State of Health in the EU

GERMANY

Country Health Profile 2025

European Commission

OECD
BETTER POLICIES FOR BETTER LIVES

European Observatory on Health Systems and Policies
a partnership hosted by WHO

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).

Contents

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 (ECIS), 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 were accessible as of the first half of September 2025.

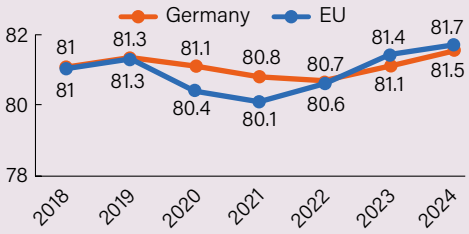
Demographic and socioeconomic context in GERMANY, 2024

Demographic factors	Germany	EU
Population size	83 456 045	449 306 184
Share of population over age 65	22 %	22 %
Fertility rate 2023[1]	1.4	1.4
Socioeconomic factors		
GDP per capita (EUR PPP)[2]	45 513	39 675
At risk of poverty or social exclusion rate[3]	21.1 %	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.

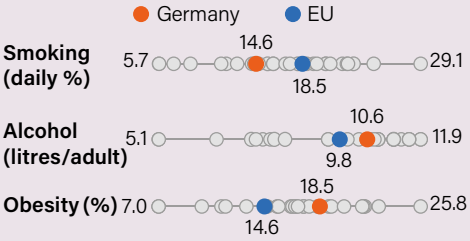
1 Highlights



Life expectancy at birth

Health Status

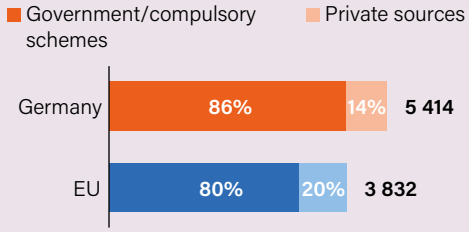
Life expectancy at birth in Germany has increased slowly during the past decade. After a temporary decline during the COVID-19 pandemic, in 2024 it exceeded the pre-pandemic level, reaching 81.5 years – almost on a par with the EU average. Cardiovascular diseases, such as ischaemic heart disease and stroke, and cancer are the leading causes of death, together accounting for over half of all deaths.



Adults, 2022 (or nearest year)

Risk Factors

German adults smoke less, drink more and are more obese than the EU averages. Both smoking and alcohol consumption have declined among the adult population, but they have increased among adolescents over the past decade. As in other countries, behavioural risk factors in Germany, such as smoking and obesity, are more common among people with lower education levels.



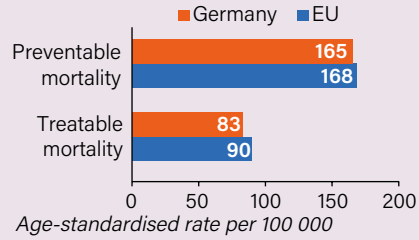
Health spending per capita (EUR PPP), 2023

The Health System

Health spending per capita in Germany is the highest among EU countries, reaching EUR 5 414 in 2023. In the same year, public funding accounted for 86 % of total health expenditure. Out-of-pocket payments made up the majority of private expenditure on health, constituting 11 % of health spending, which is well below the EU average of 16 %.

Health System Performance

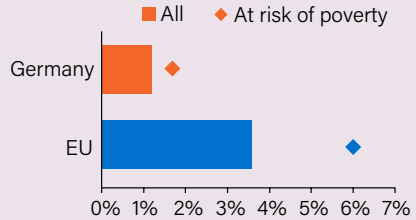
Effectiveness



Age-standardised rate per 100 000 population, 2022

In 2022, Germany had 83 treatable and 165 preventable deaths per 100 000 population. While treatable mortality decreased overall in the last decade, preventable mortality increased slightly because of COVID-19 deaths. Both remain below the EU averages. The leading causes of avoidable deaths include ischaemic heart disease, cancer (particularly breast, colorectal and lung cancer) and alcohol-related diseases.

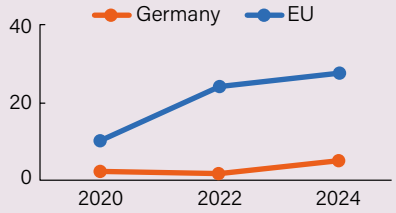
Accessibility



% reporting unmet medical care needs, 2024

In 2024, 1.2 % of Germans with a medical care need reported that they experienced unmet needs for a medical examination due to financial reasons, long waiting lists or distance to travel. This share is below the EU average of 3.6 %. As in other EU countries, self-reported unmet needs are higher among people at risk of poverty.

Resilience



% population accessing health records online

Digitalisation is a key plank in building a resilient health system. The share of Germans using information and communications technologies to search for health information online and make medical appointments has increased robustly since 2020. In contrast, the share accessing health records online has increased only slightly, despite efforts to develop a system of electronic health records.

Spotlight: pharmaceuticals

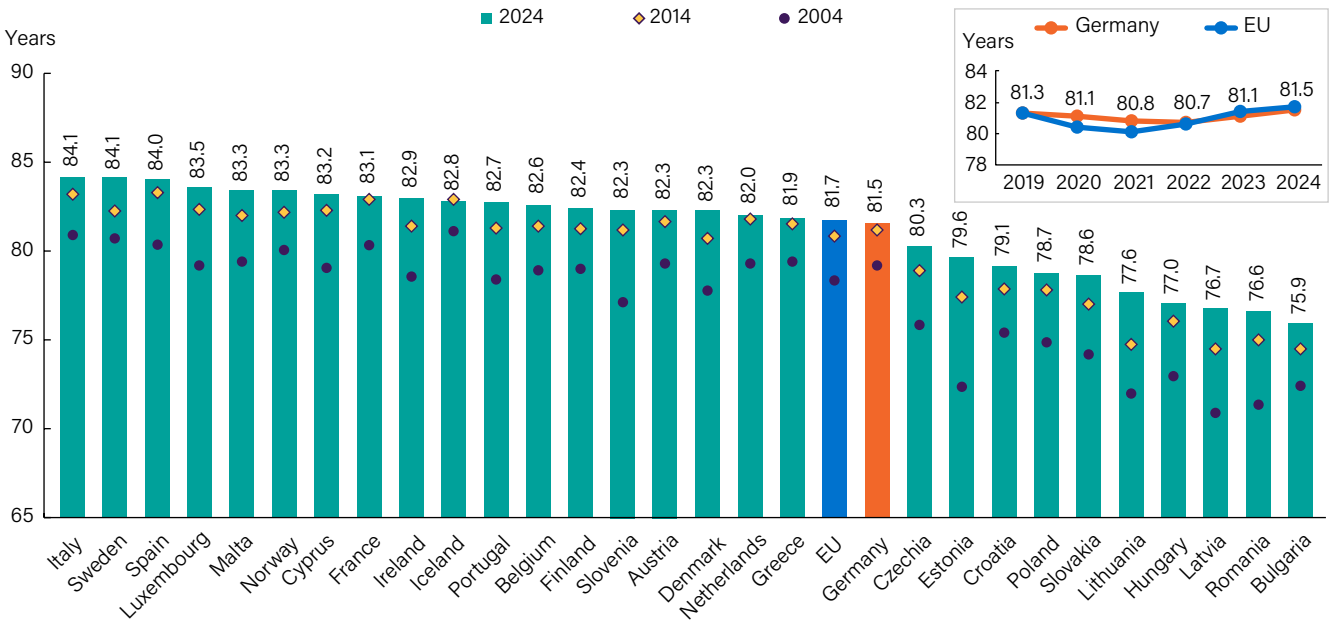
In 2023, Germany spent EUR 743 per capita on retail pharmaceuticals – the highest amount in the EU. Retail pharmaceutical spending represents about 14 % of total health expenditure – mostly from government and compulsory schemes (83 %) – while out-of-pocket payments represent 17 %. Outpatient prescribed medicines are subject to user charges; reference pricing is in place to set the reimbursable rate for interchangeable medicines, and patients pay the difference if they opt for pricier products. Financial protection schemes are in place for children, people on low incomes and pregnant women. Germany is one of the largest investors in pharmaceutical research and development in the EU, with high levels of spending in this area.

2 Health in Germany

Life expectancy in Germany has rebounded since the pandemic

In 2024, life expectancy at birth in Germany stood at 81.5 years, which was 0.2 years below the EU average (Figure 1). Following strong growth in Germany's life expectancy between 2000 and 2010, the pace of improvement plateaued thereafter. Between 2010 and 2019, life expectancy increased by 0.8 years – about half the EU average over the same period (1.5 years). As in other countries, during the COVID-19 pandemic, life expectancy fell temporarily in Germany, before rebounding to slightly exceed its pre-pandemic level in 2024.

Figure 1. Life expectancy in Germany was slightly below the EU average in 2024



Notes: The EU average is weighted. Data for Ireland pertains to 2023.
Source: Eurostat (demo_mlexpec).

Cardiovascular diseases and cancer account for over half of all deaths in Germany

In 2023, the leading causes of death in Germany were cardiovascular diseases (including ischaemic heart disease and stroke) and cancer, which together accounted for 56 % of all deaths (Figure 2). Alzheimer's and other dementias, respiratory diseases and digestive diseases also accounted for many deaths in 2023. The number and share of deaths attributed to COVID-19 have continuously decreased since 2021.

About half of Germans aged 65 and over live with more than one chronic condition

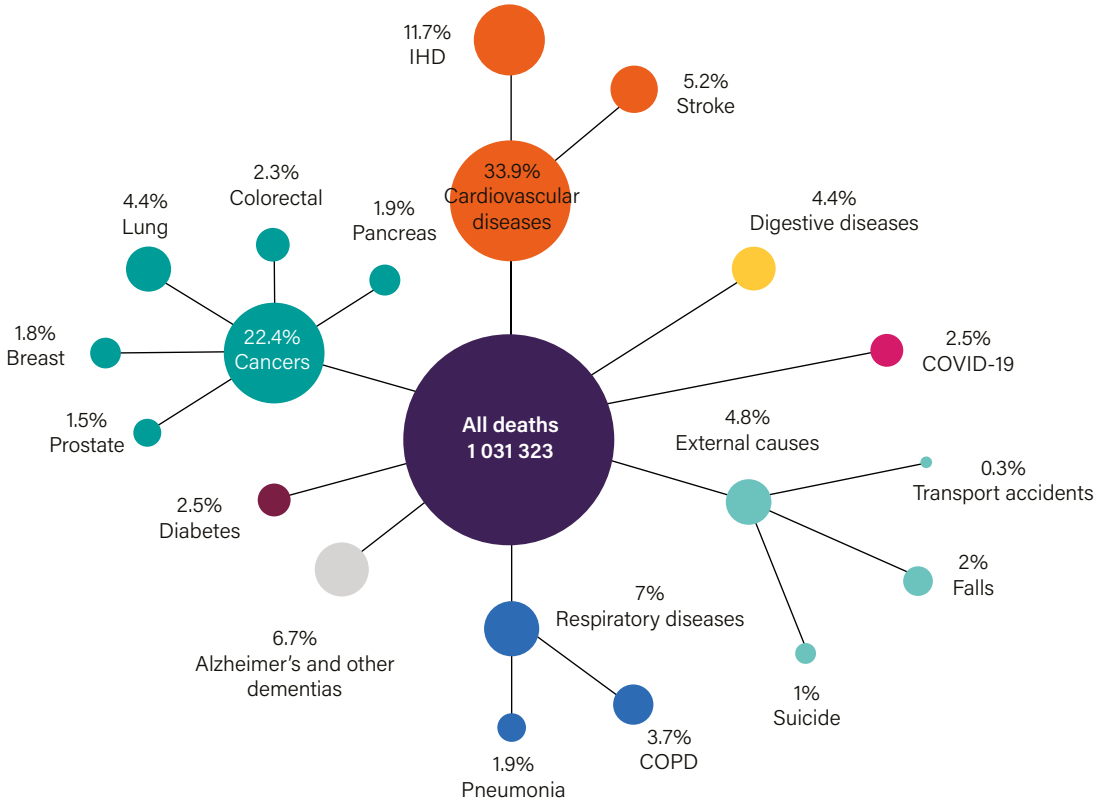
As a result of rising life expectancy, a fertility rate below replacement level and the ageing baby-boom generation, older people are making up a growing proportion of the German population. In 2024, 22 % of people in Germany were aged 65 and over – up from 16 % in 2000. This share is projected to increase to 28 % by 2050.

In 2022, women aged 65 and over in Germany could expect to live 21 more years compared to nearly 18 years for men, which are close to the EU averages (Figure 3). Around half (49 %) of people aged 65 and over in Germany lived with multiple chronic conditions in 2022 – above the EU average of 44 %. More than a quarter (27 %) of people aged over 65 report limitations in daily activities, which is similar to the EU average, though the gender gap in Germany is less pronounced.

There were over 1 million estimated new cases of cardiovascular disease in 2021

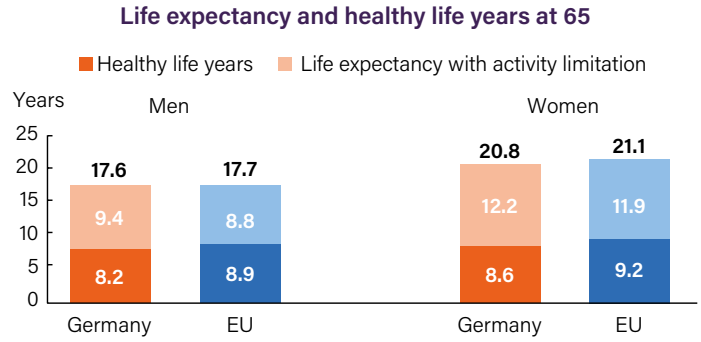
Cardiovascular diseases (CVDs) and cancer are not only the leading causes of death in Germany but also leading causes of morbidity and disability. According to estimates from the Institute for Health Metrics and Evaluation (IHME), approximately 1.2 million new cases of CVDs occurred in 2021 in Germany, and almost 13 million people were living with a CVD. This corresponds to an age-standardised incidence rate of 1 283 cases per 100 000 population – about 11 % higher than the EU average. Germany's CVD prevalence rate was slightly higher (by 2 %) than the EU average (Figure 4). As in other EU countries, estimated CVD incidence and prevalence rates in Germany are much greater among men than women (49 % higher for new cases and 31 % higher in prevalent cases in 2021). Ischaemic heart disease is the most frequent CVD, with an estimated 441 000 new cases each year in Germany, representing 36 % of all new CVD cases.

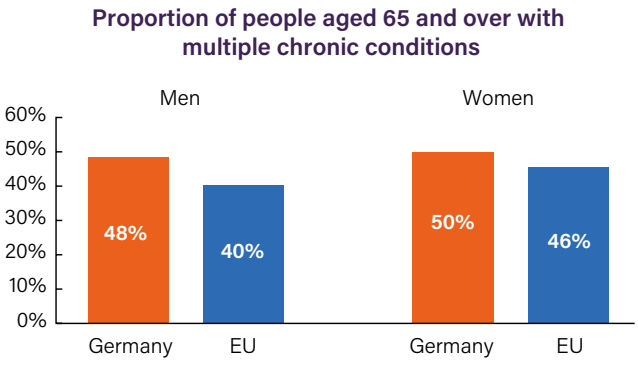
Figure 2. Cardiovascular diseases alone are responsible for one third of all deaths in Germany

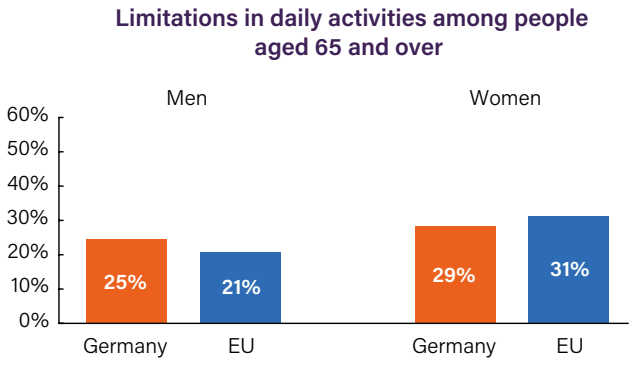


Note: IHD = ischaemic heart diseases; COPD = chronic obstructive pulmonary disease.
Source: Eurostat (hlth_cd_aro); data refer to 2023.

Figure 3. Over a quarter of Germans over the age of 65 report limitations in daily activities







Source: Eurostat for healthy life years (tespm120, tespm130) and SHARE survey (for chronic conditions and limitations in daily activities); data refer to 2022 and 2021-22, respectively.

Figure 4. About one in seven people were living with a cardiovascular disease in Germany in 2021

1.2 MILLION
New cases in 2021
Incidence rate (age-standardised), 1 283 per 100 000 population (1 157 in the EU)

12.7 MILLION
Living with the condition in 2021
Prevalence rate (age-standardised), 13 207 per 100 000 population (12 965 in the EU)

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

There were over half a million estimated new cases of cancer in 2022

About 530 000 new cases of cancer were expected to be diagnosed in Germany in 2022, and almost 4.9 million people were living with the condition in 2020 according to European Cancer Information System (ECIS) estimates (Figure 5). Compared to the EU average, the age-standardised incidence rate of cancer in Germany is around 3 % lower than the EU average, while prevalence is 11 % higher. This prevalence rate highlights the importance of focusing on the quality of life of cancer patients, as more people have a history of the disease and are living longer with it (OECD/European Commission, 2025). In 2022, men were estimated to have a cancer incidence rate that is 14 % higher than women.

The main cancer sites for new diagnoses among men in 2022 were estimated to affect the prostate, lungs and colorectum, while for women the leading cancer sites were breast, colorectum and lung. Population ageing is estimated to drive a 15 % rise in cancer incidence in Germany between 2022 and 2040, according to the ECIS.

Figure 5. Approximately one in seventeen people were living with cancer in Germany in 2020

529 955
New cases in 2022
Incidence rate (age-standardised), 557 per 100 000 population (572 in the EU)

4.9 MILLION
Living with the condition in 2020
Prevalence rate (age-standardised), 5 290 per 100 000 population (4 767 in the EU)

Notes: These are estimates that may differ from national data. Cancer incidence 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 in Germany

According to estimates from IHME, about 259 000 deaths in Germany in 2021 could be attributed to behavioural risk factors, such as tobacco smoking, alcohol consumption, dietary risks and low physical activity. Another 31 000 deaths could 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 26 % of all deaths in the country in 2021 – similar to the EU average (25 %).

Smoking and alcohol consumption have decreased among adults, but are increasing among adolescents

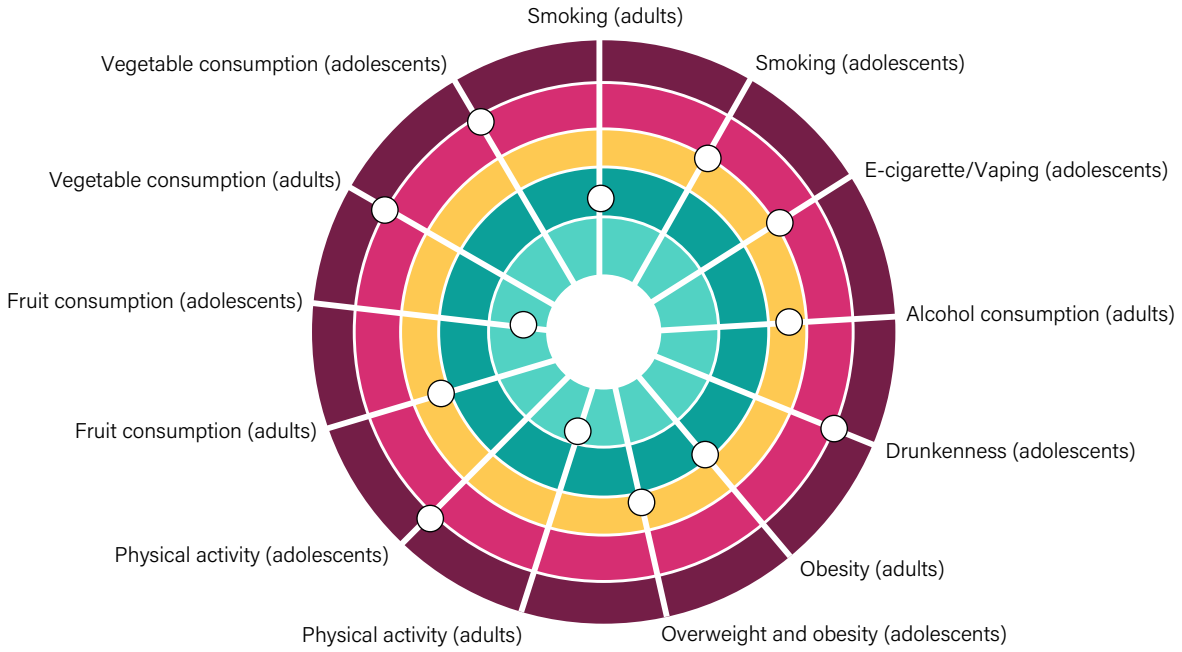
The share of adults smoking daily in Germany has fallen over the past decade – from 21 % in 2013 to 15 % in 2021, which is below the EU average of 19 % (Figure 6). As in other countries, German men still smoke more than women, but the gender gap has decreased since 2013. However, cigarette smoking among 15-year-olds has increased in recent years: 15 % reported that they had smoked in the last month in 2018, rising to 17 % in 2022, equal to the EU average. Moreover, electronic cigarettes and vaping have increased in popularity among adolescents, with 23 % of 15-year-olds reporting that they had used these products at least once over the last month in 2022 (see also Section 5.1).

Alcohol consumption among German adults has decreased steadily since 2000, remaining slightly higher than the EU average in 2022. The proportion of 15-year-olds who reported having been drunk more than once in their life exhibits a more concerning trend, with an increase from 25 % in 2014 to 31 % in 2022 – much higher than the EU average of 23 %.

Obesity rates among adults in Germany are higher than the EU average, while overweight and obesity rates among adolescents keep rising

One in six adults (17 %) in Germany were obese in 2022 – a higher share than the EU average (15 %). According to more recent national data from 2023, almost one fifth of women and men (around 19 % each) are affected by obesity (Starker et al., 2025). Among adolescents, the overweight and obesity

Figure 6. Germany faces several challenges in addressing behavioural risk factors



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; Eurostat based on EU-SILC and OECD Data Explorer for adults indicators (2022 or nearest available year) except for adult smoking (Microsensus 2021).

rate among 15-year-olds reached 21 % in 2022 – on a par with the EU average. However, as in other EU countries, this share has been rising in the past few decades, almost doubling from 11 % in 2002.

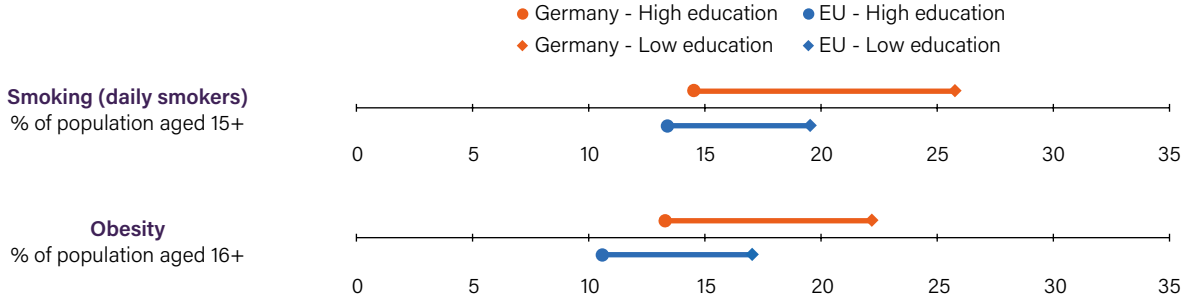
Poor nutrition is one of the main drivers of these rising trends in overweight and obesity. Only around 56 % of Germans consumed fruit daily (a lower share than the EU average of 61 %), while less than half (46 %) ate vegetables every day (also lower than the 60 % EU average) in 2022. Among 15-year-olds, over 70 % did not consume vegetables every day, and over 60 % reported not eating fruit daily in 2022.

Only 12 % of adolescents reported doing at least 60 minutes of physical activity each day in 2022 – a lower proportion than the EU average (15 %). Boys (16 %) were twice as likely to exercise daily as girls (8 %). Among adults, less than half (48 %) engaged in physical activity at least 150 minutes per week in 2019 as recommended by WHO, although this proportion was greater than the EU average (32 %). Germany has been operating the National Action Plan "IN FORM", an initiative to promote healthy diets and physical activity, since 2008.

Socioeconomic inequalities in behavioural risk factors are larger in Germany than on average across the EU

As in other countries, many behavioural risk factors in Germany are more common among people with lower education levels. In 2019, over one in four adults (26 %) with lower education levels smoked daily, compared to about one in seven (15 %) among those with higher education levels (Figure 7). People with lower education levels were also almost 70 % more likely to be obese. These educational gaps in smoking and obesity are considerably larger than the EU averages.

Figure 7. People with lower education levels are more likely to smoke and be obese than the more highly educated



Notes: Low education is defined as the population with no more than lower secondary education (ISCED levels 0-2), whereas high education is the population with tertiary education (ISCED levels 5-8).
Sources: Eurostat based on EHIS 2019 (hlth_ehis_sk1e) for smoking and EU-SILC 2022 for obesity (ilc_hch10).

4 The health system

Germany provides universal health coverage through social and private health insurance

Health insurance is mandatory for all residents in Germany, either in the statutory health insurance (SHI) system or with substitutive private health insurance (PHI). SHI forms the cornerstone of coverage, but employees with an annual income of EUR 73 800 or higher, self-employed people and civil servants can either stay in the SHI scheme or opt for PHI. This unique co-existence of SHI and PHI makes health coverage almost universal. In 2024, an estimated 89.0 % of the population was covered by SHI and 10.4 % by substitutive PHI. The rest was covered by some other form of health insurance, leaving only around 0.1 % uninsured. Although the system ensures almost universal coverage, people who lose coverage due to changes in their employment status or self-employed people with low incomes may face challenges (re)entering the system or may struggle to afford SHI contributions or PHI premiums (WHO Regional Office for Europe, 2025).

Health system organisation is based on self-governance

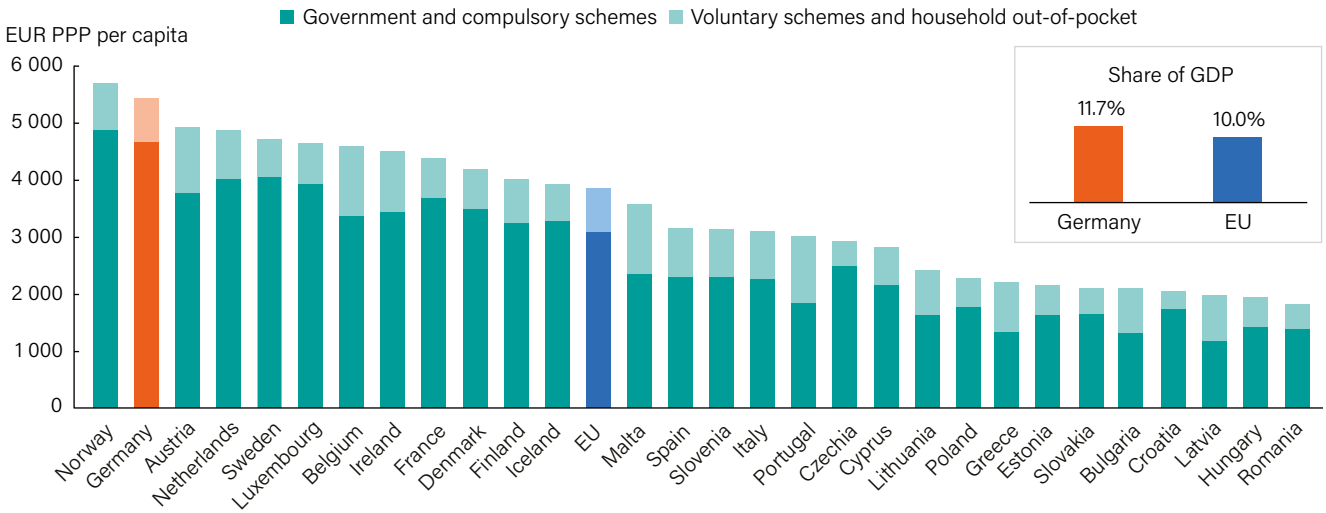
Governance of Germany's health system is complex and decentralised. The multi-payer SHI model is based on 96 sickness funds and is financed through wage-related contributions shared between employees and employers, along with federal subsidies. Primary and secondary care are delivered by a mix of public and private providers in outpatient settings, while hospitals provide inpatient care. Outpatient care is usually delivered in physician-led practices.

The Federal Ministry of Health sets the broad legal framework while the 16 federal states (*Länder*) manage hospital planning and public health services and supervise regional associations of sickness funds and outpatient care providers. The Federal Joint Committee specifies regulatory details and issues directives, such as fees and guidelines for service provision. It consists of self-governing bodies such as the National Association of Statutory Health Insurance Funds and the National Association of Statutory Health Insurance Physicians.

The relatively high spending on health in Germany enables good coverage of benefits

In 2023, Germany's health spending amounted to 11.7 % of GDP, surpassing the EU average of 10.0 %. German health expenditure per capita is the highest among EU Member States, reaching EUR 5 414 in 2023 (adjusted for differences in purchasing power) (Figure 8). Germany's comparatively high level of health spending is reflected in the generous benefits package and robust healthcare infrastructure, although there are some challenges in achieving health system efficiency (see Section 5.3).

Figure 8. Germany's health spending is the highest among EU countries



Notes: PPP = purchasing power parity. The EU average is weighted (calculated by the OECD).
Sources: OECD Data Explorer (DF_SHA); Eurostat (demo_gind); data refer to 2023.

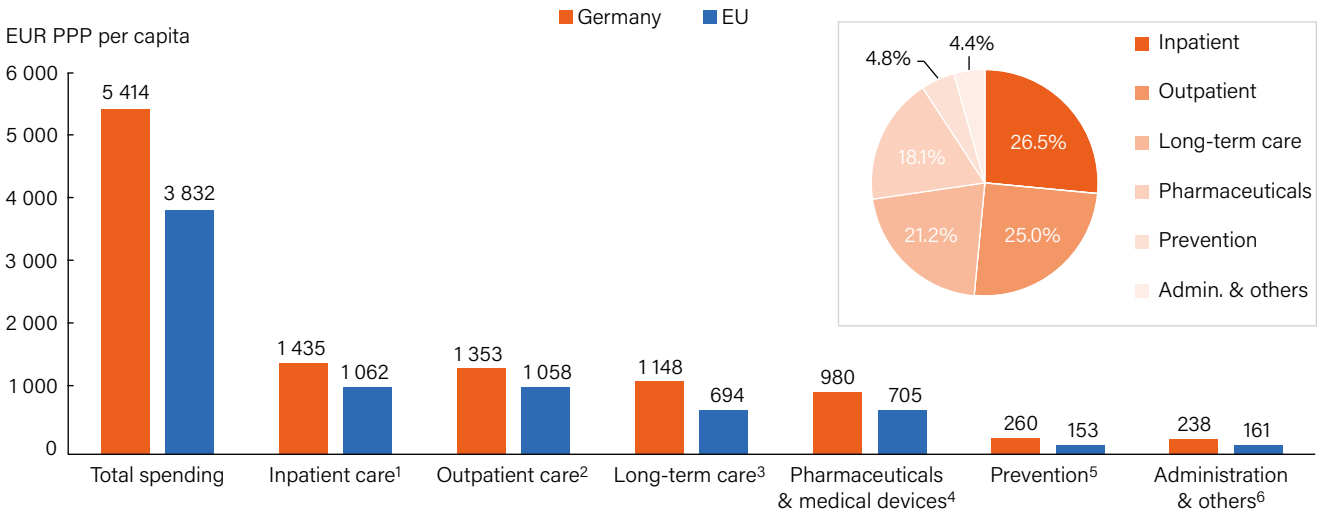
Health is mainly financed through public sources

Public funding remains the largest share of current health expenditure, reaching 86 % in 2023, above the EU average of 80 %. Public sources include contributions from SHI, substitutive PHI, tax subsidies and other public funding channels. Out-of-pocket (OOP) payments accounted for 11 % of health expenditure – considerably below the EU average (16 %). Patients typically incur OOP payments through cost-sharing for prescription medicines, certain dental services or direct payments for services not fully covered by SHI. Voluntary or complementary private insurance makes up 3 % of health spending. Those who can afford it buy additional PHI to cover private rooms in hospitals or better dental coverage.

One quarter of health spending in Germany goes on outpatient care

Breakdowns by function show that inpatient and outpatient care together comprise more than half of the country's current health expenditure (Figure 9). In 2023, the largest share of health spending went on inpatient services (27 %), but this was closely followed by outpatient care (25 %), while long-term care accounted for 21 %, which is higher than the EU average (18 %). Expenditure on pharmaceuticals and medical devices was equal to the EU average at 18 %. Germany spent 5 % on prevention in 2023, above the EU average (4 %), representing the highest per capita investment among EU countries.

Figure 9. Germany's per capita spending on prevention is the highest in the EU



Notes: 1. Includes curative-rehabilitative care in hospital and other settings; 2. Includes home care and ancillary services (e.g. patient transportation); 3. Includes only the health component; 4. Includes only the outpatient market; 5. Includes only spending for organised prevention programmes; 6. Includes health system governance and administration and other spending. The EU average is weighted (calculated by the OECD).
Source: OECD Data Explorer (DF_SHA); data refer to 2023.

The number of physicians is growing, but there is a low proportion of general practitioners

Despite health workforce shortages in some regions of Germany, the number of physicians and nurses remains high compared to other EU countries. In 2023, the overall physician density was 4.7 per 1 000 population – up from earlier years, with a clear emphasis on hospital-based physicians. Data from the Federal Chamber of Physicians (2024) show that part of this growth is fuelled by the rising number of foreign trained doctors practising in the country, which has almost doubled since 2014 and stood at close to 64 000 doctors in 2023, about 12 % of the medical workforce (Federal Chamber of Physicians, 2024).

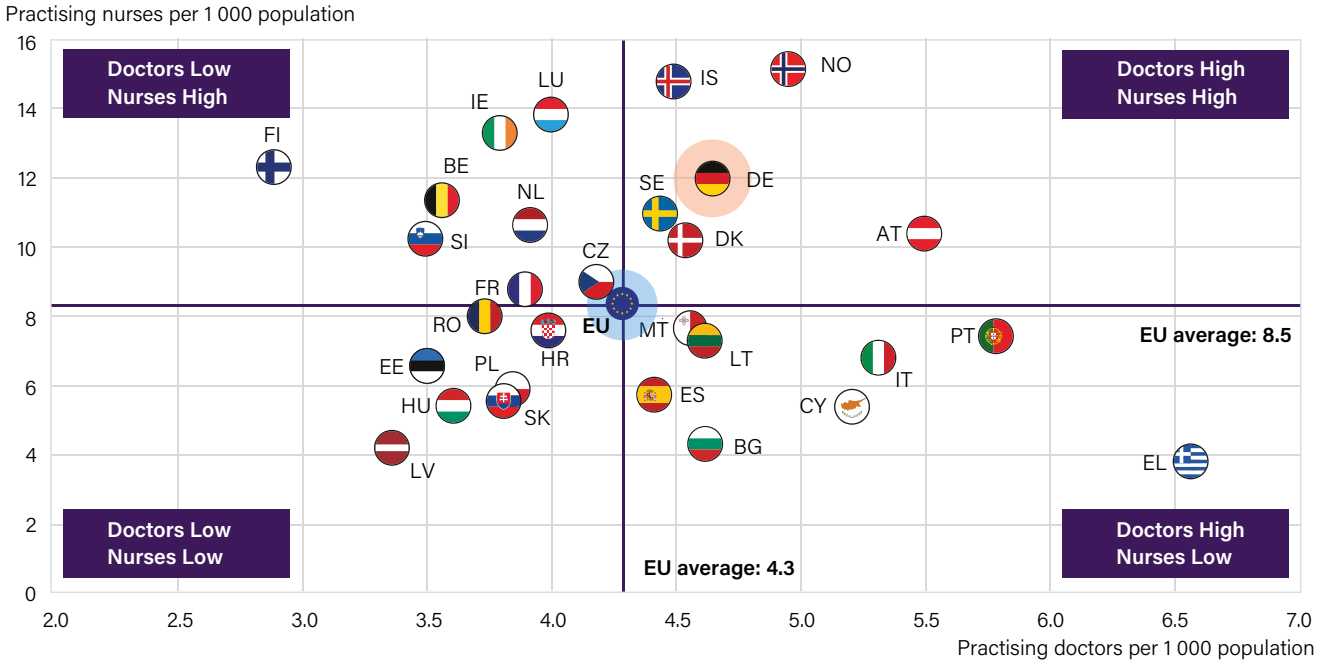
General practitioners (GPs) made up approximately 16 % of all physicians in 2023, which is lower than the 20 % average among the 24 EU countries with available data. While this reflects Germany's traditional orientation towards outpatient specialty care, it also underlines concerns about ensuring adequate primary care capacity, especially in rural areas. GP care is being strengthened by a new policy of "de-budgeting" that reimburses all general GP services from October 2025 onwards – including home visits – in full, without reductions.[1] This means that GPs who continue to provide care in rural areas, for example, will receive additional lump-sum payments. The policy is intended to guarantee GP care and make practising medicine within primary care settings more attractive.

Strengthening the nursing workforce has been on the political agenda over the last few years

The number of nurses in Germany also has seen steady growth. In 2023, Germany had 12.3 nurses per 1 000 population – well above the EU average of 8.5 per 1 000 (Figure 10). Nevertheless, there are shortages in hospitals and long-term care facilities. In hospitals, the nurse-to-bed ratio remains relatively low, partly because of the country's historically high bed capacity. Policymakers have introduced measures to improve nurse staffing levels – for example, by separating nursing costs from diagnosis-related group hospital payments, and enforcing minimum nursing staff regulations for certain wards. These interventions aim to secure better working conditions and safeguard care quality, especially in higher-intensity hospital settings.

[1] Reductions in doctor's service fees are usually applied when a physician submits a higher-than-average number of services for reimbursement. In the case of GP services, these are no longer applied.

Figure 10. Germany has comparatively high numbers of nurses and physicians for its population



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 practise, 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 hospitals.
Source: OECD Data Explorer (DF_PHYS, DF_NURSE); data refer to 2023 or nearest available year.

5 Performance of the health system

5.1 Effectiveness

Avoidable mortality rates signal challenges in prevention and early detection

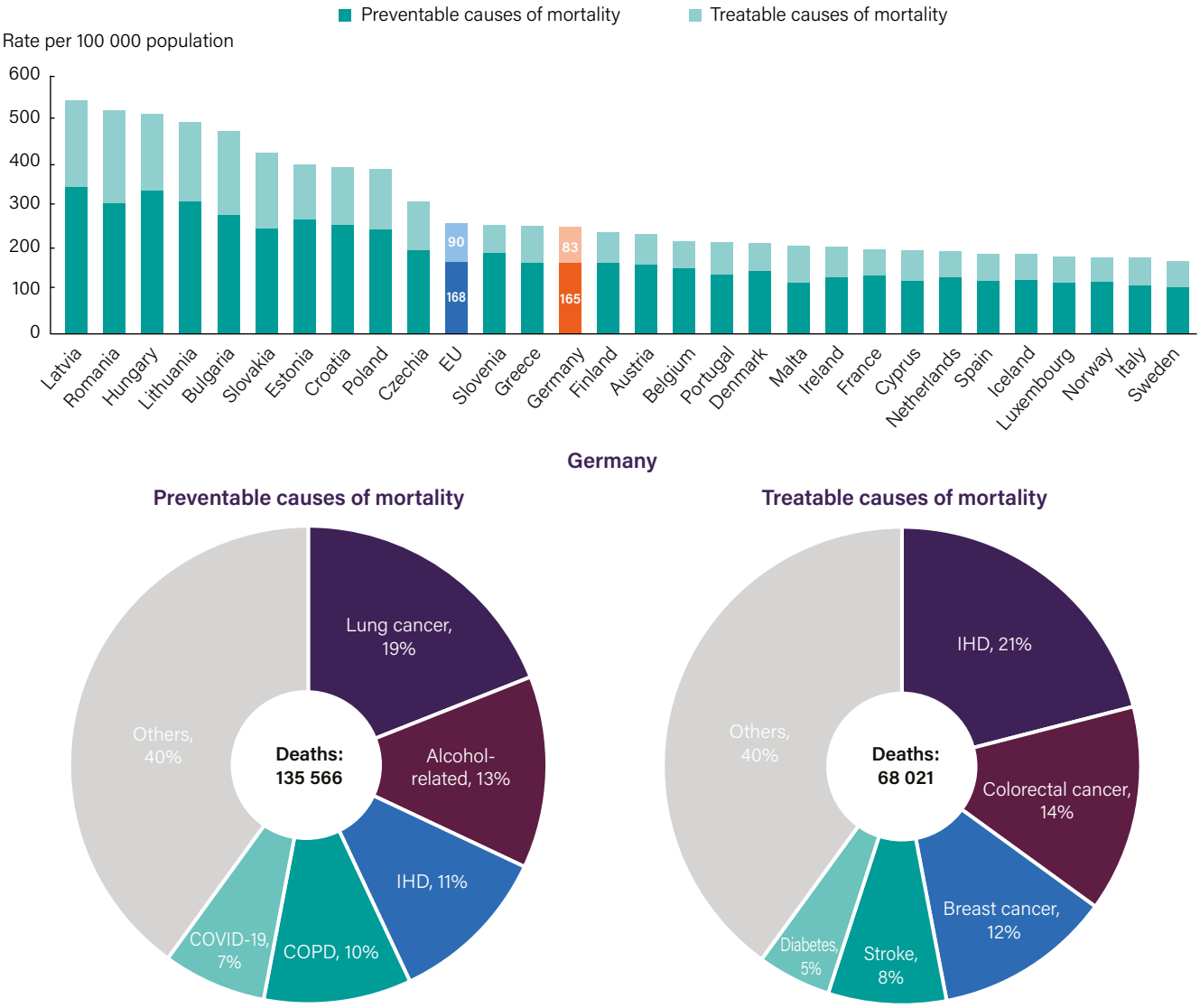
Germany had a slightly lower rate of premature deaths deemed to be preventable and/or treatable than the EU average in 2022, at 248 per 100 000 population compared to 258 per 100 000 across the EU. Preventable mortality – deaths that can mainly be avoided through effective public health and primary prevention policies – is slightly below the EU average, at 165 deaths per 100 000 population in 2022 (Figure 11). The preventable mortality rate had been on an uneven and slight downward trend since 2012. However, it increased significantly in 2020 and 2021 due to the impact of COVID-19 deaths, which are classified as preventable, but this increase was not as large as the average across the EU. The three most common preventable causes of death are lung cancer (19 %), alcohol-related diseases (13 %) and ischaemic heart disease (11 %), highlighting the need for action in tackling the main behavioural risk factors that contribute to these premature deaths, such as smoking and eating habits (Box 1; see also Section 3).

Since 2012, mortality from treatable causes that could be avoided through timely healthcare interventions has remained relatively stable. It was 83 per 100 000 population in 2022 – below the EU average (90 per 100 000). Among the treatable causes of death, ischaemic heart disease dominates (21 %), followed by colorectal cancer (14 %) and breast cancer (12 %). Current initiatives promoting better integrated care and the reorganisation of patient pathways will contribute to keeping treatable mortality rates in check.

Germany is expanding cancer screening and early detection

Germany has implemented and expanded population-based national screening programmes for breast, colorectal and cervical cancer in line with EU guidelines. For breast cancer, the participation rate in the mammography screening programme was 52 % in 2023 among women aged 50-69; the upper age limit was extended to 75 in July 2024. Colorectal cancer screening, offered as an organised screening programme since 2019, showed a 55 % self-reported participation rate (among those aged 50-74) in 2019, while programme data indicate 17 % for stool testing and 15 % for colonoscopy over a 10-year period. Cervical cancer screening, launched in 2020 as an organised screening programme, offers annual cytology for women aged 20-34 and combined testing of human papillomavirus (HPV) and cytology (pap smear) every three years for those aged 35 and over. Participation in combined testing was 9 % in 2021 and 5 % in 2022. The low take-up rate is probably a result of the revised programme's recent introduction.

Figure 11. Avoidable mortality in Germany is slightly lower than the EU average



Notes: 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 from some diseases (e.g. ischaemic heart disease (IHD), 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.
Source: Eurostat (hlth_cd_apr); data refer to 2022.

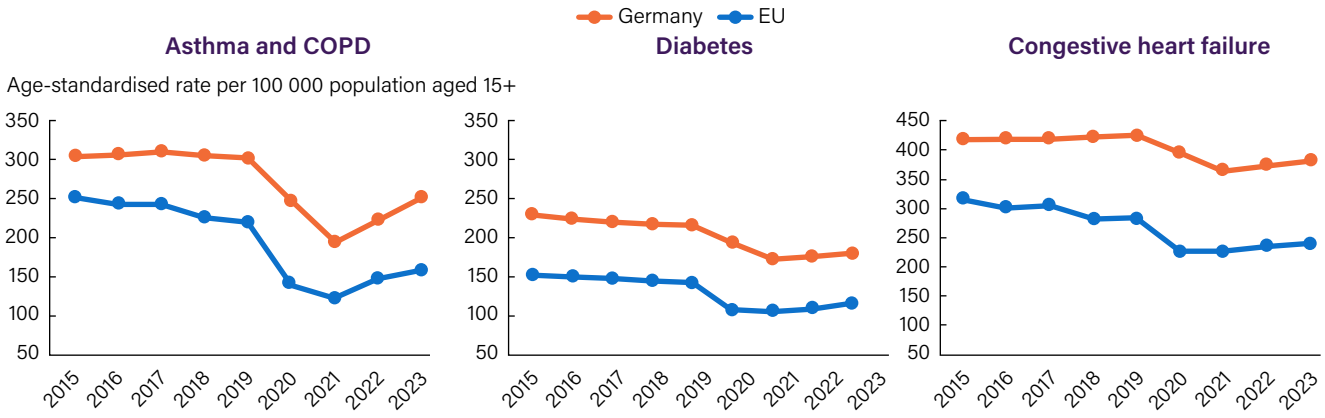
A national lung cancer screening programme for high-risk groups aged 50-75 is in preparation, with a regulatory framework adopted in 2024. These initiatives are closely aligned with the Europe's Beating Cancer Plan, and are supported by Germany's National Cancer Plan and National Decade Against Cancer, both of which aim to further develop

Box 1. A gradual approach has been taken to reduce risk factors, with gaps remaining in tackling tobacco and youth nutrition

Germany has introduced various national and federal policies to tackle behavioural risk factors, but has historically lagged behind other EU countries in tobacco control. A phased outdoor advertising ban began with conventional cigarettes in 2022, extending to heated tobacco in 2023 and e-cigarettes in 2024. Cigarette taxes have steadily risen, with new taxes on e-liquids and heated tobacco added in 2022. However, plain packaging is not yet required. Awareness campaigns and school prevention programmes exist but vary across federal states.

In 2024, Germany launched the Good Food for Germany Strategy to promote plant-based diets, reduce food waste, improve nutrition in schools and childcare facilities, and enhance access to healthy food. It includes free drinking-water in public institutions and nutrition education. Nutri-Score labelling was introduced in 2020, and legislation to limit unhealthy food advertising to children is under discussion. However, there are no financial incentives for healthy food retailers or structured nutrition counselling in healthcare.

Figure 12. Germany has higher rates of avoidable hospital admissions compared to the EU average



Note: Admission rates are not adjusted for differences in disease prevalence across countries.
Source: OECD Data Explorer (DF_HCQO).

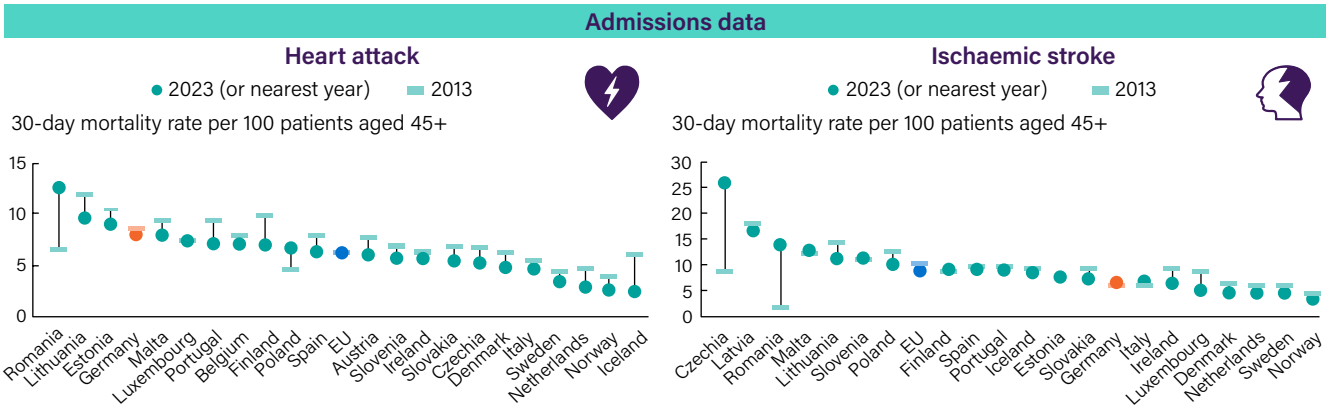
early detection, promote outreach and the use of mobile mammography units, and introduce innovations such as genomic medicine projects, like genomDE (OECD/European Commission, 2025).

Stronger outpatient and integrated care aim to improve avoidable hospitalisation rates

Hospital admissions for asthma, chronic obstructive pulmonary disease, congestive heart failure and diabetes are widely considered avoidable, as these conditions can typically be managed effectively in outpatient care. Germany continues to report the highest rates of avoidable hospital admissions in the EU for a selected set of chronic conditions, with a total of 810 admissions per 100 000 population in 2023. Almost half of these cases were linked to congestive heart failure (47 %), followed by respiratory conditions such as asthma and chronic obstructive pulmonary disease (31 %), and diabetes (22 %). Figure 12 shows that avoidable admission rates in Germany remained consistently higher across all three condition groups throughout the reporting period 2015-23.[2]

These persistently higher avoidable admission rates point to structural challenges in primary and integrated care. One core issue lies in the rigid separation between outpatient (ambulatory) and inpatient (hospital) care, which often leads to unnecessary hospitalisations for conditions that could be managed in community settings. In response, the Government Commission for a Modern and Needs-based Hospital Sector has called for a reorganisation of care pathways. The proposals aim to strengthen outpatient care, improve care coordination, and ensure that patients with manageable chronic conditions are not inappropriately directed to emergency rooms or hospital wards. These reforms are part of broader efforts to shift Germany's health system towards a more integrated needs-based model, with better collaboration between sectors, and clearer responsibilities between primary care providers and hospitals (see Section 5.3). Successful implementation will depend on structural, financial and cultural changes across the health system.

Figure 13. The 30-day hospital mortality rate in Germany is above the EU average for heart attacks, but below for stroke



Note: Figures based on admission data standardised to the age-sex structure of hospitalisations for heart attack and ischaemic stroke.
Source: OECD Data Explorer (DF_HCQO).

[2] The sharp drop in avoidable hospitalisations in 2020 reflects the impact of the COVID-19 pandemic, when hospitals restricted non-urgent admissions, and patients delayed or avoided care, altering the usual patterns of health service utilisation.

Germany performs comparatively well in stroke care, but there is room for improvement in the quality of hospital care for heart attacks

In 2023, Germany had a 30-day hospital mortality rate of 8 deaths per 100 patients due to heart attacks, which is higher than the EU average and the rate in many other European countries (Figure 13). While many countries have significantly reduced their mortality rates since 2011, Germany's decline has been minimal. In contrast, Germany's ischaemic stroke 30-day hospital mortality rate of 7 per 100 patients is below the EU average, placing it among the better-performing countries. This suggests the presence of effective acute care structures, such as specialised stroke units and standardised treatment pathways. Nevertheless, countries such as Norway, the Netherlands and Denmark demonstrate that even lower mortality rates can be achieved through further quality improvements.

5.2 Accessibility

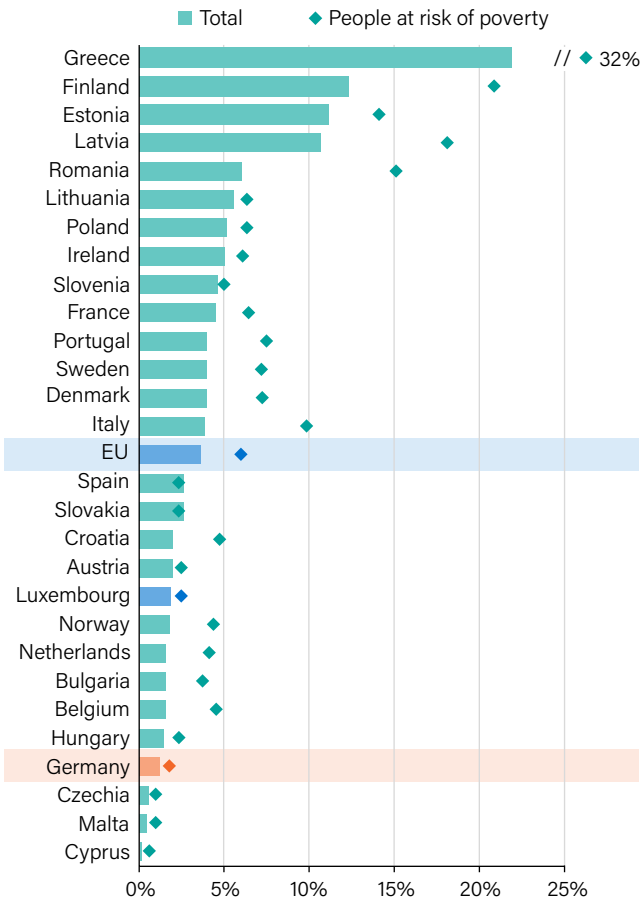
Self-reported unmet needs for medical care are lower in Germany than in most other EU countries

According to the EU-SILC survey, 1.2 % of Germans who needed medical care reported that they experienced unmet needs for a medical examination due to costs, travel distance or waiting time in 2024. This share is lower than in most other countries and below the EU average (3.6 %). The rates are only slightly higher among those at risk of poverty: 1.7 % of individuals in this income group who expressed a need for medical care reported forgoing the care they needed, compared to 6.0 % across the EU (Figure 14). A similar picture emerges for unmet needs for dental examination. In 2024, 0.9 % of Germans with dental care needs reported having unmet needs for a dental examination, which is the second lowest share in the EU and also below the EU average (6.3 %). For Germans at risk of poverty, the share of unmet dental care needs was 2.0 % – significantly below the average (13.6 %) across the EU.

Unmet needs for mental healthcare increased during and beyond the COVID-19 pandemic

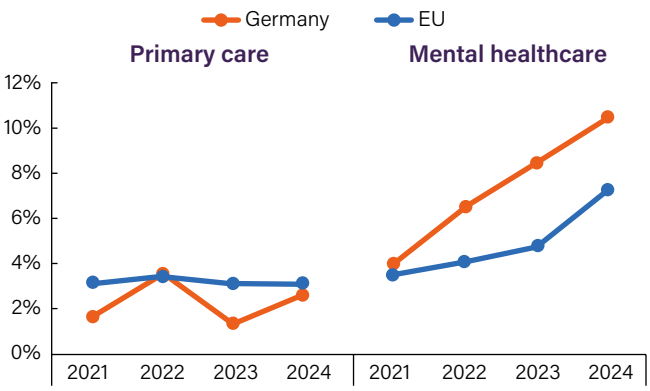
Despite the relatively low reported unmet needs for a medical examination in the EU-SILC survey, the picture is more nuanced when looking at specific areas of care. According to the 2025 Eurofound Living and Working in the EU Survey,[3] unmet needs for mental healthcare in Germany increased continuously between 2021 and 2024, remaining well above the EU average. In 2024, 10 % of adults reported unmet needs for mental healthcare, an increase compared to 4 % in 2021 (Figure 15), which highlights the potential longer-term effects of the COVID-19 pandemic, along with other social, economic and psychological stresses. A limited number of psychotherapists in the outpatient sector are available to meet the growing demand for mental health services (Federal Chamber of Psychotherapists, 2023).

Figure 14. Germans at risk of poverty report only a slightly higher level of unmet needs for medical examination



Notes: The EU average is weighted. Data refer only to individuals who reported having medical 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 (hlth_silc_08b); data refer to 2024.

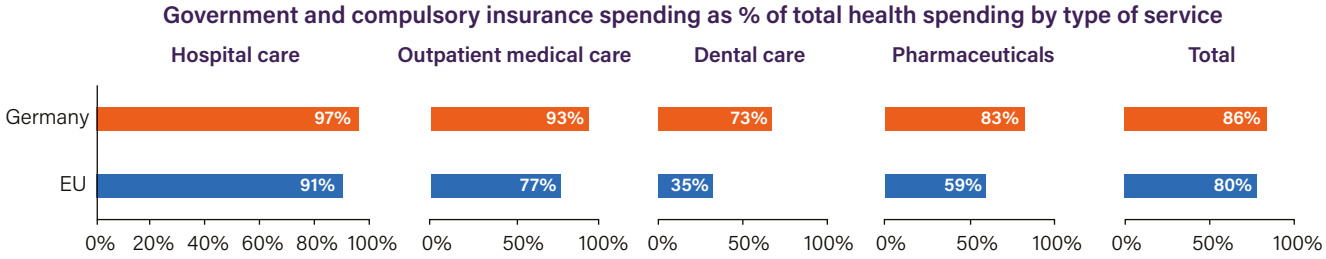
Figure 15. Unmet needs for mental healthcare in Germany are above the EU average, while those for primary care are still below



Note: Primary care includes access to a GP/family doctor or a health centre.
Source: Eurofound's Living and Working in the EU survey (2025).

[3] The data from the Eurofound survey are not comparable to those from the EU-SILC survey because of differences in methodologies.

Figure 16. Public spending across all care areas in Germany exceeds the EU averages



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 and medical non-durables. The EU average is weighted.
Source: OECD Data Explorer (DF_SHA); data refer to 2023.

On the other hand, the share of the adult population reporting unmet needs for primary care in the previous 12 months slightly decreased during the COVID-19 pandemic: from 2 % in 2021 to 1 % in 2023. Although the rate increased again to 3 % in 2024, it remained below the peak in 2022.

High public spending across care areas reflects a relatively generous benefits package

The SHI benefits package is comprehensive and relatively generous, as reflected in the high level of public spending across various care areas (Figure 16). In 2023, Germany's public coverage of dental care spending (73 %) was more than twice the EU average (35 %). Public coverage of pharmaceuticals and medical non-durables spending was also significantly higher in Germany than the EU average.

Long-term care and pharmaceuticals are the main drivers of out-of-pocket payments

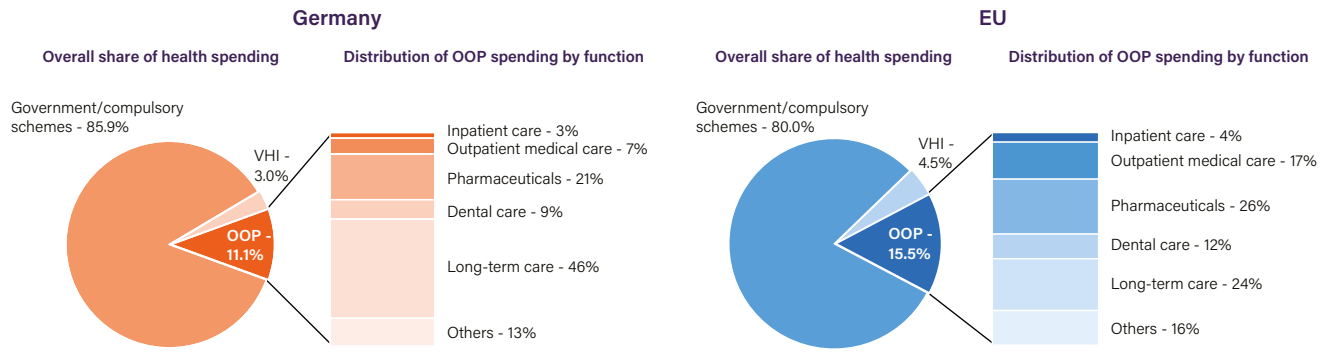
In 2023, OOP payments accounted for 11 % of total health spending in Germany, which was less than the EU average of 16 %. The largest share of OOP spending was on long-term care (46 %) followed by pharmaceuticals (21 %) (Figure 17).

User charges are in place for several health services. Patients pay a percentage copayment for outpatient prescribed medicines and medical products, and reference pricing is also applied to outpatient prescribed medicines (see Section 6). Dental care – such as dentures and selected other treatments – requires a percentage copayment, and patients also pay the difference if a dentist charges more than the reimbursable rate. Additionally, there is a fixed copayment for inpatient care and emergency transport. Children under 18 are exempt from all copayments, while individuals with low incomes or those receiving social welfare are only exempt from copayments for covered dental care treatments. Although there is an income-based cap on all copayments, which is reduced for people with chronic conditions, people must apply to qualify for this cap, which may limit its uptake (WHO Regional Office for Europe, 2025).

Good access to emergency care is indicated by short driving times

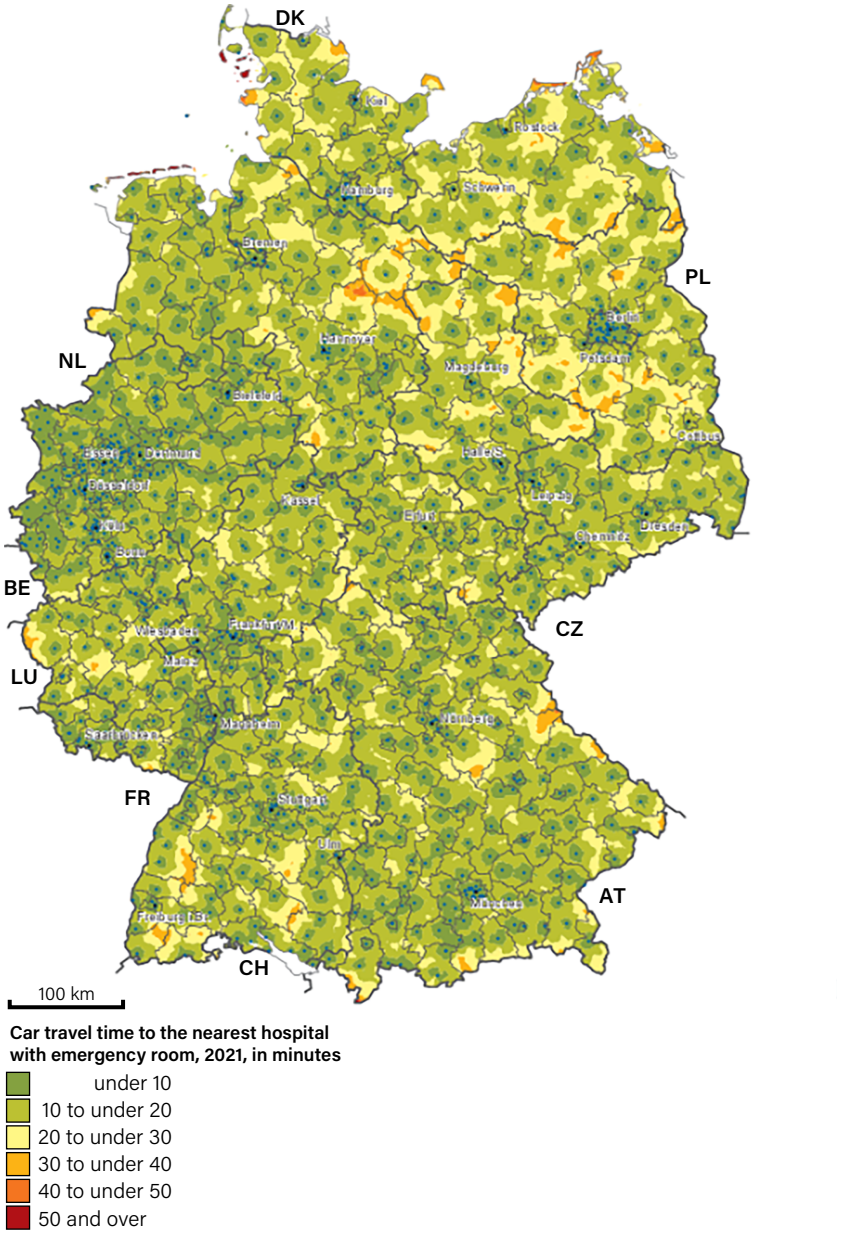
Although almost 15 % of the German population cannot reach an emergency room within 15 minutes by car, this rate falls to only 0.4 % for those who live more than 30 minutes away, meaning that access within 30 minutes by car is possible almost anywhere in Germany. Figure 18 shows that emergency rooms are more accessible in urban areas than in rural regions, with quite wide variation between some regions and municipalities.

Figure 17. The share of out-of-pocket payments in Germany is below the EU average



Notes: VHI refers to voluntary health insurance, which also includes other voluntary prepayment schemes. The EU average is weighted.
Source: OECD Data Explorer (DF_SHA); data refer to 2023.

Figure 18. Most people in Germany can reach an emergency room in less than 15 minutes by car



Source: Busse et al. (2024).

5.3 Resilience

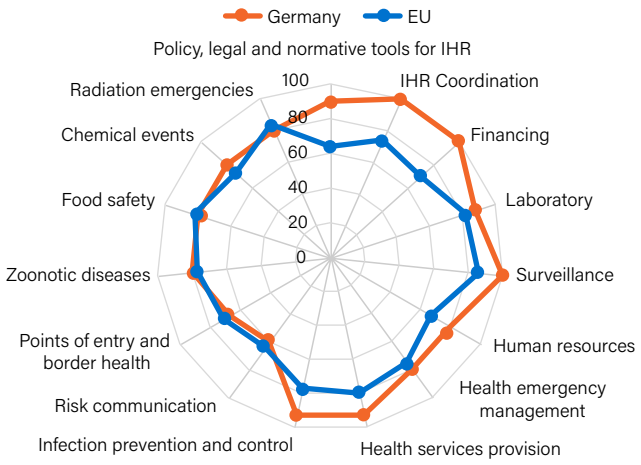
Health system resilience – the ability to prepare for, manage (absorb, adapt and transform) and learn from shocks and structural changes – has become central to policy agendas. Key priorities include easing pressures on service delivery, strengthening health infrastructure and workforce capacity, adapting crisis preparedness strategies, supporting digital innovation, and safeguarding long-term sustainability.

Germany demonstrates robust preparedness for public health emergencies

The International Health Regulations (IHR) States Parties Self-Assessment Annual Report (SPAR) measures a country's self-assessed public health emergency preparedness across multiple technical areas, based on the IHR assessment framework. In 2024, Germany's self-assessed preparedness capacity for public health events indicates an overall score of 85 %, which is significantly higher than the EU average of 75 %.[4] Germany scores higher than the EU average in several critical areas, such as policy, legal and normative tools for IHR; IHR coordination; financing; surveillance; and health service provision. These scores indicate strong institutional frameworks, resource allocation and operational readiness for health emergencies. The country reported weaker capacities in points of entry and border health and risk communication. These gaps are concerning – particularly for managing cross-border health threats and ensuring effective public engagement during crises (Figure 19).

[4] The detailed methodology for producing the percentages can be found at https://www.who.int/publications/i/item/WHO-WHE-CPI-2018.17.

Figure 19. Germany reports strong results across most public health emergency capacities under the International Health Regulations



Notes: Scores represent a composite index aggregating each country's self-assessment across the 15 core capacities defined under the IHR. Values range from 0 (no capacity) to 100 (full capacity). The EU average is unweighted (calculated by the OECD).
Source: WHO IHR SPAR; data refer to 2024.

Hospital bed numbers are among the highest in the EU

Germany's healthcare infrastructure is extensive, with a high density of hospital beds compared to many other EU countries. Germany's stock of all hospital beds has only decreased slightly in recent years and remains well above the EU average, at 7.7 hospital beds per 1 000 population compared to the EU average of 5.1 per 1 000 in 2023, and is second only to Bulgaria. The number of hospital discharges fell significantly during the COVID-19 pandemic – from 25 305 per 100 000 population in 2019 to 21 860 per 100 000 in 2020 – remaining at a similar level until slightly increasing in 2023 (Figure 20). However, the number of hospital discharges is still 40 % higher than the EU average.

Germany's large inpatient sector has been the subject of longstanding debate about efficiency and overcapacity, prompting reforms recommended by the Government Commission for a Modern and Needs-based Hospital Sector.

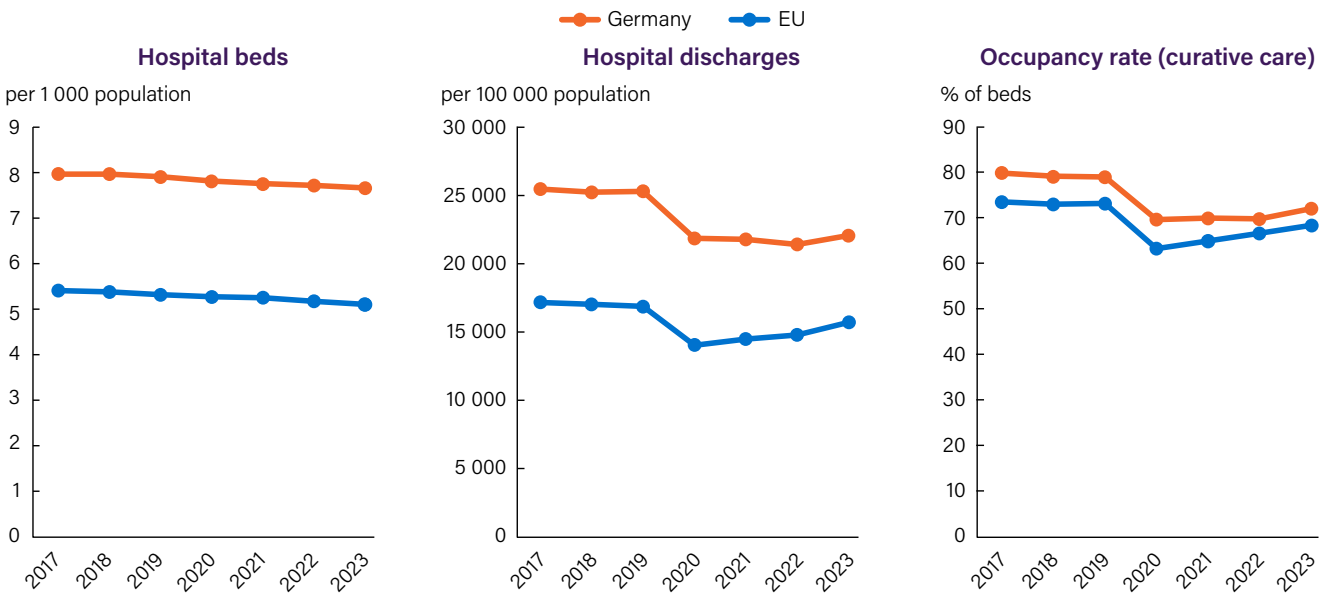
The volume of elective surgical procedures is among the highest in the EU

Germany also shows an above-average level of activity in elective procedures. Both Germany and other countries across the EU experienced a clear decline in these procedures in 2020, coinciding with the onset of the pandemic and the widespread postponement of non-urgent surgery. Germany, however, maintained up to 50 % higher procedure rates throughout the period, and the number rose again strongly by 2022, returning to or exceeding pre-pandemic levels. An exception is inguinal hernia repair surgeries, which increased only modestly from 180 procedures per 100 000 population in 2020 to 188 per 100 000 in 2023 (Figure 21).

Ongoing hospital reforms aim to enhance efficiency

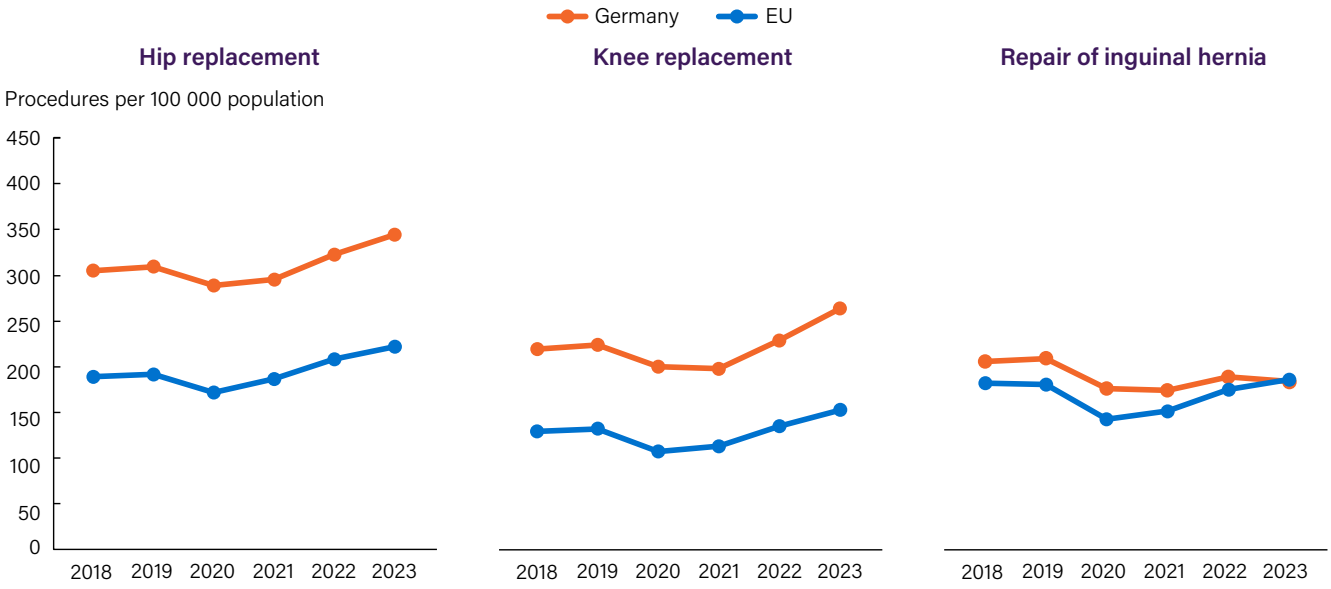
The current hospital reform in Germany aims to make the healthcare system more efficient. The central measure is the introduction of "service groups", which will allow hospitals to plan and specialise more effectively and reduce unnecessary duplication of structures. The federal states will assign these groups based on hospitals meeting requirements on staffing, equipment and clinical departments. These structural changes will be supplemented by a new financing system which, in addition to diagnosis-related group-based payment, will pay hospitals flat fees to cover operational costs. This will provide more reliable, demand-oriented financing, independent of the number of hospital admissions. Another focal point is outpatient treatment. Services previously provided on an inpatient basis will increasingly be provided as outpatient services to conserve resources and strengthen

Figure 20. Hospital capacity and activity in Germany is well above the EU average



Note: The EU average is weighted for hospital beds and hospital discharges (calculated by the OECD).
Sources: Eurostat (hlth_rs_bds1) and OECD Data Explorer (DF_KEY_INDIC).

Figure 21. Elective surgical activity in Germany has mainly overtaken pre-pandemic levels



Note: The EU average is unweighted.
Sources: Eurostat (hlth_co_proc3), OECD Data Explorer (DF_SURG_PROC).

local care. A new hospital model – called intersectoral care facilities – will spearhead this development.

These reforms are supported by a EUR 50 billion transformation fund, in place between 2026 and 2035. Hospitals can request funding to meet requirements relating to the co-operation and concentration of care capacities, such as for mergers, closures and conversions into intersectoral care facilities. The reform measures are currently in the implementation phase (European Observatory on Health Systems and Policies, 2025).

Germany is investing in a resilient and digitalised health system

Public spending and investment in Germany's health sector have significantly increased in recent years, particularly during the response to the COVID-19 pandemic. Both national funding and EU support play key roles in driving these developments (Box 2). A particular focus is on digitalisation of the health system given that Germany's capital investment in information and communications technology (ICT) within the health and social care sector has been fairly stagnant over the last decade. At EUR 1.1 million per 100 000 population in 2023 (in constant 2015 prices), it is significantly below the EU average of EUR 2.3 million per 100 000 population.

The national rollout of the electronic patient file began in 2025

According to an EU survey on use of ICT, the share of the German population searching online for health information increased from 44.8 % in 2018 to 56.8 % in 2024 (Figure 22). Likewise, the share of the population booking medical appointments electronically more than doubled between 2018

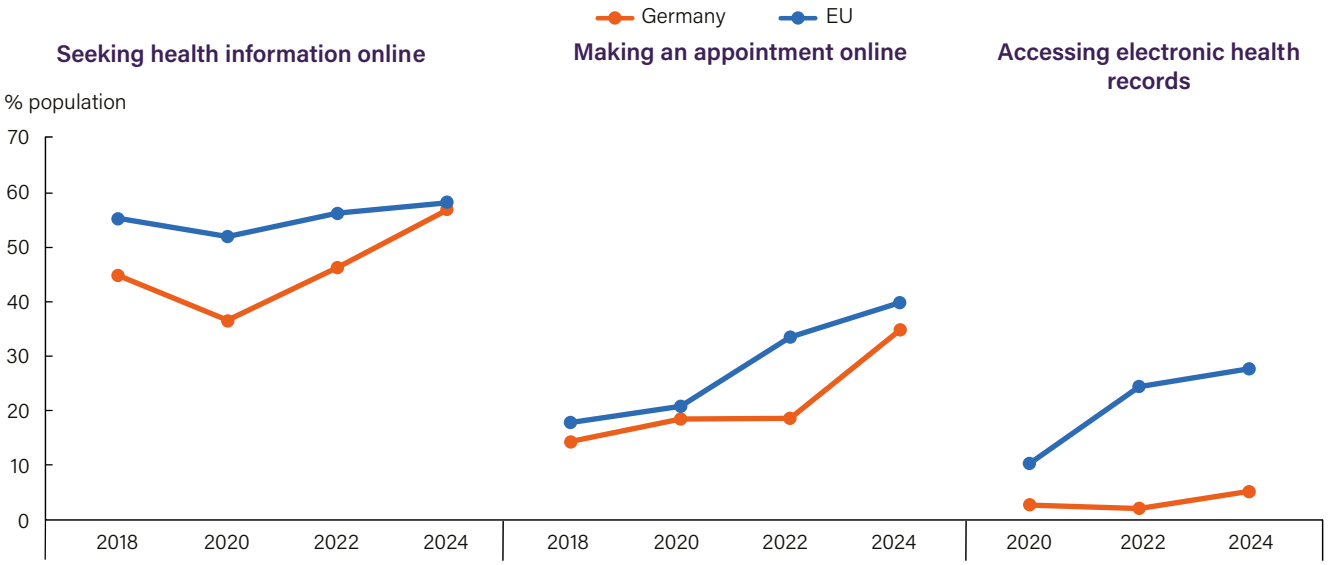
Box 2. EU financial instruments support health system investments

Germany's health sector is receiving around EUR 4.3 billion through the EU's Recovery and Resilience Fund[5]— 14 % of the country's total allocation. Germany's Recovery and Resilience Plan strengthens public health services by rolling out a nationwide IT system for pandemic tracking, aiming to boost healthcare resilience against future health crises. Investments are also intended to future-proof hospitals, improving digital infrastructure, emergency capacities, telemedicine capacities, robotics integration and cybersecurity measures.

Additional support comes from EU Cohesion Policy (2021-27) which dedicates EUR 23 million (EU co-financed share) to healthcare, with key areas of investment in digital health services and applications, active and healthy ageing as well as measures to improve the accessibility, effectiveness and resilience of the healthcare system. Additionally, as of mid-September 2025, under the EU4Health work programmes (2021-25), German beneficiaries received funding via joint actions, action grants and direct grants amounting to just over EUR 130 million. It was mostly dedicated to crisis preparedness (52 %), health systems and healthcare workforce (21 %), and cancer initiatives (18 %).

[5] Recovery and Resilience Fund data are based on the information available as of 20 September 2025; potential future amendments may affect these figures.

Figure 22. The use of online resources for health-related activities has been rising, but still lags behind the EU averages



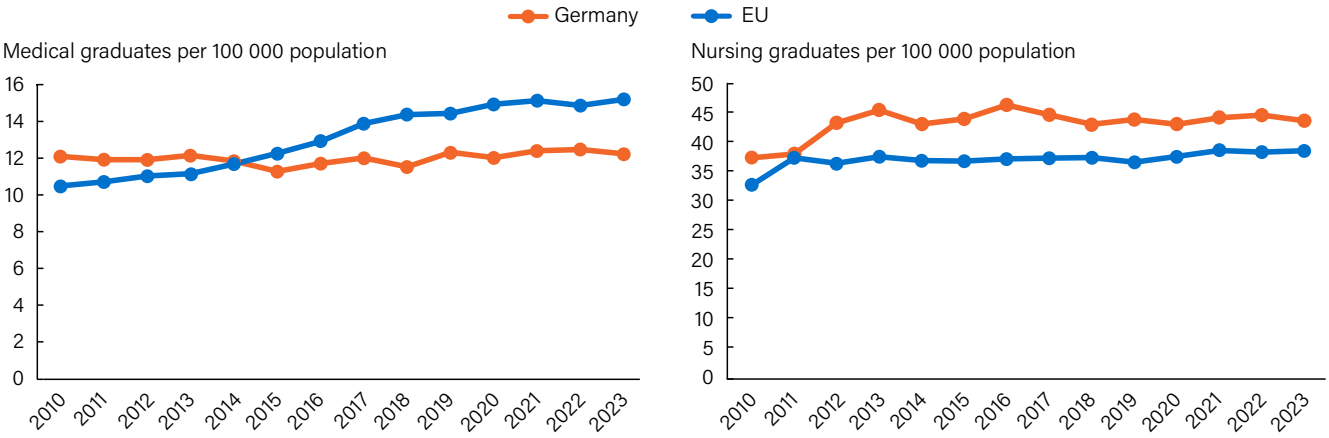
Source: Eurostat (isoc_ci_ac_i).

(14.3 %) and 2024 (34.7 %). Meanwhile, the share of surveyed Germans accessing their health records online increased almost two-fold but from a low base of 2.7 % in 2020 to 5.1 % in 2024. The low level recorded in 2024 reflects the historically slow rollout of electronic patient records, lack of awareness among patients and sluggish participation by doctors. Previously, sickness funds (and private insurers) could choose whether to provide an electronic patient file (ePA) or make individual health records available online. Existing electronic patient records are often still in PDF format, and rarely contain up-to-date information, such as personal data, e-prescriptions and dispensing data. Germany's Digitalisation Strategy for Health and Care, published in 2023, emphasised the need to develop electronic patient records further so that they can be accessed by individuals via a secure health platform. The nationwide rollout of the ePA began in April 2025, making it available to those covered by SHI, initially in selected pilot regions for a trial phase.

Nursing graduate numbers have been consistently high, but remain below expected future demand

The number of medical graduates in Germany has remained relatively stable, fluctuating between 11.3 per 100 000 population in 2015 and 12.2 per 100 000 in 2023. The EU average surpassed the German rate in 2015 and has continued to grow more rapidly. By 2023, the gap between Germany and the EU average was about 3.0 graduates per 100 000 population (Figure 23). The number of medical graduates in a given year largely reflects government decisions made a few years earlier about the number of students admitted to medical schools. It does not indicate how many of the graduates remain in the profession.

Figure 23. Germany has high numbers of nursing graduates but comparatively low numbers of medical graduates



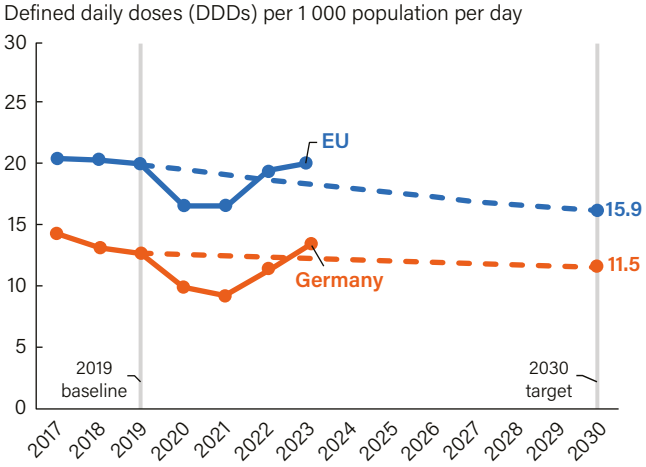
Note: The EU average is weighted (calculated by the OECD). Data include graduates from all nursing programmes, not limited to those meeting the EU Directive for general nurses.
Source: OECD Data Explorer (DF_GRAD).

The number of nursing graduates per 100 000 population in Germany remained well above the EU average over the entire period 2010-23. While the rate was 37.5 per 100 000 in 2010, it rose significantly until 2013, with some fluctuation, before reaching a peak of 46.4 per 100 000 in 2016. Since then, the number has remained at a consistently high level and was around 44 nursing graduates per 100 000 population in 2023 (Figure 23). Although Germany trains an above-average number of nursing graduates compared to the average across the EU, the supply remains below expected future demand, meaning that further measures will be needed to strengthen nursing training and secure a skilled nursing workforce (see Section 4) (Federal Statistical Office, 2025).

The German Antimicrobial Resistance Strategy is needed to achieve the national reduction target for antibiotic consumption

Curbing excessive antibiotic use is critical to addressing antimicrobial resistance (AMR), a priority reinforced by the EU Council's 2030 targets for reducing consumption that were adopted in 2023.[6] As in many other EU countries, total antibiotic consumption (in hospital and the community) in Germany decreased during the COVID-19 pandemic – largely driven by lower infection rates – but rebounded sharply thereafter, reaching 13.3 defined daily doses per 1 000 population per day in 2023 – just above the level in 2019 (Figure 24). On this trajectory, Germany is not progressing towards its national target of reducing total human antibiotic consumption to 11.5 defined daily doses per 1 000 population per day by 2030 – a 9 % decrease from the 2019 baseline. In light of these data, Germany's revision and renewal of its national strategy in 2024 is a positive step towards meeting stewardship targets. The German Antimicrobial Resistance Strategy defines national and international goals to be achieved in the fight against antibiotic resistance, presented in six areas. The Strategy is supplemented by an action plan describing the initial priority measures in each field to achieve set goals.

Figure 24. Consumption of antibiotics in Germany is increasing, but is below the EU average



Notes: 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. For Germany, missing total antibiotic consumption values were estimated by applying the average percentage differential observed between community and total consumption in 2019 and 2023 (the only years for which data were available).
Source: ECDC ESAC-Net.

6 Spotlight on pharmaceuticals

Germany has the highest spending on retail pharmaceuticals in the EU

In 2023, Germany spent EUR 743 per capita on retail pharmaceuticals, which is the highest rate in the EU, and well above the EU average of EUR 510 (adjusted for differences in purchasing power). Retail pharmaceutical spending represents 14 % of total health expenditure in Germany – slightly above the EU average of 13 % (Figure 25). As in most other countries, prescription medicines account for the majority (88 %) of the spending on retail pharmaceuticals in Germany, while over-the-counter medicines and other medical non-durables make up the remaining part. Retail pharmaceutical expenditure only gives a partial picture of pharmaceutical costs in the German health system. It accounted for 83 % of total spending on pharmaceuticals in 2023, while spending on medicines in the hospital sector accounted for the remaining 17 %.

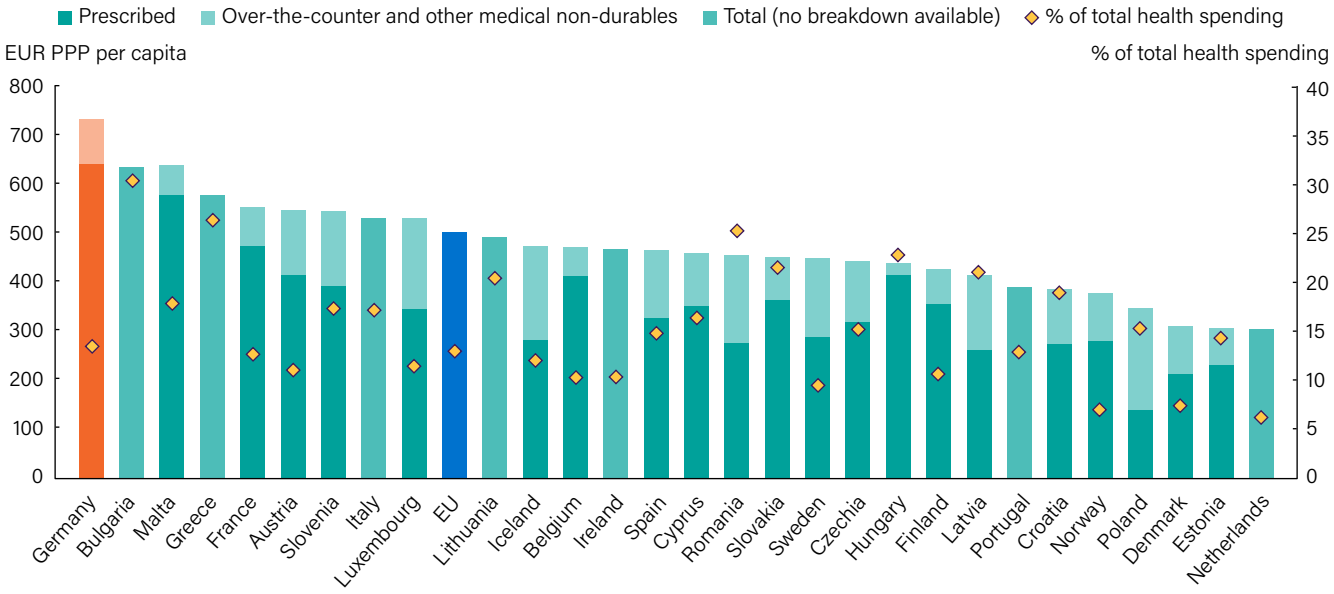
Retail pharmaceutical spending is predominantly financed by government and compulsory schemes

The majority of pharmaceutical expenditure in Germany comes from government and compulsory schemes. In 2023, public funding accounted for 83 % of retail pharmaceutical spending, while 17 % came from OOP payments. Voluntary health insurance plays virtually no funding role (Figure 26).

Germany's SHI scheme applies user charges to outpatient prescribed medicines via a 10 % copayment, with a minimum of EUR 5 and a maximum of EUR 10 per prescription (Chapman, Szklanowska & Lopert, 2023). Reference pricing sets the reimbursable rate for interchangeable medicines, and patients pay the difference for more expensive options (WHO Regional Office for Europe, 2025). Children under 18 are exempt from prescription medicine copayments, while those under 12 also do not pay out of pocket for over-the-counter medicines. Pregnant women are exempt from all copayments,

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

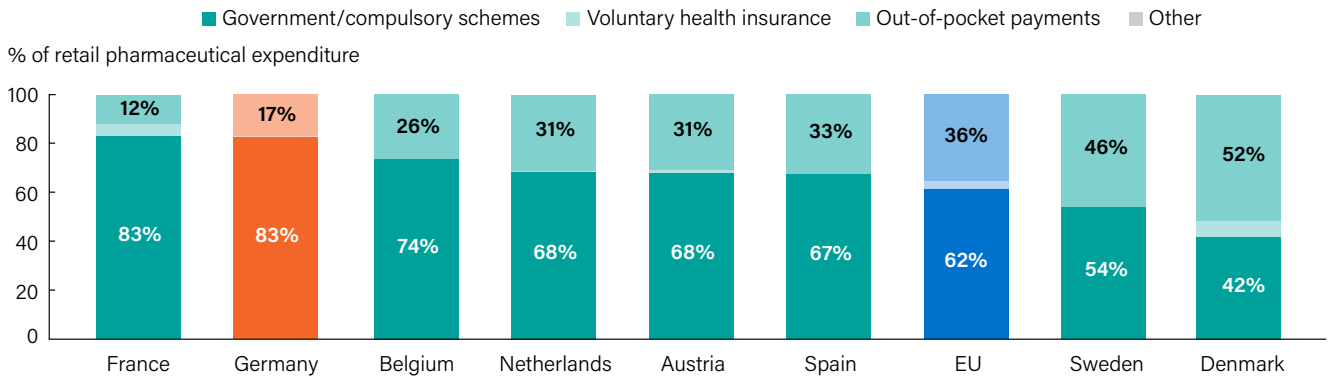
Figure 25. Prescription medicines account for the majority of spending on retail pharmaceuticals in Germany



Note: This figure represents expenditure on pharmaceuticals 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 refer to 2023, except for Norway (2022).

for prescribed outpatient medicines and medical products, but they do have to pay for over-the-counter medications. Furthermore, prescribed medicines priced at least 20 % below their reference group, and outpatient medicines and medical products related to pregnancy and childbirth, are exempt from copayments.

Figure 26. Just over 80 % of expenditure on retail pharmaceuticals is publicly financed in Germany



Note: The EU average is weighted.
Source: OECD Data Explorer (DF_SHA); data refer to 2023, except for Norway (2022).

There is rapid availability of newly approved medicines in Germany

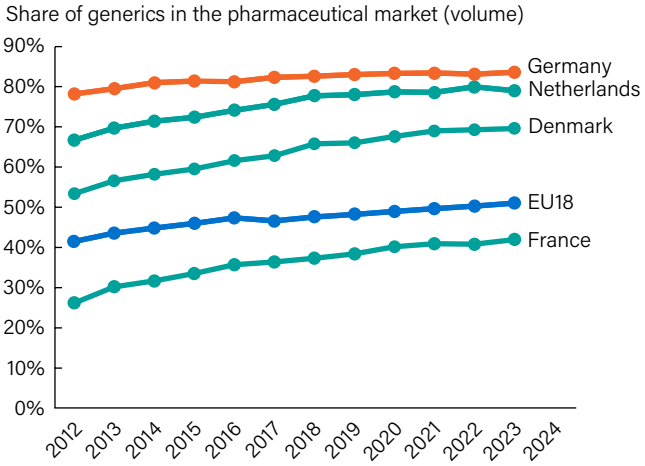
Two of the indicators most commonly used to assess the timelines and breadth of access to new medicines are the average time elapsed between EU marketing authorisation and public reimbursement, and the proportion of centrally-approved medicines available nationally. Both metrics are reported in the European Federation of Pharmaceutical Industries and Associations' Patients WAIT Indicator Survey (Newton et al., 2025). While neither indicator comprehensively captures clinical uptake, prescribing restrictions or patient access in practice, they provide a basis for discussion.

For medicines approved by the EU between 2020 and 2023, Germany had the shortest average time-to-reimbursement in the EU (128 days) – well below the EU average of 578 days. This can be explained in part by the fact that all authorised medicines are reimbursable by default upon market entry in Germany (they may be excluded from coverage later), with companies generally launching products concurrently with their first health technology assessment application (Chapman, Szklanowska & Lopert, 2023). Additionally, as of January 2025, 90 % of authorised medicines had reimbursement coverage in Germany – the highest across all EU countries, and twice as high as the EU average of 43 %.

Germany records the highest use of generic medications in the EU

In 2023, generics accounted for 84 % of the volume of pharmaceuticals covered by third-party payers in Germany. Although this is the highest share in the EU, use of generic medications has stagnated since 2018 (Figure 27). This is partly due to the fact that the generic market is quite saturated, with most off-patent drugs already having generic versions (Hediger et al., 2025). In the same year, generics made up only 29 % of third-party payer expenditure on pharmaceuticals, indicating that generics prices in Germany are relatively low compared to branded alternatives. Data on biosimilars published by IQVIA suggest that there is room to improve biosimilar adoption rates in Germany across several therapeutic categories, including medications prescribed for diabetes, osteoporosis and cancer (Troein et al., 2023).

Figure 27. The share of generics in Germany has stagnated in recent years, but remains well above the EU average



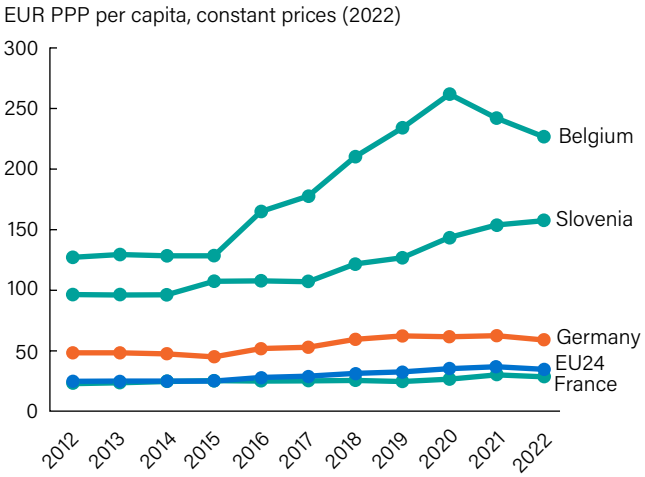
Notes: The EU average is weighted.
Source: OECD Data Explorer (DF_GEN_MRKT).

Germany is a leading pharmaceutical research and development hub in the EU

Germany is home to one of the largest pharmaceutical industries in the world, ranking first in Europe and fourth globally by market size. It accounted for around one third of total pharmaceutical research and development (R&D) spending in the EU in 2022, which corresponds to an estimated EUR 4.9 billion. When adjusted to constant 2022 prices, Germany's R&D per capita investment reached EUR 59 in 2022 – twice as high as the rate in neighbouring France (EUR 29) and the EU average (EUR 35), although still below Belgium and Slovenia, the two countries in the EU that invest most in R&D per capita (Figure 28).

Germany's strong innovation performance is underpinned by a robust research ecosystem that includes world-renowned institutions (including the Max Planck Society, Fraunhofer and Helmholtz) and over 30 regional biotechnology clusters. The country offers a skilled workforce, strong intellectual property protections, national R&D funding schemes (such as the High-Tech Strategy and Central Innovation Programme for small and medium-sized enterprises), and extensive clinical trial infrastructure.

Figure 28. Germany's business spending on pharmaceutical research and development per capita is higher than the EU average



Note: The EU average is weighted (calculated by the OECD).
Source: OECD Data Explorer (DF_ANBERDi4).

Germany is a key driver of pharmaceutical innovation in the EU

Germany's innovation strength is reflected in its leadership in patenting. According to OECD Intellectual Property Statistics, 398 patent applications filed under the Patent Co-operation Treaty (PCT) in 2022 originated from applicants based in Germany – the highest number of country-based applications in the EU. Furthermore, these Germany-based applications accounted for 22 % of all PCT applications originating from EU countries.

Data from the International Clinical Trials Registry show that the number of new clinical trials per million population in Germany decreased from 12.5 in 2010 to 9.1 in 2024, representing 9 % of all new clinical trials in the EU. Furthermore, according to the International Clinical Trials Registry Platform, pharmaceutical research in Germany is largely driven by private-sector investments (about two thirds of the total) rather than academic or publicly funded initiatives, as most new clinical trials are industry-sponsored. As a measure of pharmaceutical innovation capacity, Germany ranked first in the EU on phase I and phase II clinical trials as a share of total new clinical trials in 2024 (53 %, compared to the EU average of 44 %), reflecting a decade-long trend. Combined with the large number of patent applications, this relatively high level of clinical trial activity reflects Germany's strong position in intellectual property generation.

7 Key findings

- Life expectancy in Germany recovered from its temporary decrease during the COVID-19 pandemic and stood at 81.5 years in 2024 – nearly equal to the EU average. Cardiovascular diseases, such as ischaemic heart disease and stroke, and cancer are the leading causes of death. The share of older people in Germany is rising, and nearly half of those aged 65 and over live with multiple chronic conditions. This highlights a growing need to maintain quality of life and care for people living longer with complex health needs.
- Behavioural risk factors continue to drive a large share of the disease burden. While smoking and alcohol use have declined among adults, they have increased among adolescents, and obesity rates remain high among both age groups. Socioeconomic inequalities in risk factors are larger in Germany than in most other EU countries. This underscores the need for strengthened prevention policies targeting modifiable risk factors, including smoking, alcohol use, poor diet and physical inactivity.
- While some prevention and early detection policies have been introduced, and Germany has the highest level of per capita spending on prevention in the EU, the evidence points to gaps in addressing behavioural risk factors across all age groups. Premature deaths from preventable causes in Germany are particularly driven by lung cancer, alcohol-related diseases and ischaemic heart disease.
- Germany has expanded national cancer screening programmes for breast, colorectal and cervical cancers, aligning with EU guidelines, while an organised screening programme for lung cancer that targets high-risk groups is being developed. Participation varies by screening programme, with policy efforts under way to improve outreach, bolster mobile access and integrate genomic medicine.
- Germany provides universal health coverage with a generous benefits package, backed by high public funding for health and low out-of-pocket expenditure – which is mainly spent on long-term care and pharmaceuticals. Full copayment exemptions apply to children, while partial exemptions and income-based copayment caps are available for those on low incomes or social welfare.
- Self-reported unmet needs for medical and dental care in Germany remain well below the EU averages, but unmet mental healthcare needs have risen sharply, and reached among the highest levels in the EU in 2024. This reflects a persistent shortage of outpatient psychotherapists, and suggests that the system is struggling to meet growing demand – especially after the COVID-19 pandemic.
- Hospital capacity and activity levels in Germany remain among the highest in the EU, leading to inefficiencies. Germany continues to report the highest rates of avoidable hospital admissions for chronic conditions such as heart failure, chronic obstructive pulmonary disease and diabetes. Ongoing hospital reforms aim to shift more care to outpatient settings and reduce overcapacity by introducing service groups, which will facilitate more effective planning and specialisation. These transformations will be complemented by new financing mechanisms.
- Despite significant investment in digitalisation of the health system, progress remains uneven. Low reported use of electronic health records reflects historical obstacles such as technical limitations and narrow provider participation. However, the nationwide rollout of the electronic patient file for 89 % of the population covered by statutory health insurance began in 2025, aiming to empower citizens to access their personal health records electronically via a secure platform.
- Pharmaceutical spending in Germany is the highest in the EU, but coverage and access are strong. Germany plays a leading role in pharmaceutical innovation, accounting for one third of all pharmaceutical research and development spending in the EU. It also leads in early phase clinical trial activity, supported by strong research infrastructure, public–private collaboration and targeted investment policies.

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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: https://health.ec.europa.eu/state-health-eu_en

Please cite this publication as: OECD/European Observatory on Health Systems and Policies (2025), *Country Health Profile 2025: Germany*. *State of Health in the EU*, OECD Publishing, Paris/ European Observatory on Health Systems and Policies, Brussels.

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