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OECD (2026), Addressing the Costs and Care for Long COVID: The Long Shadow of the Pandemic, OECD Health Policy Studies, OECD Publishing, Paris, <https://doi.org/10.1787/87a0c171-en>.

Long COVID could cost OECD countries US\$135 billion annually over the next decade

The Organisation for Economic Co-operation and Development (OECD) estimates the projected burden of disease from Long COVID¹ for the next decade, as well as the economic impact on the gross domestic product (GDP) of OECD and EU economies. The analysis incorporates both direct healthcare costs and the significantly higher indirect costs arising from reduced productivity and employment due to the disease or the need to care for relatives.

The microsimulation model provides detailed estimates of the past and projected prevalence of Long COVID in the general population of OECD and EU member states, as well as the impact on healthcare expenditure. The direct healthcare costs of managing Long COVID are estimated at around US\$11 billion per year, assuming that between 2025 and 2035, 0.6–1.0% of the OECD population will continue to be affected by Long COVID. In 2021, when more than 5% of the OECD population was affected, the costs amounted to US\$53 billion. However, the current simulations are very conservative and underestimate the actual figures, partly due to the varying definitions of “Long COVID” in the sources.

The analysis also examines the wider economic impacts of the disease, including its effects on labour markets in the OECD and EU regions. The long-term economic consequences are significant: costs of US\$135 billion are expected over the next ten years. Proportionally speaking, the projected GDP loss of 0.1–0.2% due to Long COVID thus ranks among the most economically significant chronic conditions in OECD and EU member states, such as multiple sclerosis (MS). Whilst the costs of other conditions such as stroke and MS are mainly driven by healthcare expenditure and care costs, the ongoing burden of Long COVID stems primarily from reduced labour force participation and productivity losses, as care structures are still largely unavailable.

The report also describes the findings of a policy survey among OECD countries and highlights, among other things, the lack of official care pathways. The findings for Austria show that no standardised definition of Long COVID is used and that there are no data available to estimate the number of Long COVID cases. A lack of recognition and the absence of organised care are cited as key challenges. The National Reference Centre for Post-Viral Syndromes in Austria is highlighted in relation to training programmes and the list of off-label medicines.

¹ Post-acute infection syndromes (PAIS) following SARS-CoV-2 are usually referred to as post-COVID syndrome, but in some publications also as ‘true’ Long COVID (Peluso et al. 2024), in which case the word ‘true’ is omitted. In publications, the definition used must be carefully checked in the methods section to avoid misinterpretations, as in other cases the term Long COVID is also used as an umbrella term for all damage caused by SARS-CoV-2, of which PAIS is only one of several subgroups, as in this case.