.



Box 1 The CSBM since 1950

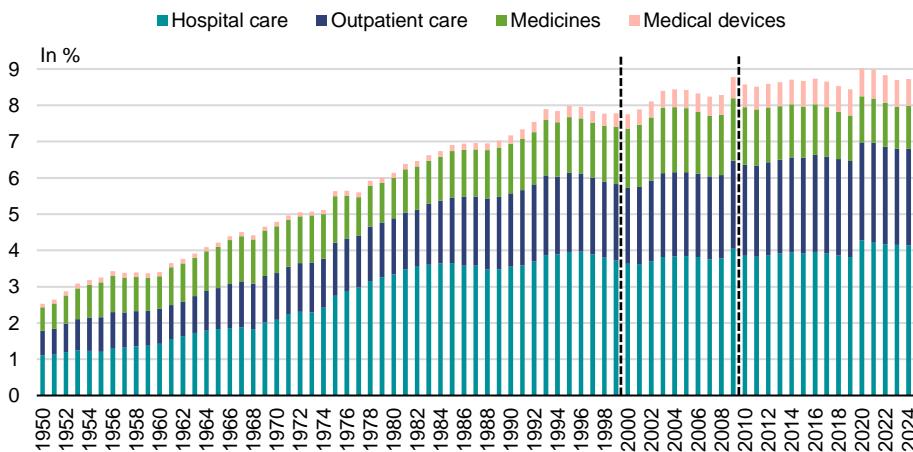
Between 1950 and 2024, healthcare expenditure in France grew at an average annual rate higher than that of gross domestic product (GDP) [Figure 3]. As a result, the share of healthcare and medical goods consumption (CSBM) in GDP increased from 2.5% to 8.7%.

The growth in CSBM since 1950 can be divided into several phases: from 1950 to 1985, growth was particularly strong (the share of CSBM increased by an average of 0.1 percentage points per year), as the French healthcare system expanded and the demand for healthcare became affordable through the progressive extension of health insurance coverage under social security. At the same time, complementary insurance coverage of the population also expanded. During this period, the increase in expenditure was driven by an increase in hospital care, with numerous hospitals being built, and by a rise in the volume of medicines consumed. Outpatient care was also dynamic, with an increase in the number of doctors and numerous technological innovations.

In 1985, CSBM thus accounted for 6.9% of GDP. From that date onwards, the first measures to limit healthcare expenditure by the National Health Insurance system were adopted. However, the share of CSBM in GDP continued to grow until 1996, when it reached 8.0% of GDP. Until 2015, this share fluctuated with the acceleration or slowdown of economic growth. However, it continued to rise to reach 8.7%. It then fell slightly until 2019, settling at 8.4% of GDP.

The COVID-19 crisis caused healthcare expenditure to surge, reaching 9.0% of GDP in 2020 and 2021. Since then, the share of healthcare expenditure in GDP has been declining (8.8% in 2022, 8.7% in 2023 and 2024) as the epidemic subsided. Ultimately, the share of CSBM in GDP in 2024 is identical to that of 2016, and apart from cyclical fluctuations, the upward trend observed since 1950 appears uninterrupted.

Figure 3 The CSBM in GDP since 1950



Note > Series breaks between years 1999 and 2000, and between 2009 and 2010.

Sources > DREES, health accounts, INSEE for GDP.

The price of CSBM rises less than inflation in 2024

The growth of the CSBM in 2024 results from both a moderate increase in prices (+0.6%) and more dynamic rise in volume (+3.1%) [figure 4]. Growth in volume is driven by the strong growth in medicines, whose consumption in volume increased by 7.3% in 2024. This momentum is due to the arrival of new innovative medicines on the market and the rise in the consumption of certain reimbursable medicines. Hospital care is also increasing in volume: +3.2% in

clinics, +2.1% in public hospitals. This increase is fuelled by the increase in the number of inpatient stays, reflecting a greater use of hospitalization in 2024. Outpatient care (in private practices or health centres) is growing moderately in volume (+1.7%), mainly driven by specialist care in private practices, which increases by 2.3%. The volume of care provided by general practitioners increased relatively less (+0.4%). Paramedical care contributed more to the increase in healthcare expenditure; for example, physiotherapy care increases by 5.5% in volume in 2024.

Technical and ancillary activities are also dynamic in volume (+4.2%), driven by medical laboratory activities (+8.0%) and medical imaging (+8.1%), but tempered by a decline in patient transport consumption (-1.3%). Consumption of medical devices increases by 3.3% in volume, more than its main component, optical medical devices (+1.9%). The price of CSBM increases less than inflation in 2024 (+0.6% versus +2.0%). This is driven by the cost of outpatient care (+2.5%), led by tariff revaluations for general practitioners (+4.9% increase in spending), speech therapists (+4.1%),

Activity at public hospitals in 2024 is 3.5% lower than in 2019

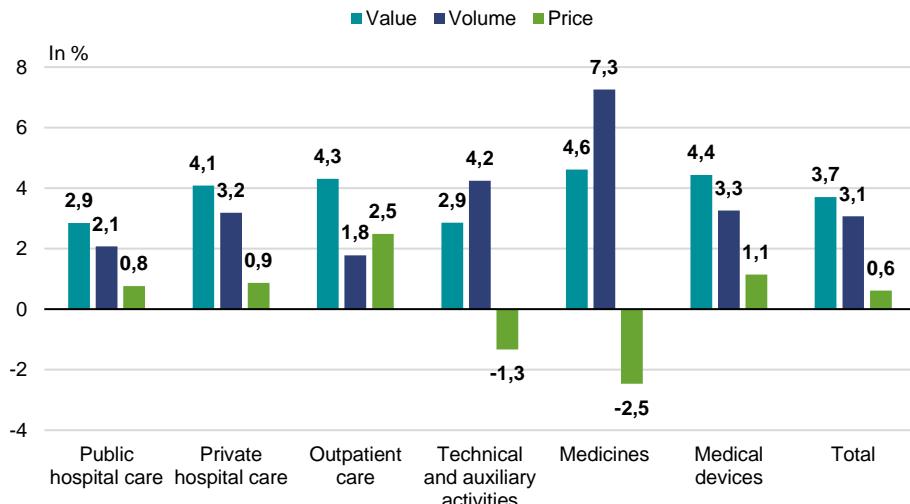
Public hospital care represents the main component of the CSBM, amounting to €93.7 billion in 2024. After a period of steady growth between 2010 and 2019, during which it increased by 21.2% (Figure 5), driven mainly by volumes (with prices rising very little), public hospital care has been experiencing a strong rise since 2019, driven entirely by prices. In 2020, prices rose significantly (+16.5%), while consumption in volume terms collapsed due to the health crisis (-7.7%). Although consumption picked up slightly in 2021 (+2.7%), it declined again in 2022 (-1.2%) before rebounding slightly in 2023 (+1.6%). Over the same period, prices remained much more dynamic (+3.4% in 2021, +6.2% in 2022, +4.5% in

podiatrists (+21.2%) and midwives (+7.3%). Prices are rising slightly in the hospital sector (+0.8% in the public sector, +0.9% in the private sector), as the fall in energy prices helps moderate wage increases for staff. Prices for technical and auxiliary activities fell by 1.3%, mainly because of tariff reductions, which caused prices for medical laboratory tests to fall by 8.1%. Prices for medicines fell by 2.5%, less than in previous years, due to less dynamic remittances (which had increased significantly in previous years), thereby limiting the observed price decline.

2023), thereby supporting growth in value. In 2024, hospital prices slowed down (+0.8%), while hospital activity became slightly more dynamic (+2.1%). However, this recovery did not enable public hospitals to return to their pre-pandemic level: activity in 2024 remained 3.5% below the 2019 level. This decline is mainly due to the ongoing drop-in psychiatric activity since 2016, a trend amplified by the health crisis. In medicine, surgery, obstetrics and dentistry, public hospital care has returned to its 2019 activity levels.

The dynamics of private sector hospital care are more consistent: after increasing rapidly in 2021 (+10.0%), growth continued at +2.9% in 2022, +5.2% in 2023 and +4.1% in 2024, driven primarily by volumes than by prices over this period.

Figure 4 2024 growth rate of CSBM in value, volume and price



Sources > DREES, health accounts; INSEE and CNAM monthly statistics for price indices.

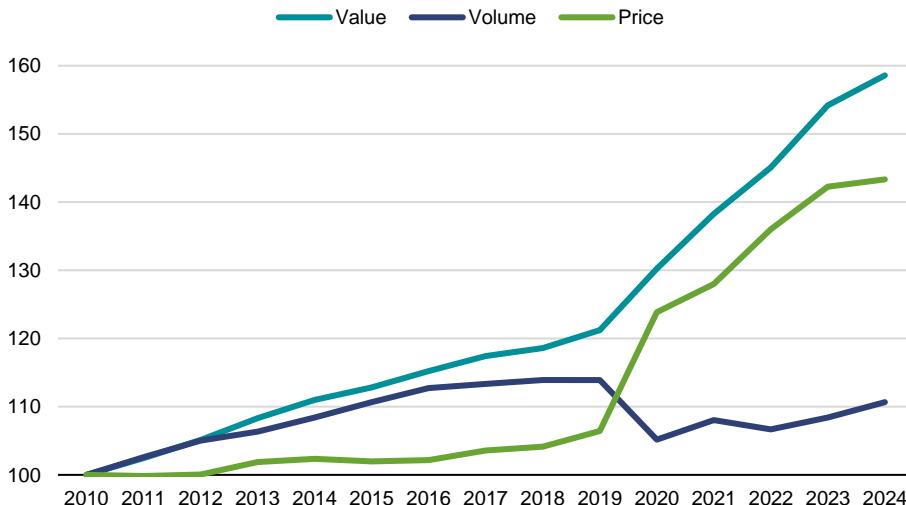
Numerous price increases for outpatient care in 2024

Outpatient care is more dynamic than hospital care in 2024 (+4.0% compared with +3.1%). Several price increases in 2023 and 2024 contribute to this

growth: higher fees for general practitioners, midwives performing voluntary terminations of pregnancy, home nurses, physiotherapists, speech therapists, orthoptists and podiatrists, dentists performing conservative treatment, as well as adjustments to technical fees in imaging centres.



Figure 5 Levels of public hospital care consumption in value, volume and price



Source > DREES, annual statistics on establishments, ATIH; computations DREES.

Within outpatient care, the share of contractual arrangements and similar schemes, i.e. direct payments made by the National Health Insurance to healthcare professionals or organizations (including contributions to their social security contributions coverage), represents 7.0% of outpatient expenditures in 2024 (Figure 6).

Fees charged by private practitioners in the outpatient sector consist of 17.3% in excess fees. Contributions paid directly by households to the Health Insurance Fund represent 2.0% of private practices fees, up by 0.5 percentage points in 2024, because of the doubling of flat-rate contributions on consultations of paramedical professions and patient transportation, as well as on consultations or procedures performed by doctors, radiological examinations, and laboratory tests.

Flat-rate contributions account for 2.5% of medicine consumption in 2024

Consumption of medical goods increases by 4.5% in 2024. This growth is driven by strong consumption of reimbursable medicines (+4.6% in 2024) and greater use of innovative drugs. It should be noted that flat-rate contributions account for 2.5% of outpatient medicine consumption in 2024, compared with 2.0% in 2023. Consumption of medical devices other than medical optics remains dynamic, supported by higher demand for equipment and aids for daily living, as the ageing population increases their use.

Social Security funding for CSBM declines slightly in 2024

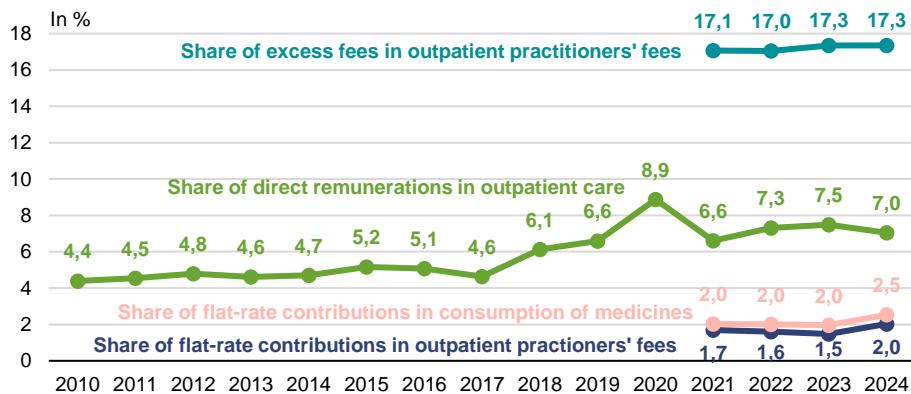
Public administrations (Social Security and the State) are the primary source of funding for CSBM: in 2024, they provide €202.3 billion, or 79.4% of total expenditure. Complementary health insurance schemes finance 12.8% of healthcare expenditure (€32.5 billion), and households 7.8% (€20.0 billion). In 2024, the share of CSBM financed by public administrations falls by 0.5 percentage points, while the share financed by complementary organizations increases by 0.3 percentage points, and that financed by households increases by 0.1 percentage points (Figure 7).

The State's contribution to healthcare financing is limited: it covers State Medical Aid, healthcare costs for war invalids, and the funding of military hospitals. This share remains stable in 2024, at 0.7% of the CSBM.

The reduction in Social Security reimbursements for dental care (since October 2023) together with the doubling of flat-rate contributions changes the structure of healthcare financing by lowering the share of expenditure financed by Social Security and increasing that financed by complementary health insurance schemes and households. However, specific schemes (such as long-term illnesses coverage) help moderate these shifts.

Other factors may alter healthcare financing, such as excess fees. Thus, benefits paid by complementary health insurance schemes increase by 6.2% in 2024, while households' out-of-pocket payments rise by 5.8%.

Figure 6 Shares of excess fees, flat-rate contributions and direct remunerations in CSBM



Note > Data on excess fees and flat-rate contributions is not available between 2021.

Source > DREES, health accounts.

Public authorities finance €27.8 billion of out-of-pocket expenses in outpatient care in 2024.

Part of the expenditure of the Social Security and the State corresponds to spendings covered beyond the minimum reimbursement threshold applicable to healthcare costs. There are numerous schemes providing additional health coverage to certain groups: people with long-term illnesses, pregnant women, recipients of ASPA (formerly the minimum old-age pension), among others. These schemes ensure that part of the expenditure is covered by Social Security or the State, instead of complementary health insurance schemes or households. Under these schemes, public administrations finance €27.8 billion in 2024.

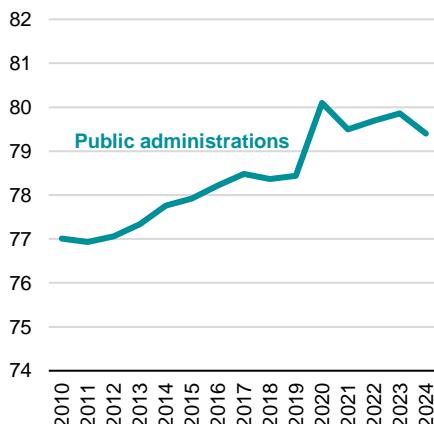
excluding public hospitals. These expenditures increase by 6.2% in 2024, faster than the standard healthcare reimbursements to which all Social Security beneficiaries are entitled (+3.0%).

CSBM financed by public administrations
accounts for 6.9% of GDP

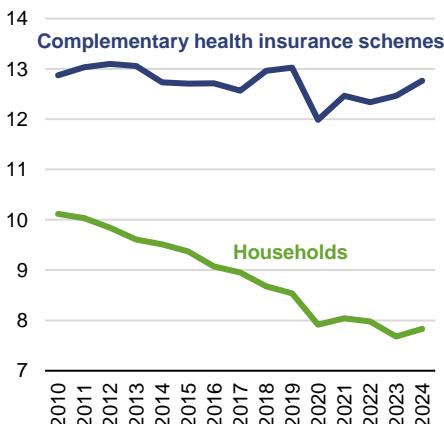
Between 2010 and 2019, the share of CSBM financed by public administrations in GDP remained stable at around 6.7% (figure 8). After rising to 7.2% in 2020 due to increased health expenditure and the contraction in economic activity, this share has been declining since 2021 by 0.1 points of GDP per year between 2021 and 2023, stabilising in 2023 and 2024 at 6.9%, which is 0.2 points higher than the average level for the years 2010 to 2019.

Figure 7 Growth of CSBM financing

a. By public administrations



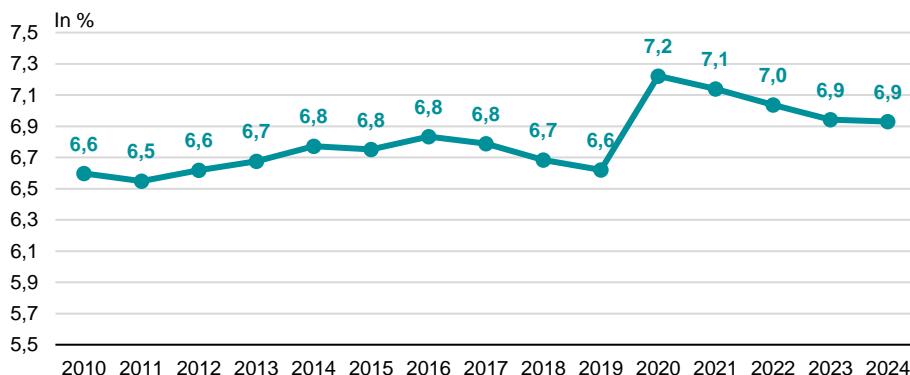
b. By other financers



Source > DREES, health accounts.



Figure 8 Share of CSBM financed by public administrations in GDP



Sources > DREES, health accounts; INSEE for GDP.

In 2024, the average out-of-pocket payment amounts to €292 per capita

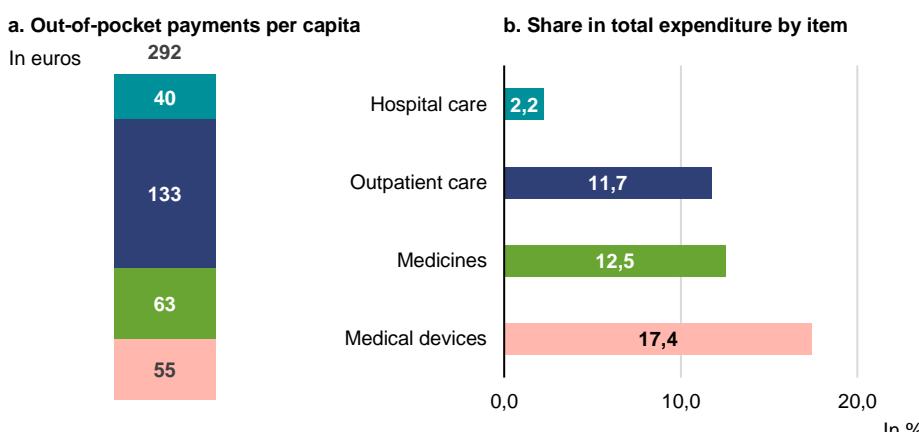
Household out-of-pocket expenditure, representing the portion of CSBM financed directly by households, amounts to €20.0 billion in 2024, or 7.8% of CSBM. Per capita, this represents €292, up from €276 in 2023 (Figure 8). Outpatient care is the main category financed directly by households (€133 per person in 2024). However, in terms of spending structure, households contribute most to the financing of medical devices, with public administrations and complementary health insurance schemes playing a lesser role in this area.

The household out of pocket rate increases by 0.1 points in 2024, from 7.7% of CSBM in 2023 to 7.8% in 2024 (Figure 9). This change primarily results from the doubling of flat-rate contributions: the expenditure items affected by these contributions contribute to the increase, mainly medical and

midwifery care (+0.06 percentage points), paramedical care (+0.04 percentage points), laboratory services (+0.03 percentage points) and medicines (+0.01 percentage points). The increase in out-of-pocket expenses in private clinics is also significant (+0.08 percentage points in CSBM out-of-pocket expenses). This offsets the decline observed in dental care (-0.06 percentage points) and medical devices (-0.02 percentage points). Nevertheless, this is the second lowest rate (after 2023) since 2010.

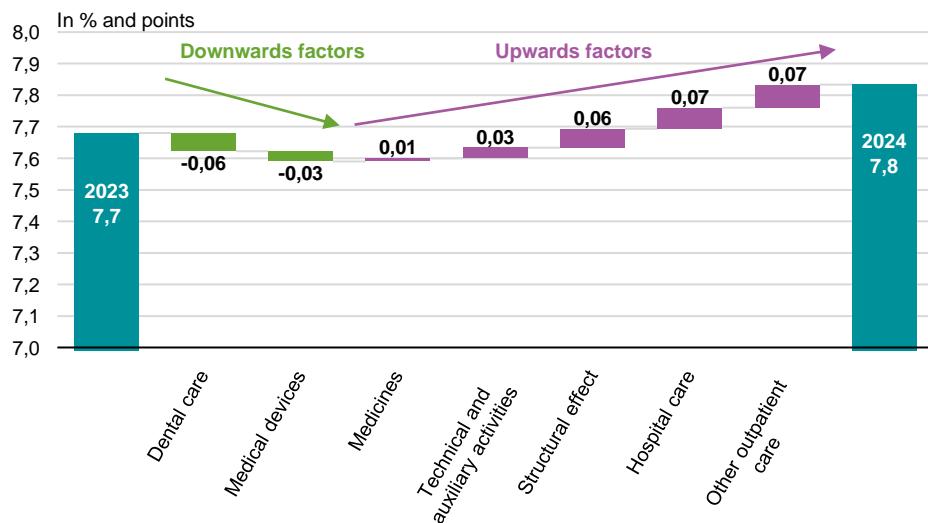
For DCSi, that is including expenditure on prevention, long-term care and healthcare system management costs, the share of DCSi financed by households stands at 10.2%, stable compared to 2023 (Figure 10). This higher share reflects the substantial household contributions to the financing of long-term care.

Figure 9 Average amount of out-of-pocket expenditure per capita and share of out-of-pocket expenditure by item in 2024



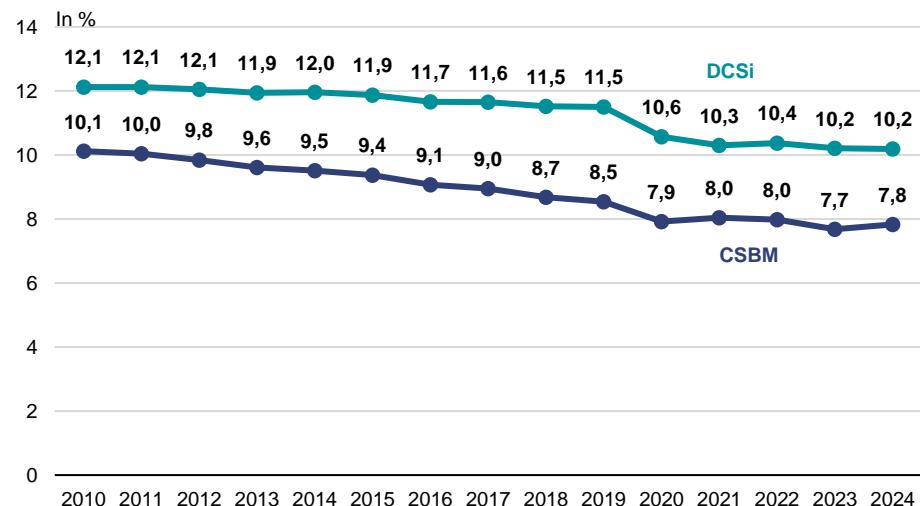
Source > DREES, health accounts.

Figure 10 Breakdown of the variation in the out-of-pocket expenditure share from 2023 to 2024 by item



Source > DREES, health accounts.

Figure 11 DCSi and CSBM out-of-pocket expenditure rates in France



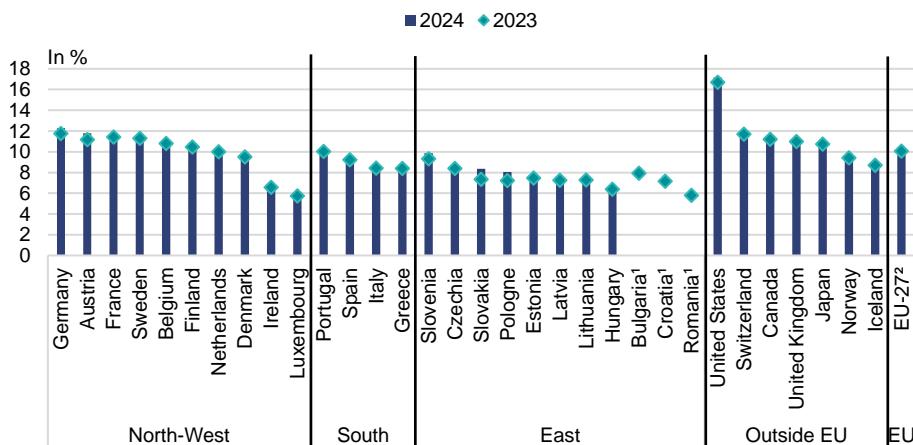
Source > DREES, health accounts.

In 2024, France is one of the three European Union countries that spend the most on healthcare but remains far behind the United States

With current health expenditure in the international sense (DCSi) representing 17.2% of their GDP in 2024, the United States remain by far the OECD country with the highest health spending (Figure 11). Almost five points behind, Germany, the leading EU-27 country, spends 12.3% of its GDP on health, just

ahead of Austria (11.8%) and France (11.4%). In 2024, EU-27 Member States spend an average of 10.3% of their GDP on health expenditure. Northwestern and southern European countries spend a higher share of GDP on health than those in Eastern Europe, except for Ireland (6.9%), Luxembourg (5.9%), Italy (8.4%) and Greece (8.1%), these countries devote more than 9% of their GDP to DCSi, while in Eastern Europe, only Slovenia (9.9%) exceeds this threshold.

Figure 12 Current health expenditure in the international sense in GDP in 2023 and 2024



1. Missing data in 2024.

2. Average computed based on countries where data is available.

Lecture > In France, DCSi accounts for 11.4% of GDP in 2023 and 2024.

Sources > DREES, health accounts for France; OECD, Eurostat et WHO, System of Health Accounts (SHA) for other countries.

In 2024, DCSi increased in value in all European Union countries

In 2024, DCSi rose in all EU-27 countries. Growth was particularly strong in Poland (+25.6%) and Slovakia (+20.3%). In most countries, this increase corresponds to an increase or stability in the share of GDP devoted to health expenditure, except for Denmark (-0.1 percentage point of GDP), Greece (-0.3 pp of GDP) and Lithuania (-0.4 pp of GDP). With +3.6% growth in 2024, France has one of the most moderate increases in the EU-27, where DCSi in value terms rose by an average of +6.5%.

The growth in DCSi in 2024 exceeds the average annual growth observed before the COVID-19 crisis, between 2010 and 2019, both in the EU-27 (+2.7% per year) and in most of the countries studied.

Out of pocket health in France is among the lowest in the European Union

In 2023, on average in the EU-27, 14.8% of the DCSi remained at the charge of households. However, there are significant disparities between countries (Figure 12).

In France, this share stands at 10.2% in 2023, well below the EU-27 average. A larger share of healthcare expenditure is borne by households in eastern and southern European countries, where out-of-pocket expenditure (RAC) exceeds 20% of DCSi, except for Croatia, Slovenia, the Czech Republic, Poland and Cyprus. RAC is even above 30% in Bulgaria, Greece, Lithuania and Latvia. Conversely, in north-western Europe, RACs are below 15%, except in Belgium (21.5%) and Austria

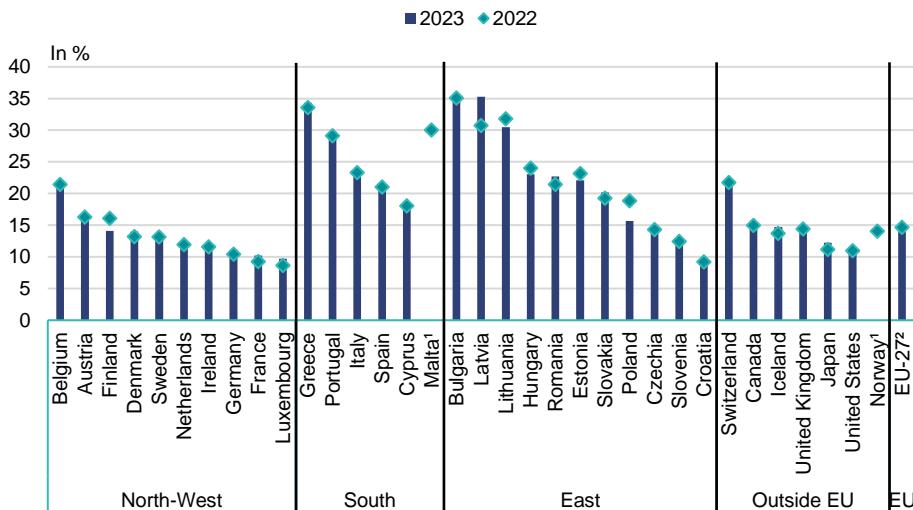
(16.5%). In Germany, this share (11.1% in 2023) is also below the European average; in Denmark, the RAC stands at 14.0% of the DCSi. The lowest RACs in the European Union are found in Luxembourg (9.7%), Croatia (9.4%) and France (10.2%).

Outside the EU, the share of DCSi borne by households varies from 10.9% to 15.2% in Japan, the United States, the United Kingdom, Iceland, Norway and Canada; it is higher in Switzerland (22.0%). In the United States, the RAC stands at 10.9% of DCSi.

Across all countries studied, RACs varied little between 2022 and 2023. However, a significant increase was observed in Latvia, where the RAC now exceeds 35% of total expenditure, while significant decreases were observed in Poland (where RAC fell from 18.8% to 15.7%) and Finland (from 16.1% to 14.1%).

The structure of RAC varies greatly between countries and differs from that of DCSi. In most countries, medical goods (pharmaceutical goods and other medical goods) are the largest component of household RAC, accounting for an average of 26% of RAC in the EU-27. This share (particularly that of pharmaceutical products) is higher in Eastern European countries. Indeed, medicine prices are relatively consistent across European countries (unlike healthcare services, which depend more on healthcare professionals' wages), and pharmaceutical products are reimbursed less in these countries than in Southern or North-Western Europe. As a result, household expenditure on pharmaceutical products accounts for 67%, 63% and 57% of total RAC in Bulgaria, Poland and Romania, respectively. ■

Figure 13 Out-of-pocket expenditure in DCSi in 2022 and 2023



1. 2022 data.

2. Average computed based on countries where data is available.

Lecture > In France, in 2023, out-of-pocket expenditure accounts for 10,2% of DCSi; in 2022, it accounted for 9,2%.

Sources > DREES, health accounts for France; OECD, Eurostat et WHO, System of Health Accounts (SHA) for other countries.