



State of Health in the EU

DENMARK

Country Health Profile 2025

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).

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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 (ICIS), 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 was accessible as of the first half of September 2025.

Demographic and socioeconomic context in DENMARK, 2024

Demographic factors	Denmark	EU
Population size	5 961 249	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	50 188	39 675
At risk of poverty or social exclusion rate ³	18.0 %	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.

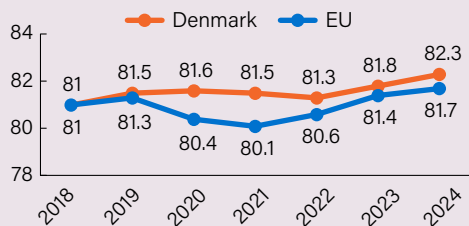
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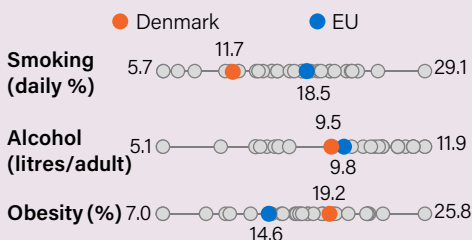
1 Highlights



Life expectancy at birth

Health Status

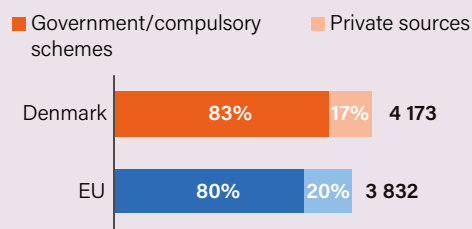
In 2024, life expectancy at birth in Denmark was 82.3 years, slightly above the EU average. Unlike most EU countries, Denmark avoided any significant drop during the COVID-19 pandemic. Cancer is the main cause of death in Denmark, with lung cancer remaining the most common despite reduced smoking.



Adults, 2022 (or nearest year)

Risk Factors

Behavioural and environmental risks caused about one-third of all deaths in Denmark in 2021. While smoking and alcohol consumption among adults are now below the EU average, they remain higher than in other Nordic countries. Adult obesity nearly doubled since 2000, reaching 19 % in 2022, higher than the EU average of 15 %. Many risk factors vary widely by socioeconomic status.



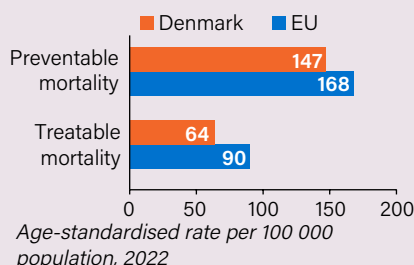
Health spending per capita (EUR PPP), 2023

The Health System

Health spending per capita in Denmark was 9 % higher than the EU average in 2023, but as a share of GDP it is slightly lower (9.5 % compared to an EU average of 10 %). Public spending made up 83 % of overall health expenditure in Denmark in 2023, a higher share than the EU average (80 %).

Health System Performance

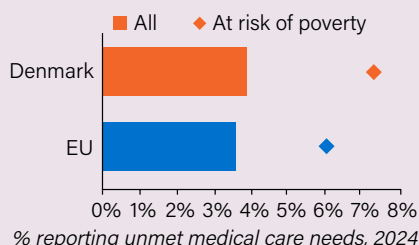
Effectiveness



Age-standardised rate per 100 000 population, 2022

Mortality rates from treatable and preventable causes in Denmark in 2022 were well below the EU averages, yet above those in most other Nordic countries. Preventable mortality rates are more than two times greater than treatable mortality rates, suggesting that more could be done to save lives by reducing risk factors.

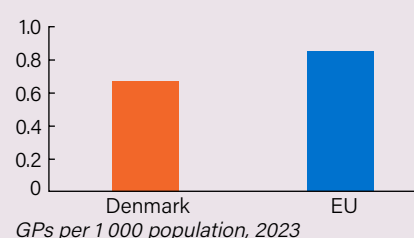
Accessibility



% reporting unmet medical care needs, 2024

Access to healthcare is generally very good, despite shortages of doctors in underserved areas. In 2024, unmet medical needs due to cost, distance and waiting time were low overall (less than 4 %), but nearly two times higher among people at risk of poverty (7 %). Unmet needs are greater for less-covered services like dental care, especially for those at risk of poverty.

Resilience



GPs per 1 000 population, 2023

A major healthcare reform announced in 2024 aims to deal with long-term structural challenges facing the Danish health system, including population ageing, fiscal sustainability, the shortage of health workers and the need for more care coordination. One of the proposed measures is to substantially increase the number of general practitioners, which has fallen below the EU average.

Spotlight: pharmaceuticals

Retail pharmaceutical spending in Denmark is well below the EU average (EUR 315 per capita compared to EUR 510), with a very low public coverage (42 % compared with an EU average of 62 %). However, a large share of pharmaceutical spending (38 %) is in hospital, where it is free-of-charge for patients. The market share of generics has increased steadily to reach 70 % in 2023, a much higher share than the EU average of 51 %. At the same time, access to new medicines with high clinical benefits is generally fast. Denmark holds a very strong position in pharmaceutical innovation, ranking second in research and development investment per capita.

2 Health in Denmark

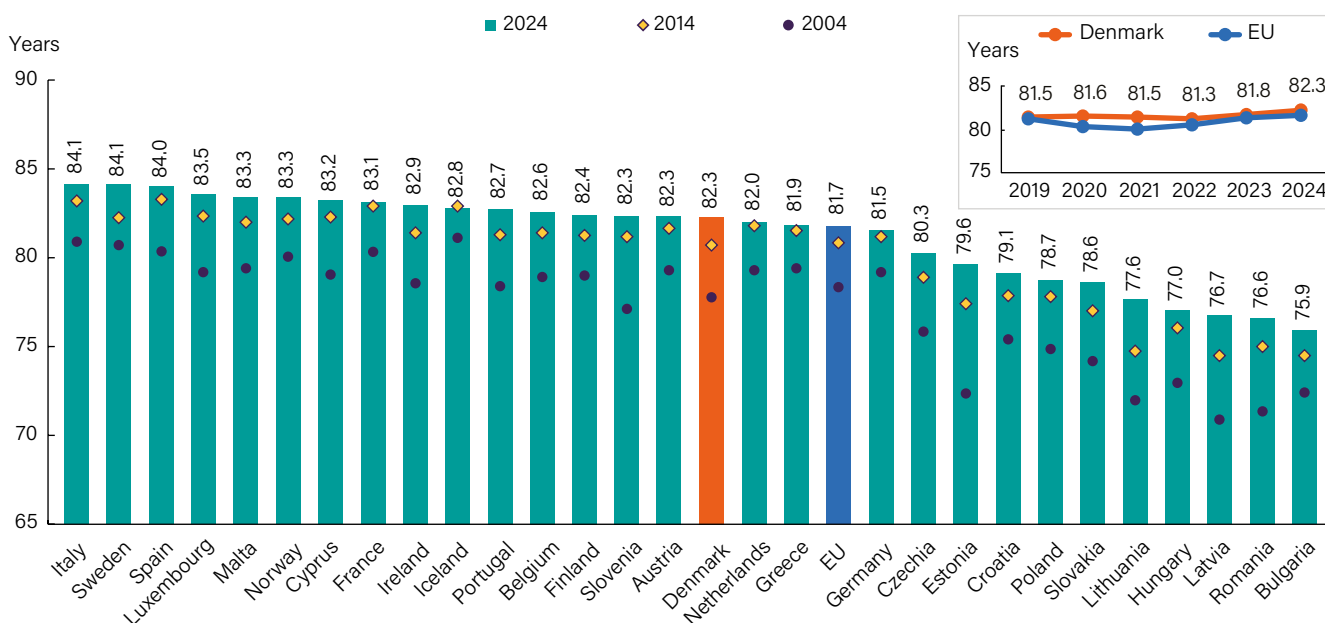
Life expectancy in Denmark is slightly higher than the EU average

In 2024, life expectancy at birth in Denmark stood at 82.3 years, which is slightly higher than the average across the EU, but lower than in other Nordic countries (Figure 1). Unlike most other EU countries, life expectancy in Denmark did not fall during the first two years of the COVID-19 pandemic in 2020 and 2021, reflecting effective

management of the pandemic. It fell slightly in 2022 due partly to greater deaths from respiratory diseases, but rebounded in 2023 and 2024.

The gender gap in life expectancy is smaller than in most EU countries. In 2024, Danish women could expect to live 84.2 years, 3.8 years longer than men (80.4 years). This gap is smaller than the EU average of 5.2 years.

Figure 1. Life expectancy is above the EU average, but lags behind other Nordic countries



Note: The EU average is weighted. 2024 data for Ireland pertains to 2023.
Source: Eurostat (demo_mlexpec).

Cancer and cardiovascular diseases were by far the main causes of death in 2022

In 2022, the leading causes of death in Denmark were cancer and cardiovascular diseases (including ischaemic heart diseases and stroke), accounting for 27 % and 21 % of deaths respectively (Figure 2). Respiratory diseases and Alzheimer's and other dementias also accounted for a large number of deaths in 2022.

About two-thirds of Danes report being in good health, but large disparities exist across income groups

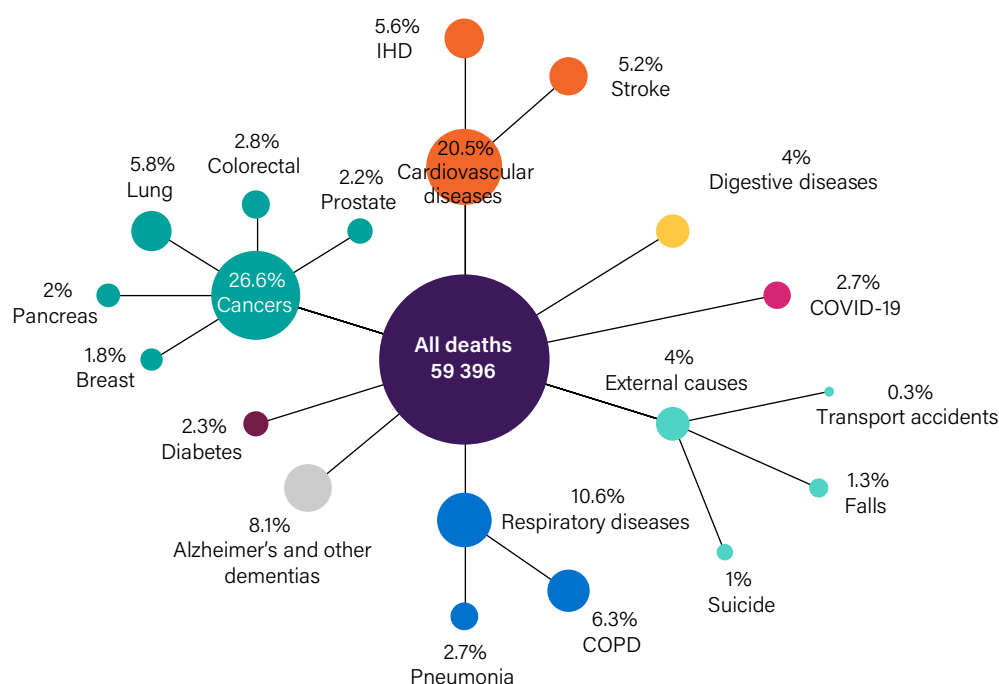
In 2024, about two-thirds (68 %) of Danish adults reported being in good health, a share similar to the EU average. As in other countries, women are slightly less likely than men to report being in good health (67 % compared to 69 %). The income gap is larger: 57 % of women and 59 % of men on low incomes reported being in good health in 2024, compared to 81 % of women and men in the highest income quintile (Figure 3).

Life expectancy at age 65 is relatively high, but only about half of these additional years are lived in good health

Due to rising life expectancy, low fertility, and an ageing baby-boom generation, older people are becoming a larger proportion of Denmark's population. In 2024, 21 % were aged 65 and over, up from 15 % in 2000, and their share is projected to reach 26 % by 2050.

In 2022, women aged 65 could expect 20.7 more years of life, and men 18.2 years (Figure 4). However, the gender gap in healthy life years (defined as disability-free life expectancy) is much smaller (0.4 years), as Danish men tend to live a larger share of their remaining years of life free from activity limitations. Over one-third (35 %) of people aged 65 and over had multiple chronic conditions, and a higher proportion of women (26 %) reported daily activity limitations compared to men (20 %), as in other EU countries.

Figure 2. Cancer and cardiovascular diseases were the leading causes of death in 2022



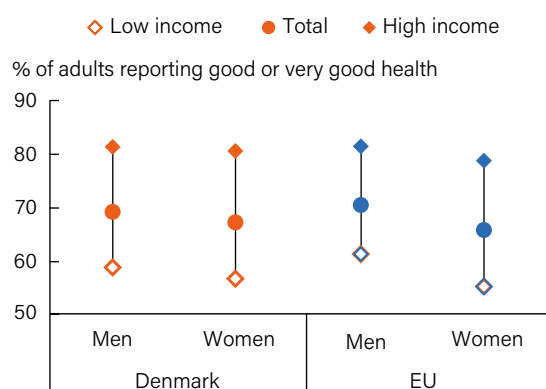
Note: IHD= Ischaemic heart diseases; COPD = chronic obstructive pulmonary disease.

Source: Eurostat (hlth_cd_aro). Data refer to 2022.

A significant share of Danes live with a cardiovascular disease or cancer

Cardiovascular diseases (CVDs) and cancer are the leading causes of death, morbidity, and disability in Denmark, as in much of the EU. The Institute for Health Metrics and Evaluation (IHME) estimates show about 62 000 new CVD cases and 650 000 people living with CVD in 2021 (Figure 5). Denmark's estimated incidence rate is 9 % below the EU average, while the CVD estimated prevalence rate is 16 % lower.

Figure 3. Inequalities in self-reported health by income level are large



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).

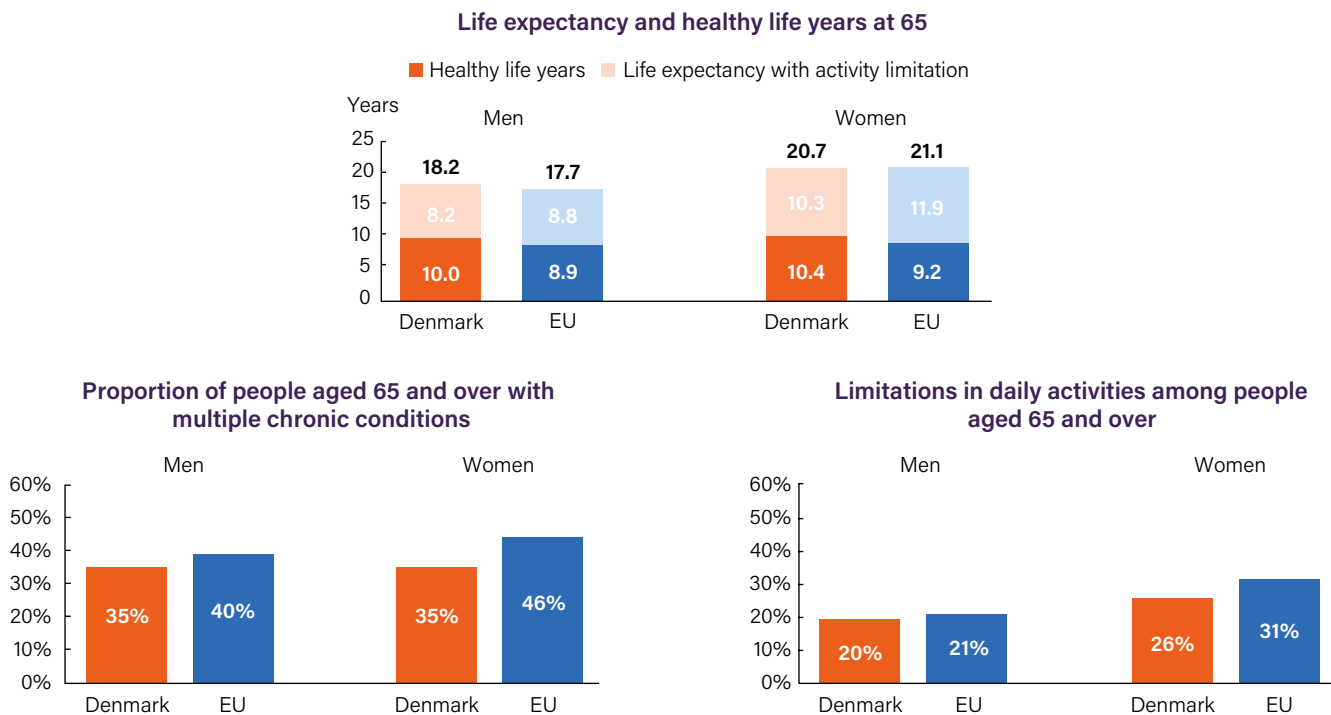
Source: Eurostat based on EU-SILC (hlth_silc_10). Data refer to 2024.

As in other EU countries, men are more affected than women, with an estimated 12 % higher incidence and 5 % higher prevalence in men. Ischaemic heart disease is the most common CVD, with an estimated 15 000 new cases annually (25 % of all CVDs).

According to the European Cancer Information System (ECIS), about 44 000 new cancer cases were estimated for 2022, and 312 000 people were estimated to be living with cancer in 2020 (Figure 6). Cancer prevalence is lower than for CVDs, reflecting lower incidence and survival rates, although survival has improved in recent decades (see Section 5.1). Estimates show that Denmark's cancer incidence is more than 27 % above the EU average, while prevalence is 11 % higher. Danes with lower education levels are estimated to be over 70 % more likely to die from cancer than those with higher education levels in 2015-19 (OECD/EC, 2025).

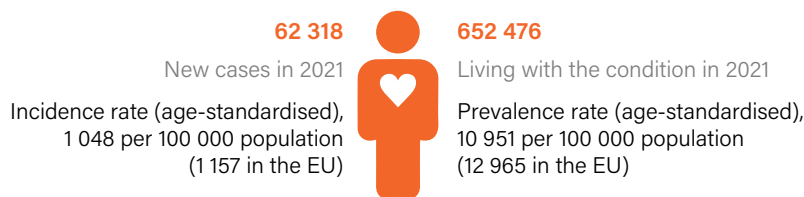
In 2022, men were estimated to have a cancer incidence rate that is 11 % higher than women. Prostate, colorectal, and lung cancers are the most commonly newly diagnosed cancers estimated among men, while among women breast, colorectal, and lung cancers predominate for 2022. Since 2005, Denmark has had the highest cancer incidence rates among Nordic countries. Risk factors are the main drivers of these high incidence rates (see Section 3). Denmark has launched national plans over the past decades to improve cancer prevention and care (see Section 5.1).

Figure 4. The gender gap in healthy life years at age 65 is smaller than in life expectancy



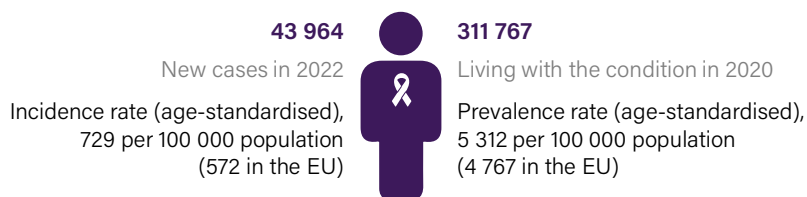
Sources: Eurostat for healthy life years (demo_mlexpec) and SHARE survey (for chronic diseases and limitations in daily activities). Data refer to 2022 and 2021-22, respectively.

Figure 5. One in nine Danish people are estimated to live with a cardiovascular disease



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

Figure 6. One in nineteen Danish people are estimated to live with cancer



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

3 Risk factors

Behavioural and environmental risk factors are major drivers of mortality

According to estimates from IHME, about 17 000 deaths in Denmark in 2021 can be attributed to behavioural risk factors (tobacco smoking, dietary risks, alcohol consumption and

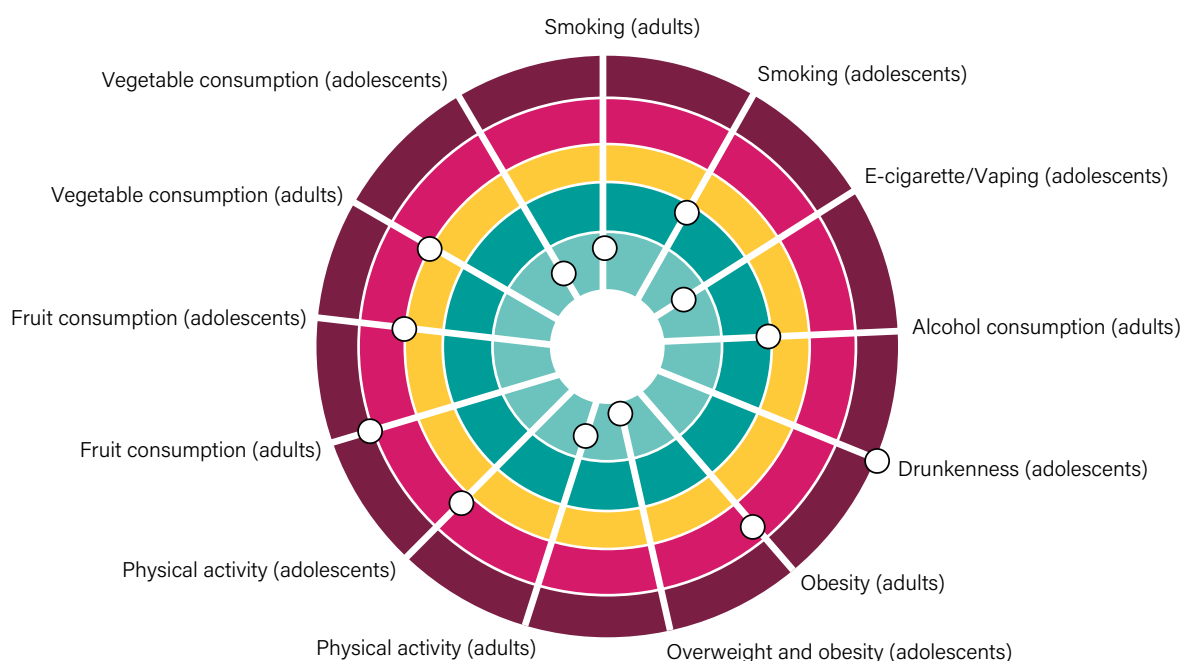
low physical activity). Another 1 700 deaths can be attributed to air pollution in the form of fine particulate matter (PM_{2.5}) and ozone exposure alone. Together, these behavioural and environmental risk factors accounted for about one-third of all deaths in Denmark in 2021, which was slightly higher than the EU average share of 30 %.

Smoking rates are among the lowest in the EU but above those in other Nordic countries

The proportion of Danish adults who smoke tobacco daily has declined sharply over the past two decades, from 30 % in 2000 to 11 % in 2024. This rate was one of the lowest in the EU (Figure 7), yet it remains higher than in other Nordic countries (about 8 % on average). This reduction has been achieved in part through increases in tobacco prices and by imposing a ban on smoking in public spaces (see Section 5.1).

Smoking rates among adolescents are also now lower in Denmark than in most other EU countries, while remaining high compared to other Nordic countries. In 2022, 13 % of Danish 15-year-olds reported that they had smoked cigarettes in the past month compared to an EU average of 17 %. However, vaping has risen and is almost as high as the use of regular cigarettes, with 12 % of 15-year-olds reporting having used e-cigarette in the last month in 2022. Nonetheless, this proportion is much lower than the EU average of 21 %.

Figure 7. Obesity among adults and alcohol consumption among adolescents are important public health issues



Notes: The closer the dot is to the centre, the better the country performs compared to other EU countries. No country is in the white "target area" as there is room for progress in all countries in all areas.

Sources: OECD calculations based on HBSC survey 2022 for adolescents indicators; and EU-SILC 2022 for most adult indicators, except smoking (which comes from national surveys) and alcohol consumption (OECD Data Explorer).

Obesity rates among adults nearly doubled between 2000 and 2022 in Denmark

Almost one in five Danish adults (19 %) were obese in 2022 – a share that has gradually increased from 10 % in 2000 and is higher than in most other Nordic countries (except Finland) and the EU average of 15 %. Poor nutrition is the primary reason for overweight and obesity. About 45 % of adults reported not eating at least one portion of vegetables a day in 2022 – a share slightly worse than the EU average (40 %); and 52 % of adults reported not eating at least one portion of fruit a day – a share also worse than the EU average (39 %). On a more positive note, in 2022, 60 % of Danes aged over 15 engaged in physical activity at least three times per week, a proportion two times greater than the EU average of 31 %.

Overweight and obesity rates have also increased among Danish adolescents: 15 % of Danish 15-year-olds were overweight or obese in 2022, up from 12 % in 2014, but still much lower than the EU average of 21 %. Most 15-year-olds in Denmark (71 %) do not consume fruit daily, a share close to the EU average, while 58 % do not consume vegetables

daily (compared to 66 % in the EU). The share of 15-year-olds engaging in 60 minutes of physical activity daily in Denmark is close to the EU average, at 15 %.

Alcohol consumption among adults is higher than in other Nordic countries and drunkenness among adolescents in Denmark is the highest in all EU countries

Overall alcohol consumption among adults in Denmark has decreased over the past decade and is now lower than the EU average (9.5 litres of pure alcohol per person compared to 9.8 litres in 2022). However, more than one in three Danish adults (37 %) reported regular heavy drinking in 2019 – the highest proportion in the EU.¹

No recent progress has been achieved in tackling excessive alcohol consumption among adolescents. In 2022, 45 % of Danish 15-year-olds reported that they had been drunk more than once in their life – the highest proportion among all EU countries. This share increased from 39 % in 2014. Denmark is one of the five countries in the EU where adolescents are

¹ Heavy drinking is defined as consuming six or more alcohol drinks on a single occasion for adults.

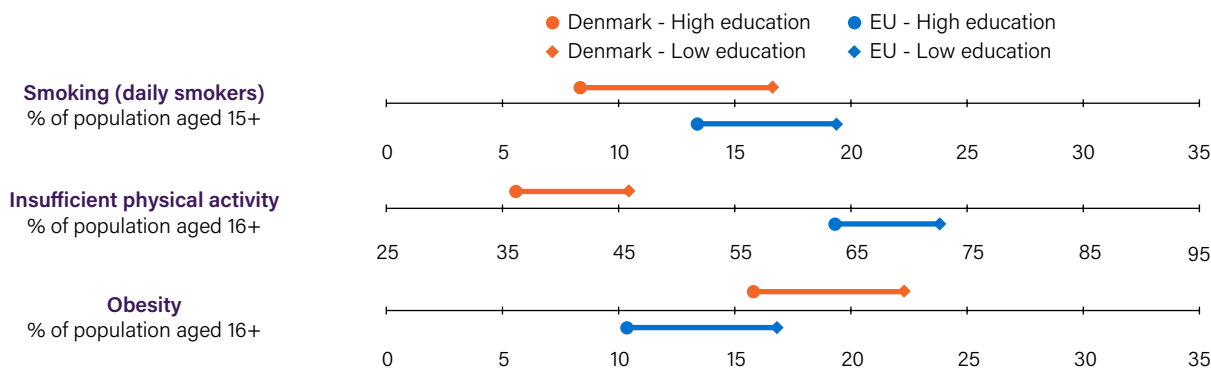
permitted to buy certain types of alcohol, such as beer, from the age of 16, compared to 18 in most EU countries, including all the other Nordic countries (see Section 5.1).

Many behavioural risk factors are more frequent among people with lower education

Many behavioural risk factors are more common among people with lower education levels. In 2019, people with lower

education levels smoked over twice as much as those with higher education levels (17 % compared to 8 %), a gap much wider than the EU average (Figure 8). The education gap in obesity is also large: 22 % of the least educated people were obese in Denmark compared to 16 % among the most educated in 2022. The education gap in insufficient physical activity is also wide (46 % compared to 36 %).

Figure 8. People with lower education levels are more likely to smoke and be obese than the higher educated



Note: Low education is defined as the population with no more than lower secondary education (levels 0-2), whereas high education is the population with tertiary education (levels 5-8). Low physical activity is defined as people doing physical activity 3 times or less 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

The health system is structured around national, regional, and municipal authorities

Denmark's health system is organised across three administrative levels – state, region and municipality – with each level collaborating rather than functioning in a strict hierarchy.

The state sets national health policies, regulates the system, and allocates funds. Five regions manage hospital services, coordinate and finance primary care, and are represented by the Association of Danish Regions, which negotiates economic framework agreements with the state and contracts with private providers to ensure policy coherence. The 98 municipalities handle rehabilitation, home and institutional long-term care, and public health initiatives, including local prevention programmes. A major healthcare reform was adopted in late 2024 to develop a new governance structure to improve and extend community-based and primary care in all parts of the country. It is expected to be implemented by 2027 (Section 5.3).

Hospitals are almost exclusively owned and operated by the regions. They are subject to waiting time and treatment guarantees. If these guarantees are not met, the regions are required to offer patients treatment either in other regions, the private sector or abroad. Self-employed general practitioners (GPs) act as gatekeepers.

Denmark spends more on health per capita than most EU countries

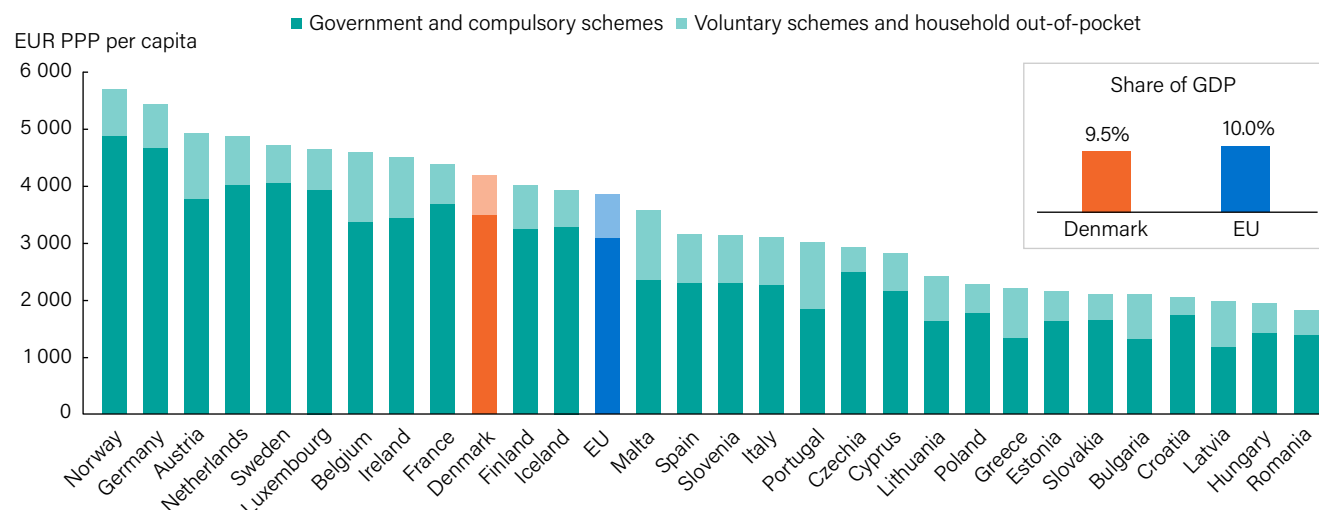
In 2023, Denmark spent 9 % more on health per capita than the EU average (EUR 4 173 compared with an EU average of EUR 3 832, adjusted for differences in purchasing power). However, as a share of GDP, health spending in Denmark is lower than the EU average, at 9.5 % of GDP compared to the EU average of 10.0 % (Figure 9). The health spending share of GDP in 2023 was lower than in the years before the pandemic when it exceeded 10 % of GDP. This reduction was driven by strong GDP growth in recent years combined with modest health spending growth compared to the pre-pandemic years.

Health spending from public sources has remained relatively stable over the last decade

Public financing accounted for 83 % of health spending in 2023, above the EU average of 80 %. This share has remained relatively stable over the last 10 years. Private sources accounted for the remaining 17 % of health expenditure. Most of this consisted of out-of-pocket (OOP) payments, which accounted for 14 % of health spending in 2023, while voluntary health insurance (VHI) made up the remaining 3 %.

VHI in Denmark exists in two main forms. The first, offered since the 1970s, is individually purchased to cover co-payments (e.g. for dental care and pharmaceuticals), with

Figure 9. Health spending per capita in Denmark is higher than the EU average, but lower as a share of GDP



Note: The EU average is weighted (calculated by OECD).

Sources: OECD Data Explorer (DF_SHA); Eurostat Database (demo_gind). Data refer to 2023.

2.8 million members in 2023. The second type, which emerged in the early 2000s, is mostly employer-funded and now relatively standard in employment contracts. It typically covers private hospital and healthcare centre, physiotherapy, and other care. Around 2.9 million Danes have this employment-based VHI.

Health spending in Denmark is higher for outpatient care than inpatient care

Outpatient care accounted for the largest portion of health expenditure in 2023 (38 %), followed by inpatient care (22 %) (Figure 10). In comparison, EU countries tend to allocate similar shares of health spending to outpatient and inpatient care. Long-term care absorbed over one-fifth of health spending (21 %), while spending on pharmaceuticals and medical devices made up 12 % of health spending, below the EU average of 18 %. Low outpatient pharmaceutical spending

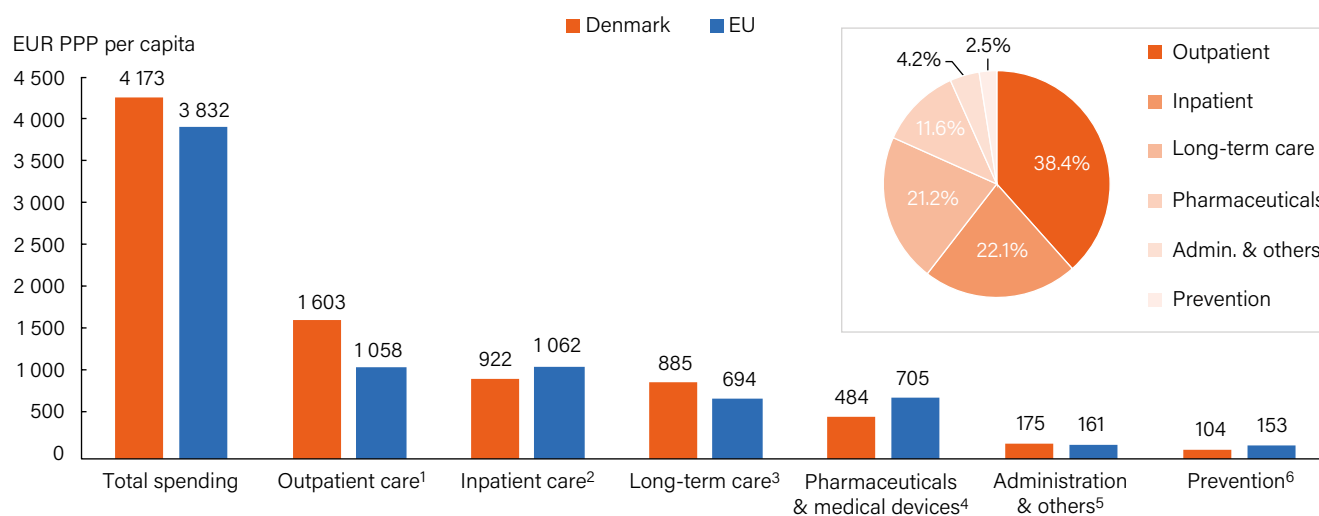
in Denmark is partly attributable to long-standing cost-containment measures (Section 6).

In 2023, only about 2 % of health spending was allocated to prevention, a share substantially below the EU average of 4 %.

The number of hospital beds is lower than the EU average, while community-based and outpatient care is expanding

In 2023, Denmark had 2.3 hospital beds per 1 000 population – less than half the EU average of 5.1. The reduction in bed numbers, which has been ongoing since the 1990s, follows the national policy of shifting care from hospitals toward community-based and outpatient services. The biggest declines have been in psychiatry beds, largely because of the policy of deinstitutionalisation, gradually replacing long-stay hospital beds with community-based mental health services.

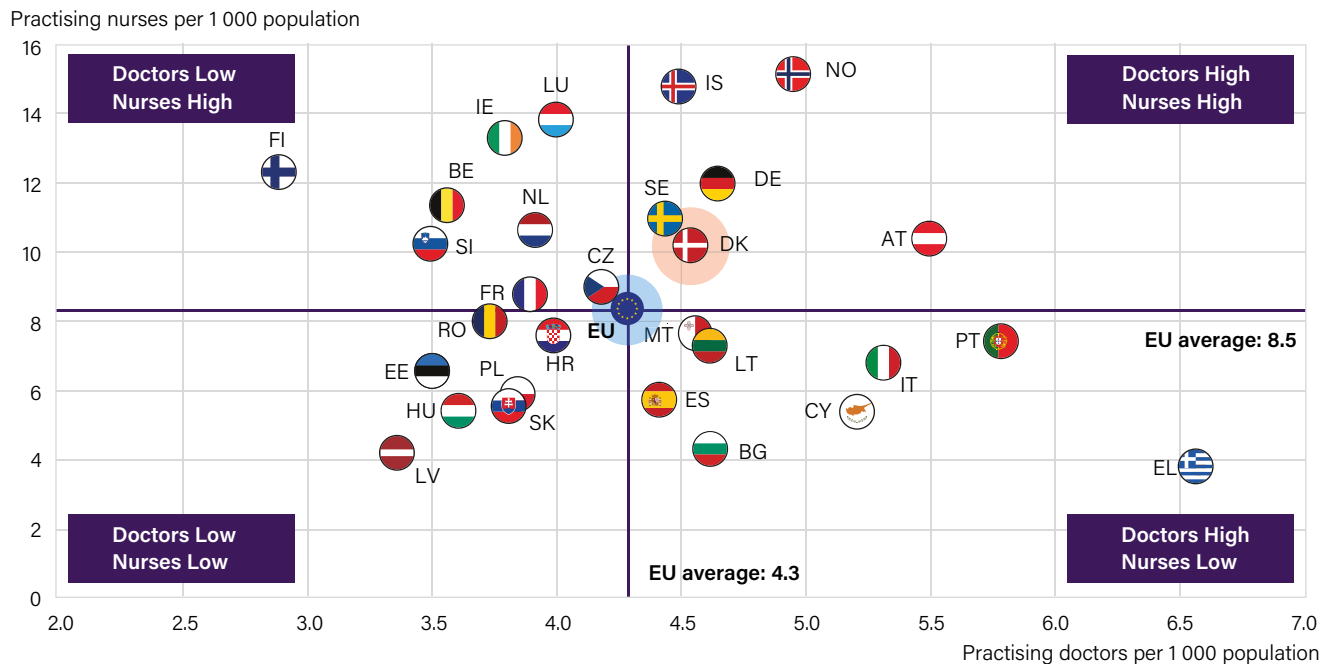
Figure 10. A greater share of health spending goes to outpatient care than to inpatient care



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

Source: OECD Health Statistics, 2025. Data refer to 2023.

Figure 11. Denmark has more nurses and doctors than most EU countries



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 practice, 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 hospital.

Source: OECD Data Explorer (DF_PHYS, DF_NURSE). Data refer to 2023 or nearest year.

An important hospital reform launched in 2007 has led to the centralisation and modernisation of the hospital infrastructure. The overall number of hospitals has been reduced and a major long-term investment programme to build new hospitals and renovate existing hospitals started in 2012 and is expected to be completed in 2026 (Ministry of the Interior and Health, 2022).

Municipalities have developed structured rehabilitation and home care to ensure smooth hospital-to-home transitions.

Health workforce shortages remain high on the policy agenda

Despite having 4.5 practising doctors and 10.5 practising nurses per 1 000 population – numbers higher than the EU

average (Figure 11), shortages of GPs exist in some parts of the country, while specialised hospital doctors and nurses are also needed in certain specialties.

Denmark's doctor density rose from 3.7 to 4.5 per 1 000 people between 2013 and 2023. However, the share of GPs among all doctors has decreased and the number of GPs per population is now below the EU average (0.7 per 1 000 people compared to an EU average of 0.9). In response, the number of training positions in general medicine was increased by 35 % between 2018 and 2020, although the effect will only be felt in the coming years.

5 Performance of the health system

5.1 Effectiveness

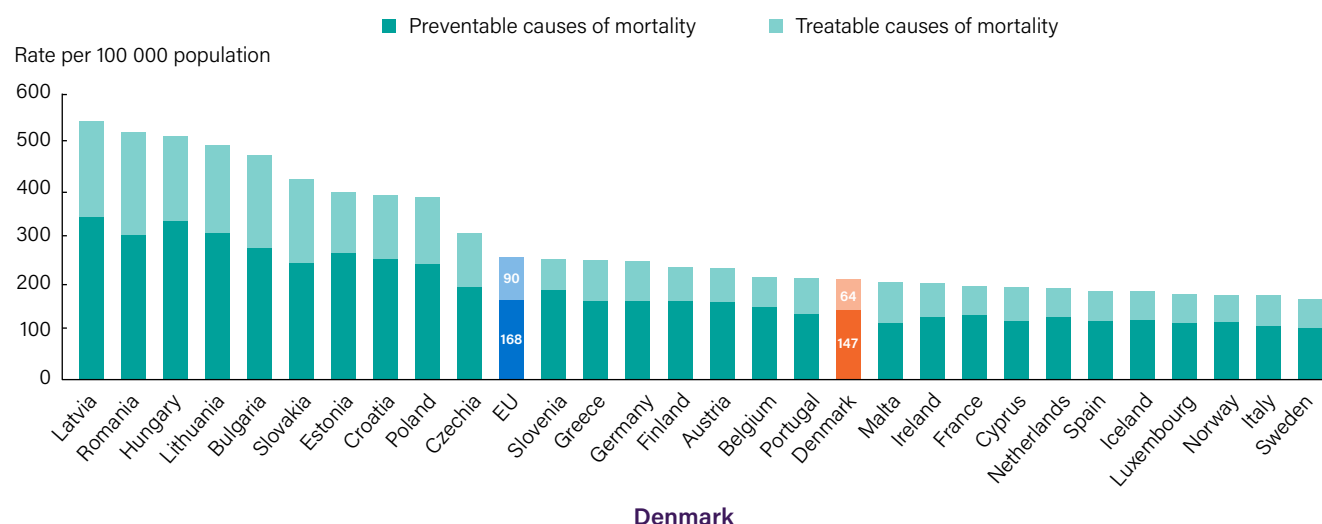
Denmark fares well on treatable and preventable causes of mortality

In 2022, Denmark had relatively low rates of premature mortality from preventable and treatable causes of death compared to most EU countries (Figure 12). It performed especially well on treatable causes of mortality, showing

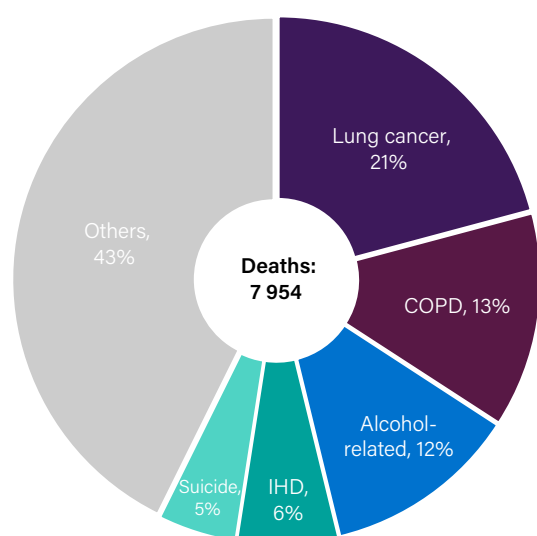
strong effectiveness in managing acute conditions.

Preventable mortality was also below the EU average, though higher than in Sweden, Iceland and Norway. The main causes of preventable mortality were lung cancer (primarily due to tobacco smoking), COPD and alcohol-related diseases. As in other EU countries, preventable mortality rates were over twice as high as treatable causes. To address this, the 2024 health reform announced plans for a public health law to strengthen prevention efforts.

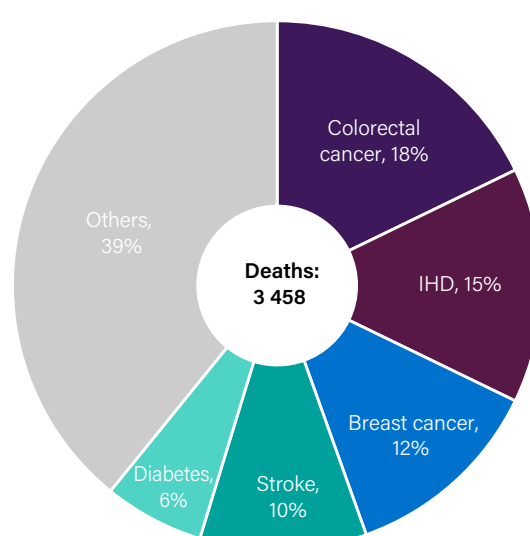
Figure 12. Avoidable mortality in Denmark was lower than the EU average in 2022



Preventable causes of mortality



Treatable causes of mortality



Note: 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 for some diseases (e.g. ischaemic heart diseases, 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 range of measures have been taken to curb tobacco smoking

Over the past two decades, the proportion of daily smokers has fallen considerably in Denmark as a result of tobacco control policies, although it remains higher than in other Nordic countries. To curb smoking rates, a national Tobacco Control Act was adopted in 2020. The price of a pack of cigarettes increased twice, from DKK 40 (EUR 5) to DKK 55 (EUR 7) in 2020, and then to DKK 60 (almost EUR 8) in 2022. Other recent tobacco control policies included removal of cigarette and e-cigarette visibility at points of purchase in 2021, restrictions on public smoking in 2021 and changes to tobacco product and e-cigarette packaging in 2022. The 2023 Prevention Plan contains further initiatives. Penalties for violations related to tobacco and nicotine products will be increased, and new regulations will be imposed on the use of enticing flavours in tobacco substitutes.

A smoke-free youth by 2030 is a key goal of Denmark's Cancer Plan. A school smoking ban was implemented in 2021, and in 2022, the Ministry of Health proposed banning nicotine sales to anyone born after 2010, though this ban has not been adopted yet.

Denmark aims to reduce alcohol consumption among adolescents, though alcohol sales to 16 and 17-year-olds are still possible

As noted in Section 3, Denmark had the highest rate of 15-year-olds reporting to have been drunk more than once in their life. Since April 2025, it is prohibited for all teenagers under 18-years old to purchase beverages with an alcohol volume exceeding 6 % (e.g. wine and liquor). However, Denmark remains one of the few EU countries where 16- and 17-year-olds can still buy beverages with less than 6 % alcohol (e.g. beers) while the minimum age in most EU countries and

all other Nordic countries is 18-year-olds. Nonetheless, since April 2025 the police can define certain time periods during the day (e.g. between 10pm and 8am) in nightlife zones when the sale of any alcohol beverages to 16- and 17-year-olds is prohibited (Ministry of the Interior and Health, 2025).

Flu vaccination among older people has increased greatly since the pandemic

The COVID-19 pandemic highlighted the need to boost influenza vaccination to reduce hospital pressure. Vaccination rates among people aged 65 and over rose from about 50 % pre-pandemic to 75 % in 2020/21 and 78 % in 2021/22 and 2022/23, well above the EU average (Figure 13). Free-of-charge vaccination for older people and other high-risk groups and the involvement of pharmacists since 2019 have helped increase access and uptake of flu vaccination.

Avoidable hospital admissions remain high for some chronic conditions

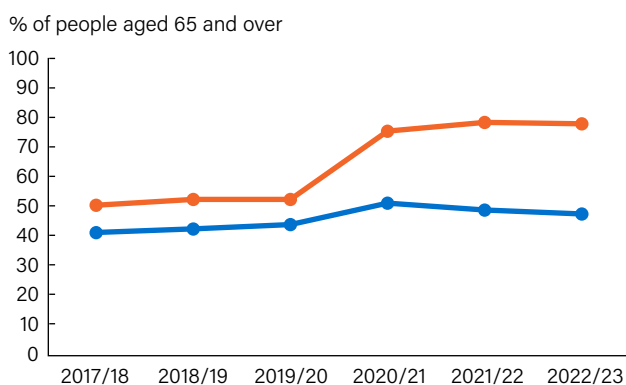
Hospital admission rates in Denmark remain high for some chronic conditions that could be managed effectively in outpatient settings, particularly asthma and COPD. However, this is not the case for hospitalisation rates for diabetes and congestive heart failure, which are below the average of the 24 EU countries for which data are available (Figure 14).

Since the early 2010s, reducing avoidable admissions and readmissions has been a political priority. GP contracts, outlining services and incentives for family doctors, target improved care for diabetes, COPD and cancer patients, and better follow-up after hospital discharge. Recent contracts aim to shift care from hospitals to primary and home-based services for chronic patients. Since July 2022, 21 health clusters coordinate prevention and care for patients with chronic conditions.

The new phase of the cancer plan focuses more on quality of life of cancer patients

Since 2000, Denmark's National Cancer Plan has progressed through four phases, guiding national efforts to improve

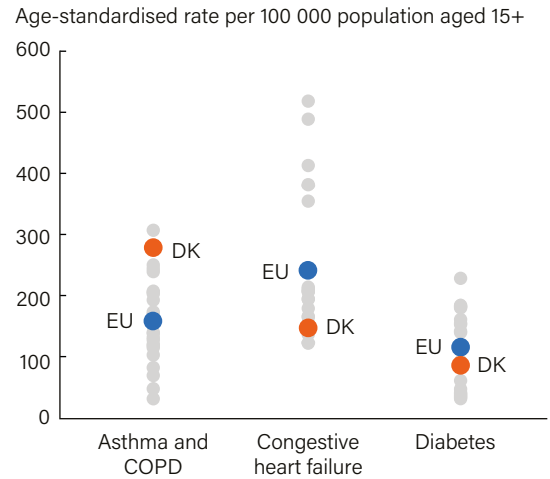
Figure 13. Influenza vaccination rates in Denmark increased greatly since the pandemic



Note: The EU average is weighted (calculated by Eurostat).

Sources: OECD Data Explorer (DF_KEY_INDIC) and Eurostat (hlth_ps_immu).

Figure 14. Avoidable hospital admissions for asthma and COPD are relatively high in Denmark



Note: Admission rates are not adjusted for differences in disease prevalence across countries. The data pertain to 2023 or latest available year.

Source: OECD Data Explorer (DF_HCQO).

cancer care, prevention, access, and quality. The first phase notably expanded capacity for radiation, surgery, and pharmacological treatment, supported by data from cancer registries like the Danish Childhood Cancer Registry. The second and third phases (2005 and 2010) prioritised early screening, rehabilitation, and palliative care, and introduced strict timelines for diagnosis and treatment to ensure timely care. The fourth phase (2016) emphasised patient involvement, smoking prevention, and holistic patient care. A fifth phase was released in 2025, with an annual budget of DKK 600 million (EUR 80.4 million). Featuring 36 initiatives, it covers early detection, treatment, and life after cancer, with a strong focus on the quality of life of patients and survivors. This includes addressing side effects, long-term consequences of treatment, rehabilitation, and palliative care (Danish Health Authority, 2025).

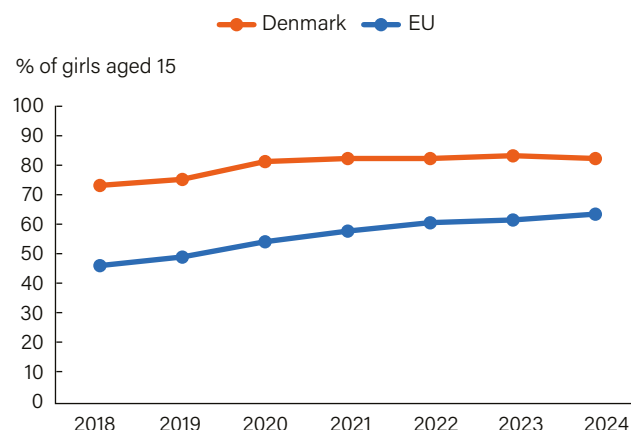
Human papillomavirus vaccination coverage largely exceeds the EU average

HPV infections can cause cancers, especially cervical cancer. Denmark's HPV vaccination coverage among adolescents is well above the EU average. In 2024, 82 % of Danish girls had received all recommended doses by age 15, compared with an EU average of 63 % (Figure 15). The proportion of Danish boys having completed their HPV vaccination by age 15 is also high, reaching 80 % in 2023. To boost uptake, school-based HPV vaccination sites have been introduced in Copenhagen and in some other municipalities since 2021.

Screening rates for cancer are relatively high in Denmark

Denmark offers free-of-charge national screening for breast, cervical and colorectal cancers. Screening rates in Denmark were less affected by the pandemic than in many EU countries (Figure 16). In 2023, 83 % of women aged 50–69 had a mammogram in the past two years, more than the average across the 22 EU countries for which data

Figure 15. HPV vaccination coverage among 15-year-old girls reached over 80 % in recent years



Note: The EU average is unweighted.

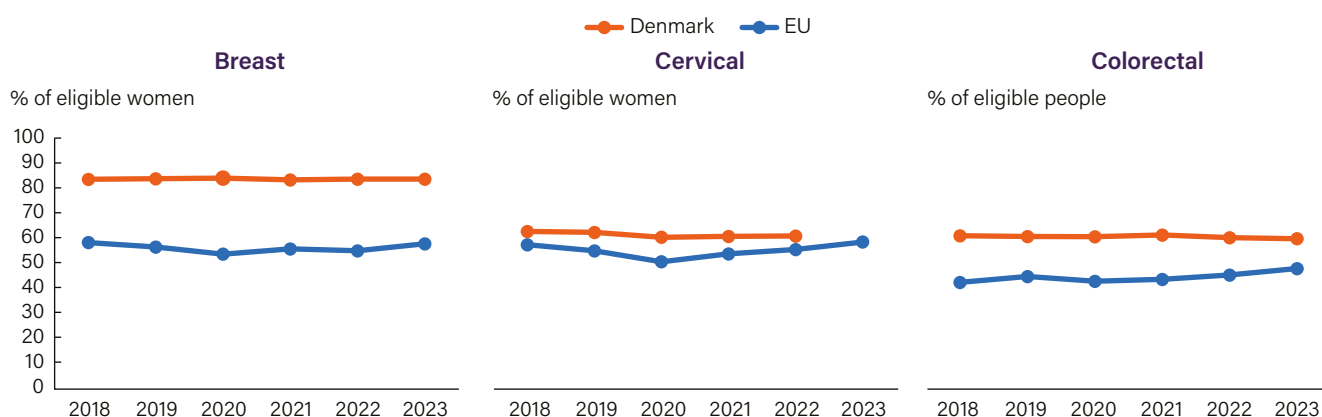
Sources: WHO/UNICEF.

are available and other Nordic countries. Cervical cancer screening reached 61 % in 2022 - a higher rate also than the average across the 17 EU countries with data available, but below the rate in other Nordic countries. In 2024, four regions introduced HPV self-sampling to boost participation among non-responders. Colorectal screening coverage was 60 % in 2023 among people aged 50–74. While this rate is among the highest in the EU, it lags behind other Nordic countries like Finland and Sweden.

Cancer survival rates caught up with those in other Nordic countries in the last 20 years

Since the early 2000s, Denmark has improved cancer screening and treatment, reflected in rising cancer survival rates. From 2002–06 to 2017–21, age-standardised survival for all types of cancer rose from 59 % to 74 % among women and from 54 % to 72 % among men (Figure 17). Initially behind other Nordic countries, Denmark caught up within a decade and a half. By 2017–21, women's survival matched Finland, Norway, and Sweden, while men's survival exceeded Finland (70 %) but remained below Norway (78 %) and Sweden (79 %).

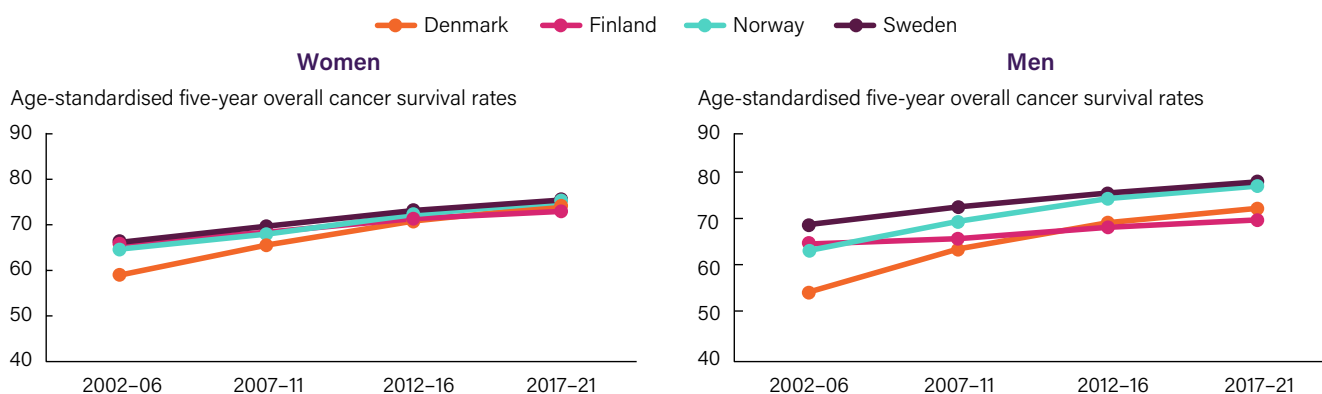
Figure 16. Breast, cervical and colorectal screening in Denmark have remained above EU averages



Notes: All data refer to programme data. Colorectal programme data are based on national programmes that may vary in terms of age group and frequency. The EU average is unweighted.

Sources: OECD Data Explorer (DF_KEY_INDIC) and Eurostat database (hlth_ps_prev).

Figure 17. Cancer survival rates caught up with other Nordic countries between 2002–06 and 2017–21



Notes: The five-year survival rate is the number of people who have not died from their cancer within five years of diagnosis. The time period refers to the time of diagnosis.

Source: Nordic Health and Welfare Statistics (Nordcan) website (<https://nordcan.iarc.fr/en/dataviz>).

5.2 Accessibility

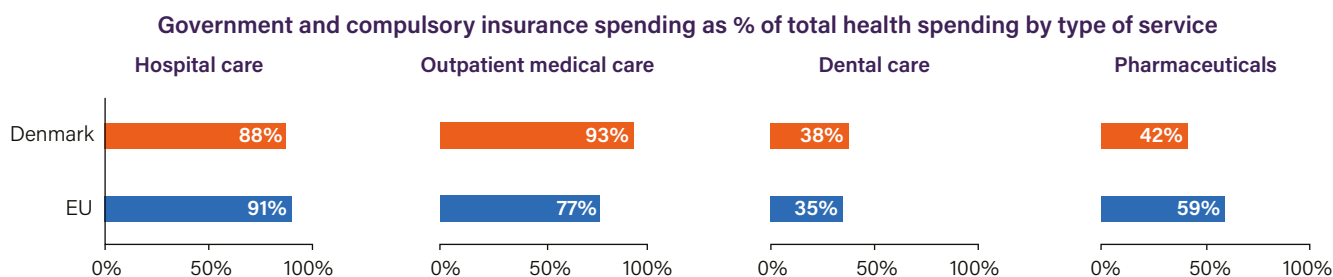
Pharmaceuticals and dental care are less covered than outpatient and inpatient care

Denmark offers a broad and extensive healthcare benefits package (Figure 18), with very high coverage for both inpatient and outpatient care. In contrast, pharmaceutical coverage is lower than the EU average, while dental care coverage continues to be relatively limited - a pattern

common across most EU countries. However, there are protection schemes for persons with high spending on pharmaceuticals (see Section 6).

The relatively lower coverage of pharmaceuticals and dental care contributes to a concentration of out-of-pocket (OOP) expenditures in these areas. In Denmark, spending on pharmaceuticals and dental care together represented 45 % of total OOP payments in 2023, highlighting the financial burden these services place on individuals (Figure 19).

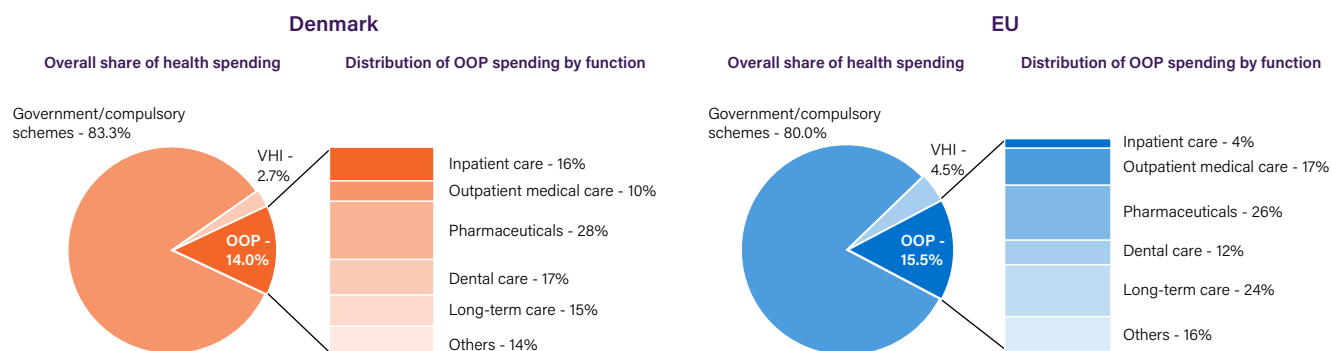
Figure 18. Public coverage for dental care and pharmaceuticals is much lower than for outpatient and inpatient care



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 as well as medical non-durables. Therapeutic appliances refer to vision products, hearing aids, wheelchairs and other medical devices. The EU average is unweighted.

Source: OECD Data Explorer (DF_SHA). The data pertain to 2023.

Figure 19. The largest shares of out-of-pocket spending are on pharmaceuticals and dental care



Note: VHI also includes other voluntary prepayment schemes. The EU average is weighted.

Source: OECD Data Explorer (DF_SHA). Data pertain to 2023.

Unmet medical and dental care needs are slightly above the EU average, especially among those at risk of poverty

Among Danish adults reporting medical needs, 3.9 % reported some unmet needs for medical care due to costs, travel distance, or waiting times in 2024, a slightly higher proportion than the EU average of 3.6 %, according to the EU-SILC survey. As in other countries, Danish people at risk of poverty report much higher unmet needs (7.3 %), most often citing waiting times as the main reason (Figure 20).

Unmet needs are higher for services that are less comprehensively covered, such as dental care, hearing aids and vision aids (e.g. eyeglasses). Over 9 % of Danish people reported unmet needs for dental care in 2024, with this proportion reaching 21.5 % among those at risk of poverty, citing costs as the main reason. Free dental care was extended from 18 to 21 years for all adolescents from 2025. There has been no other recent initiative to make dental care more affordable.

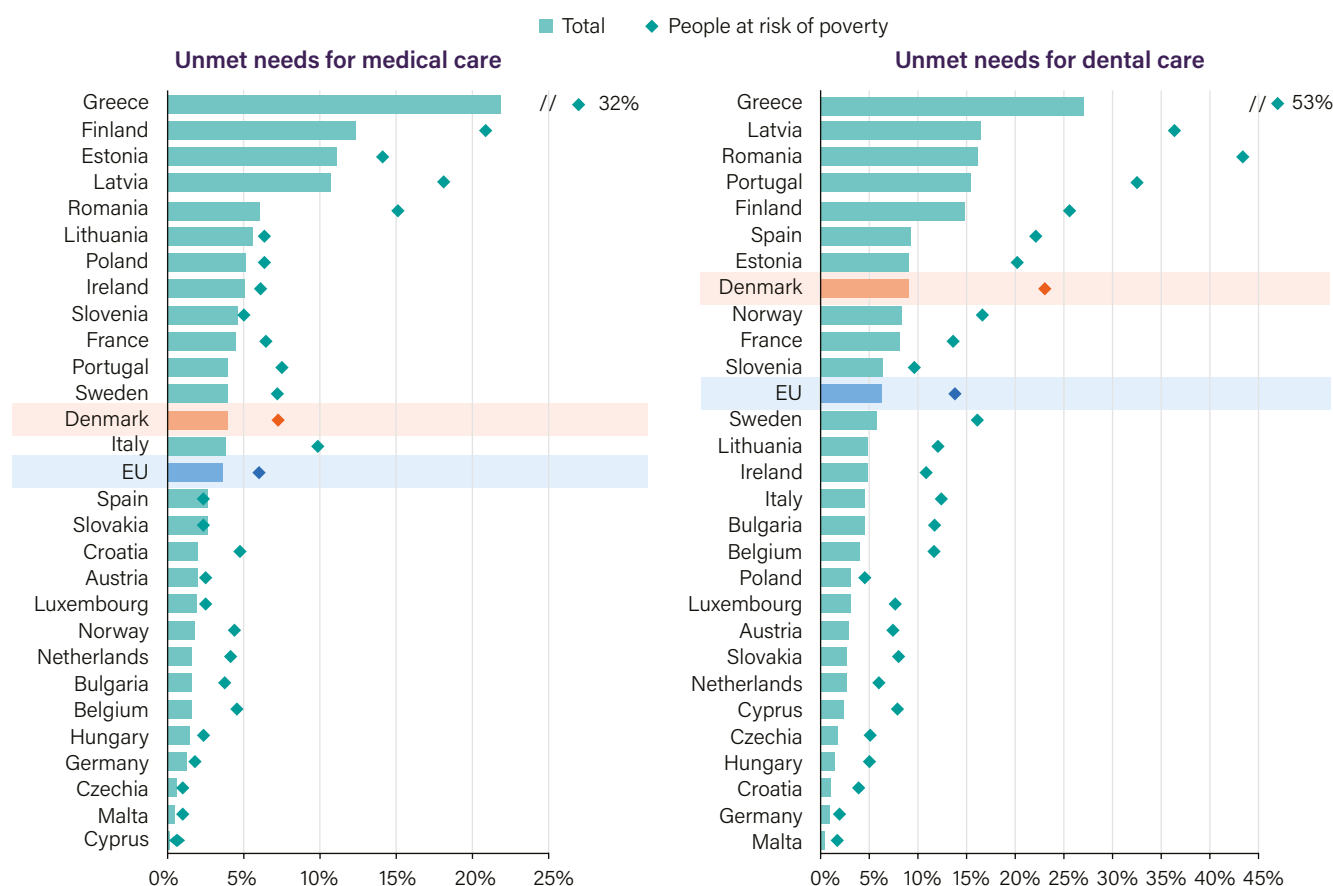
The number of doctors varies across and within regions

As already noted, the number of doctors per population in Denmark is slightly higher than the EU average. However, the number of doctors varies by region (Figure 21). The capital region has the highest doctor density, Central and Southern Denmark are intermediate, while Zealand and Northern Denmark have the lowest density.

Disparities in access to health services also exist within regions, with some areas remaining less well served than others. In 2024, the Zealand region took action by merging two hospitals to address these inequalities and about 100 hospital physicians are now required to rotate through one hospital for several days each month to alleviate staffing shortages.

The distribution of self-employed GPs across Denmark is regulated through a system of "provider numbers," which entitles

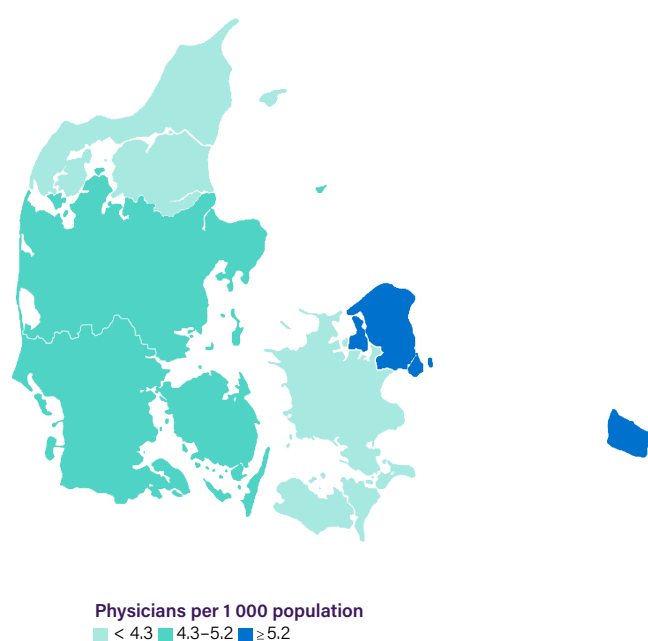
Figure 20. Unmet needs for dental care are well higher among Danes at risk of poverty



Notes: The EU average is weighted. Data refer only to individuals who reported having medical or dental 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 database (hlth_silc_08b and hlth_silc_09b). Data refer to 2024.

Figure 21. The number of doctors per population varies markedly across regions



Source: Eurostat Database (hlth_rs_physreg). Data refer to 2021.

each practice to receive public reimbursement for services.²

Until recently, regional authorities determined the allocation of these numbers. However, as part of the broader 2024 healthcare reform agreement, a national plan and allocation model will be phased in (see Section 5.3). As an initial step to address the most severe shortages, new provider numbers can only be established as it stands now in 17 designated municipalities facing critical GP shortages. However, this only applies to new provider numbers, while existing numbers can still be traded freely. A few university hospitals are also prohibited from employing additional doctors with GP specialisation in 2025 and 2026 to redirect these GPs toward other less well-served areas. The current agreement runs until a new national distribution model is established in 2027 as part of the broader healthcare reform. The reform also aims to increase the number of GPs and to allow new primary care delivery models.

Task sharing between doctors and other health professionals has been supported

In Denmark, task sharing between doctors and other health professionals has expanded in the last decades, particularly in primary care. It is common for GP practices to employ nurses or midwives, who may carry out various clinical tasks, such as gynaecological and paediatric care including vaccinations,

² Each provider number represents a separate practice location. A doctor can currently own up to 6 provider numbers. A GP who wants to sell his provider number must apply to the GP association for approval of the price, which cannot exceed 138 % of the average earning in the previous three years.

when authorised by the doctor. Doctors remain accountable for any outcomes. By 2021, around 8 % of midwives were employed in GP practices.

Denmark has also formalised the role of advanced practice nurses (APNs). Since the early 2000s, Denmark has created a competency framework for APNs across seven specialisations, including community care. The number of community care APNs has increased from 99 in 2019 to 274 in 2021. However, nurse shortages persist in the system: in 2022, there were about 4 700 unfilled nursing positions, primarily in hospitals (representing about 10 % of all positions), as a number of nurses moved from hospitals to community care.

Since 2019, pharmacists have been allowed to renew prescriptions for stable patients under strict conditions. Pharmacists also now offer consultations for patients with chronic diseases, focusing on medication adherence and treatment understanding.

The number of teleconsultations has slightly decreased since the pandemic

Even prior to the pandemic, teleconsultations between doctors and patients (e.g. consultations through telephone or email) were used extensively in Denmark. Since the pandemic, the number of teleconsultations per person had remained relatively stable at close to 2 per person per year in 2021 and 2022, before decreasing slightly in 2023 (Figure 22). About one quarter of all doctor consultations were through teleconsultations in 2023. Since 2022, video consultations have become a permanent teleconsultation option.

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.

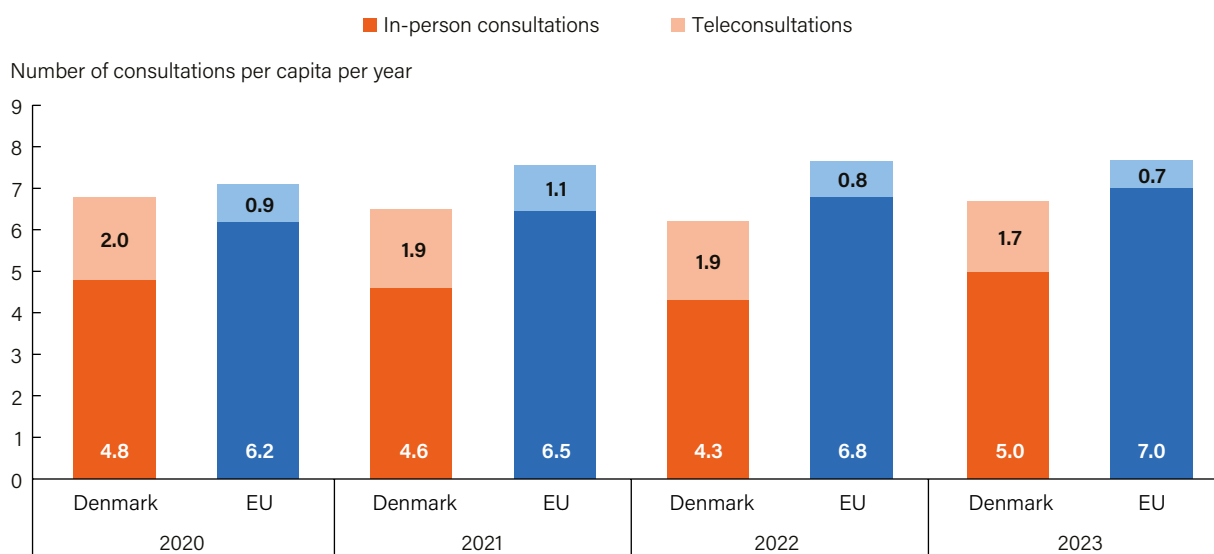
Key priorities include easing pressures on service delivery, strengthening health infrastructure and workforce capacity, adapting crisis preparedness strategies, supporting digital innovation, and safeguarding long-term sustainability.

A major healthcare reform aims to address demographic challenges and improve access to community-based care

In 2024, Denmark launched its most ambitious health reform since 2007, a cross-party agreement designed to fundamentally shift the system's centre of gravity from hospitals to community-based care. This strategic reorientation is underpinned by a significant redirection of resources and a redesigned governance framework. By 2030, annual operating funds will increase by DKK 6.4 billion (about EUR 860 million), with two-thirds explicitly earmarked for local services. Structurally, the reform will merge the five regions into four and establish 17 local health councils to drive joint planning and budgeting between the new regions and municipalities.

A central pillar of this local focus is the reinforcement of primary care, with a new target to expand the number of GPs to at least 5 000 by 2035 (from 3 500 in 2024), supported by measures to redistribute resources to underserved areas. Mental health services will also be substantially strengthened, with dedicated annual funding set to exceed DKK 4.3 billion (EUR 575 million) by 2030. This system-wide transformation will be enabled by a modernised digital infrastructure, steered by a new national agency, Digital Sundhed Danmark, tasked with developing further interoperable solutions. Collectively, these investments, including a DKK 27.5 billion (EUR 3.7 billion) package for facility and digital upgrades through 2035, are designed to enhance patient rights, improve equity and continuity of care, and ultimately ease pressure on the hospital sector, with critical implementation milestones set for 2025-2027 (Ministry of the Interior and Health, 2024).

Figure 22. About 25 % of doctor visits in Denmark were conducted remotely in 2023



Note: The EU average is weighted (OECD calculation).

Source: OECD Data Explorer (DF_CONSULT).

Box 1. The 2024 reform will modify the health system's governance structure

The major healthcare reform adopted in 2024 will restructure governance by reducing the number of regions from five to four and creating 17 local "health councils", with implementation expected in 2027. The health councils will include regional and municipal political representatives, with regions having majority representation. They will manage healthcare services in several areas, including hospitals, primary care, psychiatric care and certain municipal services. They will also be responsible for drafting plans to boost community care and oversee an investment fund of DKK 4.4 billion (EUR 590 million) by 2030 to expand local services.

This reform transfers several tasks from municipalities to regions, including prevention, acute specialised nursing, rehabilitation, and temporary stays in municipal healthcare facilities. Municipalities may still deliver these services, but regions will hold financial and regulatory responsibility.

The 2024 healthcare reform aims to address workforce shortages, particularly in primary care

The 2024 healthcare reform aims to increase the number of GPs and improve their geographic distribution to reduce inequalities in access to primary care. In addition to the goal of increasing the number of GPs from 3 500 in 2024 to at least 5 000 by 2035, the reform aims to implement a new nationally determined distribution model of "providers numbers" based on patient needs, and to introduce a new fee structure providing higher compensation for practitioners serving patients with greater healthcare needs. Regions will gain flexibility to establish regionally-owned clinics and to contract with private companies or municipalities through competitive tenders, although the traditional GP-ownership model is expected to remain dominant. The reform also aims to introduce caps on specialist positions at university hospitals, to improve the distribution of medical specialist practices, and establish a new bachelor's programme in medicine in the fifth biggest town of Denmark (Esbjerg).

The use of digital health tools is high, but it is lower among the least educated

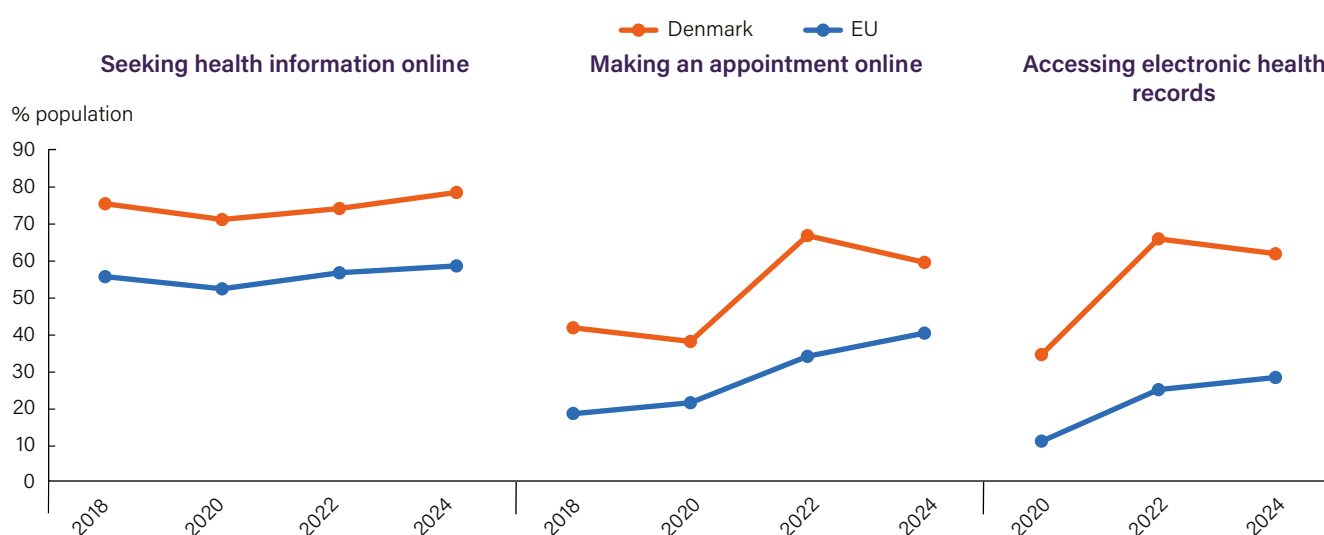
Denmark has made major strides in healthcare digitalisation. Standardised digital messaging fully covers referrals,

discharges, and lab results, with several millions messages exchanged monthly. Citizens can access their health data via the platform "sundhed.dk", with over 3 million visits monthly, offering secure records, test results, vaccination history, and e-prescriptions. The shared Medication Record ensures real-time access to prescriptions for both citizens and professionals and supports secure communication across all healthcare providers. A nearly complete national appointment system improves coordination and patient access via sundhed.dk. Denmark's progress builds on a long tradition of eHealth strategies, with the most recent (2018-2024) being the fifth iteration (Danish Health Data Authority, 2024).

The use of digital health tools among the Danish population is high and growing. Since the pandemic, Danes have used much more the internet to make medical appointments (nearly 60 % of adults did so in 2024, up from 40 % in 2020) and to access their health records (with the proportion increasing from 34 % in 2020 to over 60 % in 2024) (Figure 23).

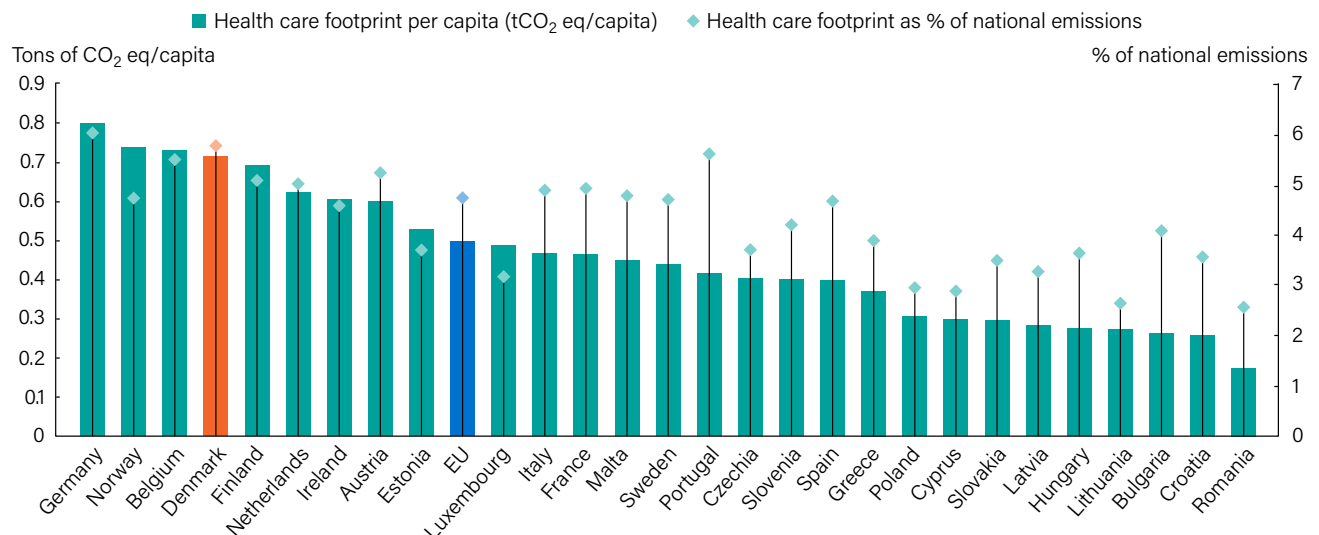
However, as in other countries, lower educated Danes are less likely to use the internet for these health purposes. Among lower educated Danes, 69 % sought health information online compared with 87 % among the higher educated in 2024, 48 % made appointments online compared with 69 % among

Figure 23. Most Danes make medical appointments and access their health records online



Source: Eurostat database (isoc_ci_ac_i).

Figure 24. Denmark's health sector has a greater environmental impact than the EU average



Source: OECD (2025), Decarbonising Health Systems Across OECD Countries, <https://doi.org/10.1787/5ac2b24b-en>.

the higher educated, and 55 % accessed health records compared with 67 % among the higher educated.

Denmark is also advancing the safe and effective integration of artificial intelligence (AI) in healthcare. Its 2019 national AI strategy prioritised applications like cancer detection, quality management and diagnostics, with projects focussing on early cancer detection, patient record prediction models, acute care diagnosis and rare disease decision support. Implementation occurs through research projects and regional initiatives. In 2025, Denmark allocated DKK 40.6 million (EUR 5.4 million) for three AI healthcare projects related to fracture analysis, home visit logistics and speech-to-text for municipal healthcare.

The environmental impact of the health sector is higher than in most other EU countries

Environmental issues like air pollution and climate change affect health, notably through respiratory diseases and heat-related illnesses among children and older people. Heat-related mortality among people aged 65 and over in Denmark increased by 16 % from 2014-2023 compared to 1990-1999, according to the Lancet countdown on health and climate change (The Lancet, 2024).

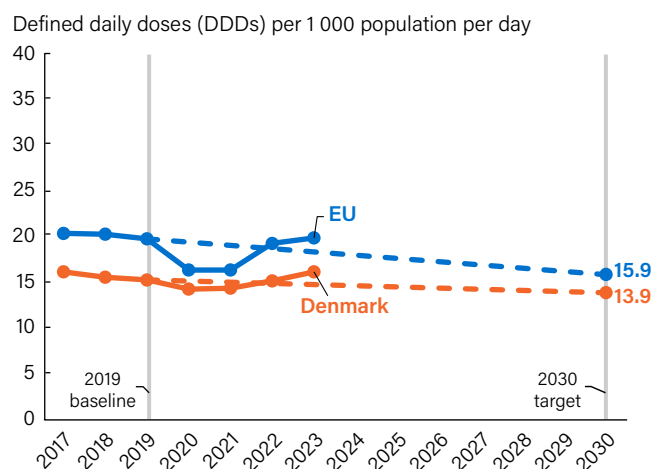
Health systems also contribute to global warming. In 2018, the health sector accounted for 6 % of Denmark's greenhouse gas emissions, above the EU average of 5 % (Figure 24). Denmark's Climate Act mandates 70 % emission cuts by 2030 and neutrality by 2050, with the health sector supporting these targets through hospital decarbonisation. In 2024, regions adopted a "sustainable hospitals" strategy to cut CO₂ emissions 50 % by 2035 (baseline 2022) and reach zero before 2050, focusing on procurement, monitoring, and mandatory climate actions.

Antimicrobial resistance threatens public health without reduced antibiotic consumption

Curbing excessive antibiotic use is essential to address antimicrobial resistance (AMR) and meet the EU Council's 2030 targets that were adopted in 2023.³ In 2017, Denmark launched the One Health Strategy Against Antibiotic Resistance to reduce antibiotic use and resistance in humans and animals. It is implemented by regions and municipalities.

Denmark has relatively low rates of antibiotic consumption compared to most other EU countries. While antibiotic use in Denmark decreased during the first two years of the pandemic as in other countries, it has since rebounded and is higher than before the pandemic, posing challenges for meeting its 2030 reduction target (Figure 25).

Figure 25. Antibiotic use in Denmark is not on track to meet the 2030 reduction target



Note: The EU average is weighted. The chart shows antibiotic consumption in hospital and the community. The dashed line illustrates the policy target pathway to meet the 2030 reduction targets.

Source: ECDC ESAC-Net.

³ Council Recommendation on stepping up EU actions to combat antimicrobial resistance in a One Health approach, 2023/C 220/01.

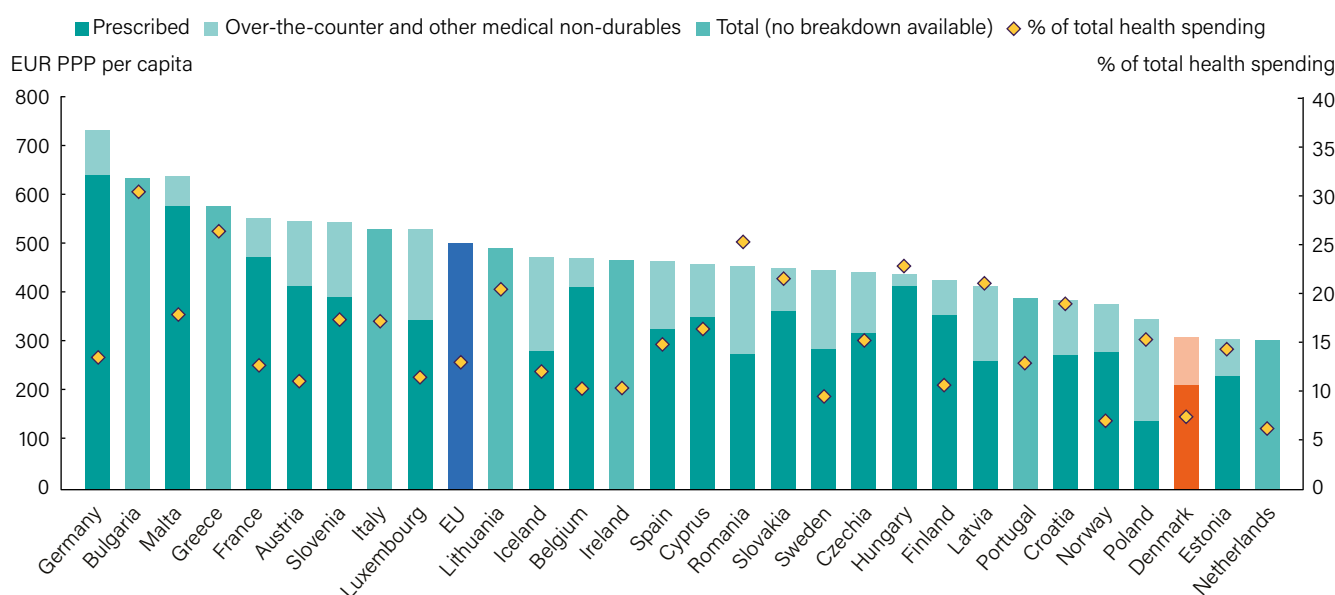
6 Spotlight on pharmaceuticals

Denmark has one of the lowest retail pharmaceutical spending per capita in the EU

On a per capita basis, spending on retail pharmaceuticals in Denmark is well below the EU average (EUR 315 per capita compared to EUR 510 in 2023, adjusted for purchasing power parity) and one of the lowest among all EU countries. Retail

pharmaceuticals accounted for only 8 % of total health expenditure in Denmark, compared to the EU average of 13 % (Figure 26). Low retail pharmaceutical spending is partly due to mandatory generic substitution and the internal reference pricing system, which incentivises patients to choose lower-cost medicines by linking reimbursements to the least expensive alternative.

Figure 26. Spending on retail pharmaceuticals per capita in Denmark is among the lowest in the EU



Note: This figure represents pharmaceutical expenditures dispensed through retail pharmacies for outpatient use only. It excludes medications administered in hospitals, clinics or physician offices.

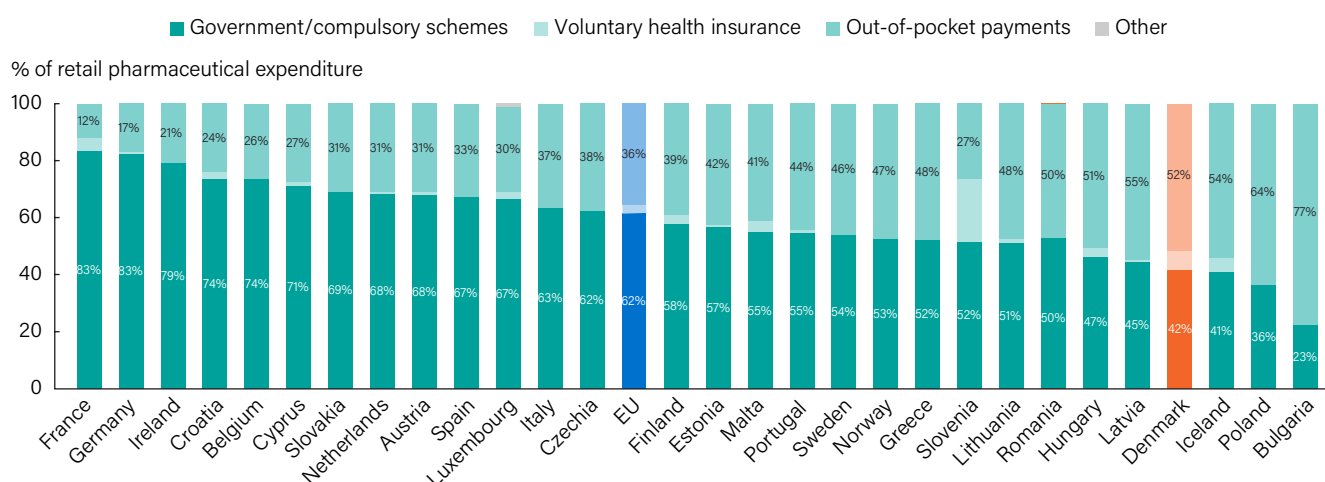
Source: OECD Data Explorer (DF_SHA). Data pertain to 2023, except for Norway (2022).

The public coverage for retail pharmaceuticals expenditure is very low in Denmark

Only 42 % of retail pharmaceuticals are publicly covered in Denmark, one of the lowest shares in the EU and significantly

below the EU average of 62 % (Figure 27). Over-the-counter medicines, which account for nearly one-third of retail pharmaceutical spending, are not publicly covered. However, this does not take into account pharmaceutical consumption in hospital, which is fully covered. Complementary health insurance

Figure 27. Denmark's public coverage of retail pharmaceuticals is relatively low



Note: The EU average is unweighted.

Source: OECD Data Explorer (DF_SHA). Data refer to 2022.

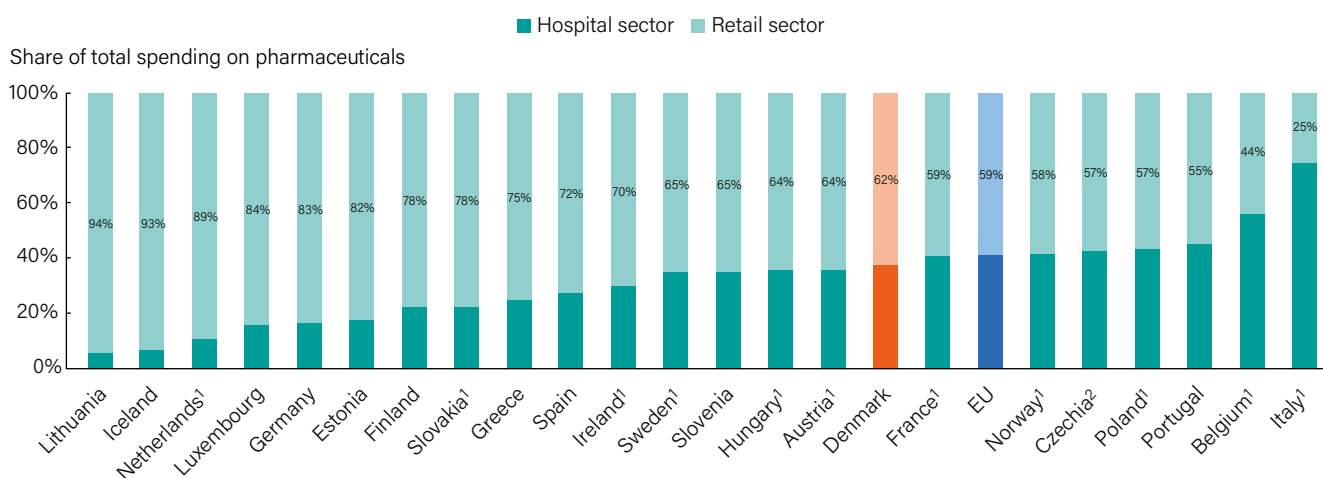
covers only about 6 % of retail pharmaceutical spending, while patients directly contribute the remaining 52 %. As noted in Section 5.2, pharmaceuticals make more than a quarter of total households' out-of-pocket health spending in Denmark.

However, a graduated reimbursement scheme for prescribed medicines limits annual OOP payments. People pay the full price of medicines up to DKK 1 110 (EUR 149) per year, after which the reimbursement rate increases in steps: 50 % for spending between DKK 1 110 and DKK 1 865 (EUR 149-250), 75 % between DKK 1 865 and DKK 4 055 (EUR 250-543), and 85 % beyond that. Once annual pharmaceutical spending reaches DKK 22 055 (EUR 2 957), any further costs are fully reimbursed. Children and adolescents under 18 are covered under a more generous scheme, with reimbursements starting from the first krone spent.

The hospital sector accounts for over one-third of pharmaceutical spending in Denmark

In 2023, hospital pharmaceutical spending accounted for 38 % of total pharmaceutical expenditure, which is close to the average across the 24 EU countries for which data are available (Figure 28). Over the past decade, both hospital pharmaceutical spending and retail pharmaceutical expenditure has grown at an annual rate of about 2 % in real terms. Patent expirations and effective price regulations have helped contain expenditure growth in both the retail and hospital sectors. Denmark's central procurement agency, Amgros, manages purchases for all public hospitals, helping control costs and ensure consistent supply across hospitals.

Figure 28. The share of pharmaceutical expenditure in hospital in Denmark is close to the EU average



Notes: The EU average is weighted. Data refer to 2023, except for Norway and Slovenia (2022). Hospital pharmaceutical sales data for the Netherlands are incomplete, leading to an overestimation of the share of retail pharmaceutical sector.

Sources: OECD Data Explorer (DF_SHA); IQVIA and Swedish Dental and Pharmaceutical Benefits Agency, 2024; ² Czech Institute of Health Information and Statistics.

Access for new medicines is usually fast for medications with high clinical benefit

Denmark, like many EU countries, uses a comprehensive process to determine social health insurance coverage and pricing for pharmaceuticals. It integrates health technology assessment to inform both coverage decisions and price negotiations.

This process is faster than in most other EU countries. According to the patient WAIT ("Waiting to Access Innovative Therapies") indicator published annually by the European Federation of Pharmaceutical Industries and Associations (Newton et al., 2025), Denmark recorded an average time-to-reimbursement of 339 days (well below the EU average of 578 days) for medicines approved by the European Medicine Agency between 2020 and 2023.⁴ As of January 2025, 38 % of these medicines had coverage in Denmark, compared to an EU average of 40 %.

Inappropriate use of medicines is an issue in Denmark

Potentially inappropriate medication use - overuse, misuse, or underuse - negatively impacts patient outcomes and healthcare costs. In 2017, about 15 % of Danish adults did not receive appropriate medications, with underuse (12 %) more common than overuse (3 %). Lower-income and less-educated individuals had up to 85 % higher odds of inappropriate use, mainly due to overuse (Paust et al., 2024).

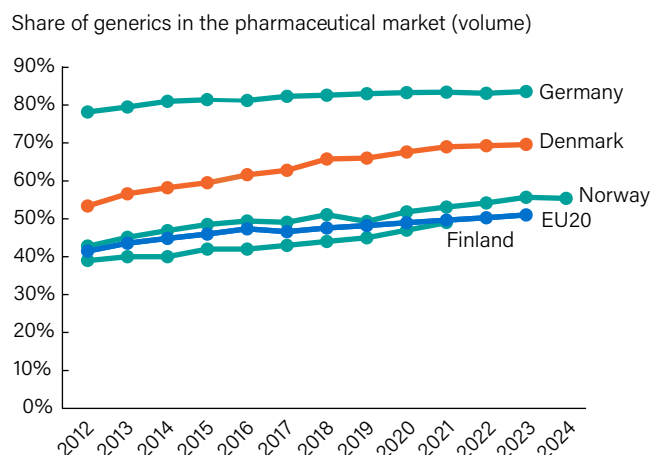
In Denmark, hospital pharmacists commonly conduct medication reviews to ensure appropriate medicine use, and pharmacists in community pharmacies provide pharmaceutical consultations for patients with chronic diseases (Bech et al., 2023).

Generic uptake has increased rapidly over the past decade to reach 70 % in 2023

Generic medication use has increased significantly over the past decade due to the implementation of incentives targeting

⁴ This indicator measures the interval between European Medicine Agency marketing authorisation and implementation of "routine reimbursement" in each country.

Figure 29. The share of generics in Denmark has increased steadily to reach 70 % in 2023



Note: The data show the percentage of the generic market in volume terms. The EU average is weighted.

Source: OECD Data Explorer (DF_GEN_MRKT).

all stakeholders - physicians for prescribing practices, pharmacists for dispensing decisions, and patients for acceptance. As of 2023, generic medications constituted 70 % of all reimbursed pharmaceutical units dispensed through community pharmacies, up from 57 % in 2013. This proportion remains below that of leading countries such as Germany, but is well above the average across the 18 EU countries for which data are available (51 %) and some other Nordic countries (Figure 29).

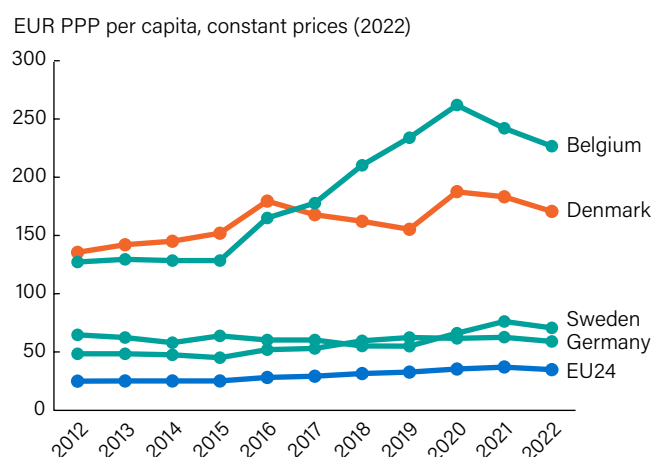
When it comes to biosimilars, while Denmark has demonstrated strong adoption in many areas, data published by IQVIA indicate that Denmark has further room to improve biosimilar adoption rates across several therapeutic categories, including medications prescribed for osteoporosis, ophthalmology and diabetes (IQVIA, 2023).

The pharmaceutical sector has become an economic growth engine in Denmark

The pharmaceutical sector has become a very important part of the Danish economy. The number of people employed in the pharmaceutical sector nearly doubled over the past decade and pharmaceutical exports more than doubled, rising from EUR 9.5 billion in 2013 to EUR 21.2 billion in 2022 (EFPIA, 2024).

The growth of the pharmaceutical sector is based on strong R&D investment. Business R&D investment in

Figure 30. Investment in pharmaceutical R&D in Denmark is nearly five times higher than the EU average



Note: The EU average is weighted (OECD calculation).

Source: OECD Data Explorer (DF_ANBERDi4).

pharmaceuticals in Denmark was the second highest in the EU on a per capita basis after Belgium, and nearly five times greater than the EU average in 2022 (Figure 30). Denmark's strong R&D investment is driven by a strong collaboration culture between universities, industry and healthcare, and advanced health data systems that speed clinical trials and personalised medicine development. The country benefits from world-class research institutions, a skilled R&D workforce, supportive regulations and fiscal incentives. International pharmaceutical companies anchor their thriving Medicon Valley biotech cluster, attracting talent and global partnerships.

These favourable conditions are reflected in innovation outputs. According to OECD Intellectual Property Statistics, the number of patent applications filed under the Patent Co-operation Treaty (PCT) originating from applicants based in Denmark was nearly five times greater than the EU average on a per capita basis and the highest of all EU countries. Moreover, Denmark had the highest rate per capita of pharmaceutical clinical trials in the EU, with 78 clinical trials per million population in 2024, over four times higher than the EU average.

The pharmaceutical sector in Denmark forms the core of the country's broader life science ecosystem. In 2024, the government released a new strategy aiming to make Denmark Europe's leading life science nation by 2030 (Box 2).

Box 2. Denmark's new life science strategy aims to make it the European leader in life science

In 2024, Denmark launched a new strategy to become Europe's leading life science nation by 2030 and to double exports. With a budget of DKK 400 million (EUR 53.5 million), the strategy focuses on: boosting research-industry collaboration; enhancing clinical research, AI and data use; scaling innovations via faster access to advanced therapies and a national innovation centre; improving investment conditions and talent access; and strengthening international cooperation, EU engagement, and exports through Healthcare Denmark.

Source: Danish Government (2024).

7 Key findings

- Life expectancy at birth in Denmark was 82.3 years in 2024, slightly above the EU average, but below most other Nordic countries. Cancer is the leading cause of death, responsible for over one-quarter of all deaths, with lung cancer claiming the most lives.
- Although tobacco smoking in Denmark has declined sharply over the past two decades, prevalence remains higher than in other Nordic countries. Adult obesity has nearly doubled since 2000, reaching 19 % in 2022 - substantially above the EU average of 15 %. While alcohol consumption among adults has decreased and now falls below the EU average, risky behaviours persist among adolescents. In 2022, 45 % of Danish 15-year-olds reported having been drunk more than once in their life- the highest share in the EU. Since 2025, Danish law has prohibited 16- and 17-year-olds from purchasing drinks with an alcohol content above 6 %, but beer and other lower-strength beverages remain accessible to under-18s, unlike in most other Nordic and EU countries.
- Denmark fares comparatively well on cancer prevention and care. Human papillomavirus vaccination coverage is very high among 15-year-old girls and boys. Cancer screening participation for breast, cervical and colorectal cancers are well above the EU averages. Earlier diagnosis and improved treatments have raised five-year survival rates for many common cancers, allowing Denmark to catch up with other Nordic countries. The new cancer plan released in 2025 focuses more on the quality of life for cancer patients and survivors.
- Nearly 4 % of Danish adults reported unmet medical care needs due to cost, travel distance or waiting times in 2024, a slightly higher proportion than the EU average. This proportion is substantially higher among Danish people with low incomes and at risk of poverty (over 7 %). Unmet needs are greater for dental care because it is less covered by public insurance. Over 9 % of Danish adults reported some unmet dental care needs in 2024, and this proportion reached 23 % among those at risk of poverty.
- In late 2024, a major health reform was announced to address demographic pressures and reduce inequalities in access to care while reshaping governance. By 2027, the reform aims to reduce the number of regions from five to four and create 17 local health councils. It also sets ambitious targets for primary care, notably to increase the number of general practitioners from 3 500 to 5 000 by 2035, improve their geographic distribution and support new models of service delivery.
- Denmark's healthcare digital transformation is highly advanced. It is based on a secure and standardised national health IT infrastructure. The shared Medication Record and near-universal appointment system provide real-time access to data and prescriptions across patients and providers. In 2024, nearly 60 % of Danes booked appointments online and accessed their health records, far above EU averages, though uptake is lower among people with a lower level of education.
- Spending on retail pharmaceuticals per capita in Denmark is among the lowest in the EU, while public coverage of retail pharmaceuticals is relatively low (42 % compared to the EU average of 62 %). However, this does not take into account pharmaceutical spending in hospital, which accounts for 38 % of total pharmaceutical spending and is fully publicly covered. Generics make up 70 % of the pharmaceutical market in volume, a much higher share than the EU average of 51 %. The pharmaceutical sector, which is part of the broader life science sector, has become a growth engine of the Danish economy, with a 2024 strategy aiming to make Denmark Europe's leading life science country by 2030.

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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:
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