European Commission



State of Health in the EU

Germany

Country Health Profile 2023

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European Observatory on Health Systems and Policies
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The *Country Health Profile* 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 voluntary exchange. For the first time since the series began, the 2023 edition of the Country Health Profiles introduces a special section dedicated to mental health.

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 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 and 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 2023, based on data that were accessible as of the first half of September 2023.

Demographic and socioeconomic context in Germany, 2022

Demographic factors	Germany	EU
Population size	88 237 124	446 735 291
Share of population over age 65 (%)	22.1	21.1
Fertility rate[1] (2021)	1.6	1.5
Socioeconomic factors		
GDP per capita (EUR PPP[2])	41 246	35 219
Relative poverty rate[3] (%)	14.7	16.5
Unemployment rate (%)	3.1	6.2

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. Percentage of persons living with less than 60 % of median equivalised disposable income. Source: Eurostat Database.

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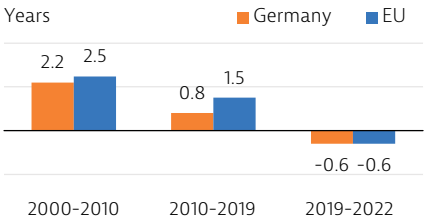
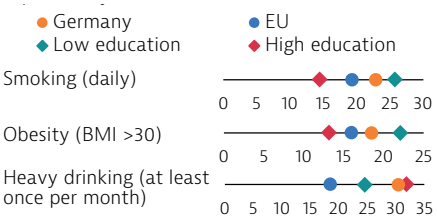
1 Highlights



Changes in life expectancy at birth

Health Status

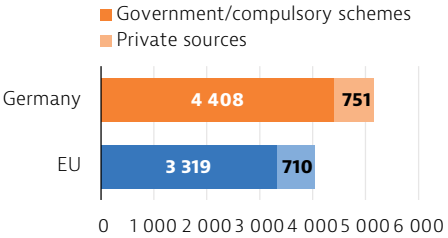
Since 2000, gains in life expectancy in Germany have been lower than the EU average. The drop in life expectancy between 2019 and 2022 – reflecting the impact of the COVID-19 pandemic – was moderate in Germany, and on a par with the EU as a whole. At 80.7 years in 2022, life expectancy at birth was equal to the EU average.



% of population aged 15+

Risk Factors

Germany had higher rates of smoking, obesity and heavy drinking than the EU averages in 2019. People with low levels of education are more likely to smoke or be obese. Rates of heavy drinking are above the EU averages among people with both high and low levels of education, but those with high education levels tend to engage in heavy drinking more often.



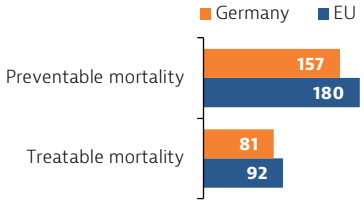
EUR PPP per capita, 2021

Health System

In 2021, Germany's health spending was the highest in the EU and much higher than the EU average, amounting to EUR 5 159 per capita. The share of public funding for healthcare was 85.5 %, which is higher than the EU average of 81.1 %. Out-of-pocket payments are among the lowest in the EU, at 12 % compared to 15 % across the EU.

Effectiveness

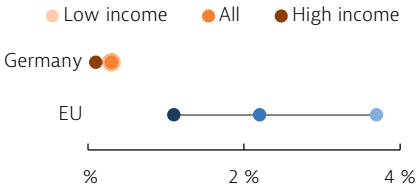
Avoidable mortality from both preventable and treatable causes combined was higher in Germany in 2020 than in many other EU countries, but still below the EU average. After years of steady reductions, as in other EU countries, the number of preventable deaths in 2020 increased in Germany as a result of the COVID-19 pandemic.



Age-standardised mortality rate per 100 000 population, 2020

Accessibility

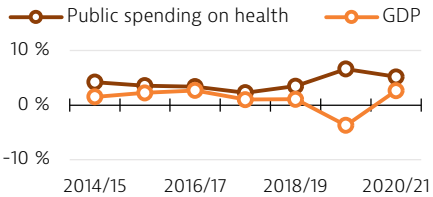
According to the EU-SILC survey, rates of reported unmet needs due to costs, waiting times or travel distance in Germany were among the lowest in the EU in 2022. There was virtually no difference between the lowest and the highest income quintiles, and cost does not appear to be a barrier to receiving care.



% reporting unmet medical care needs, 2022

Resilience

With the onset of the COVID-19 pandemic, Germany increased its public spending on health by a significant 6.6 % in 2020, despite a fall in GDP of 3.7 %. Public financing for the health system continued to outpace GDP growth in 2021. Germany's Recovery and Resilience Plan prioritises modernisation of the hospital sector and strengthening the digital and technical underpinning of public health services.



Annual change in real terms

Mental Health

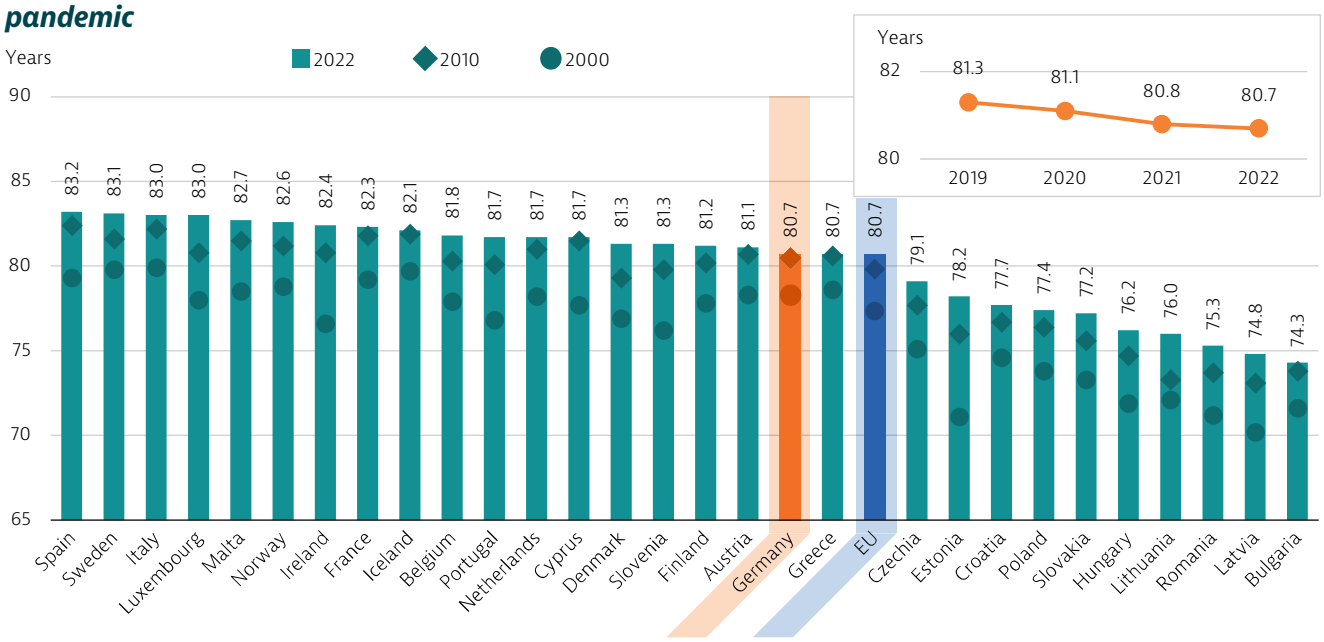
In 2019, 18 % of the German population experienced a mental health condition, which is slightly higher than the EU average of 17 %. Anxiety and depression were the most common mental health issues. Outpatient care for people with mental health problems is supported by a growing number of office-based psychiatrists, neurologists and psychotherapists working in the ambulatory care sector. Even so, long waiting times hinder availability, and the quantity, scope and quality of ambulatory psychotherapeutic services vary – sometimes significantly – between local communities and regions.

2 Health in Germany

The drop in life expectancy caused by COVID-19 was on par with the average across the EU

In 2022, life expectancy at birth in Germany stood at 80.7 years, which is equal to the EU average (Figure 1). Germany's life expectancy grew by 0.8 years between 2010 and 2019 – a comparatively small increase relative to other EU countries that had similar levels of life expectancy in 2010. Following the onset of the COVID-19 pandemic, Germany's life expectancy fell by only 2.4 months in 2020 compared to the fall of almost 11 months across the EU; in 2021, life expectancy fell by about 3.5 months – a reduction in line with the EU average. As in other European countries, men in Germany tend to live shorter lives than women, with a gender gap of almost 5 years, slightly below the EU average.

Figure 1. Germany's life expectancy was about seven months lower in 2022 than before the COVID-19 pandemic



Notes: The EU average is weighted. The 2022 data are provisional estimates from Eurostat that may be different from national data and may be subject to revision. Data for Ireland refers to 2021.
Source: Eurostat Database.

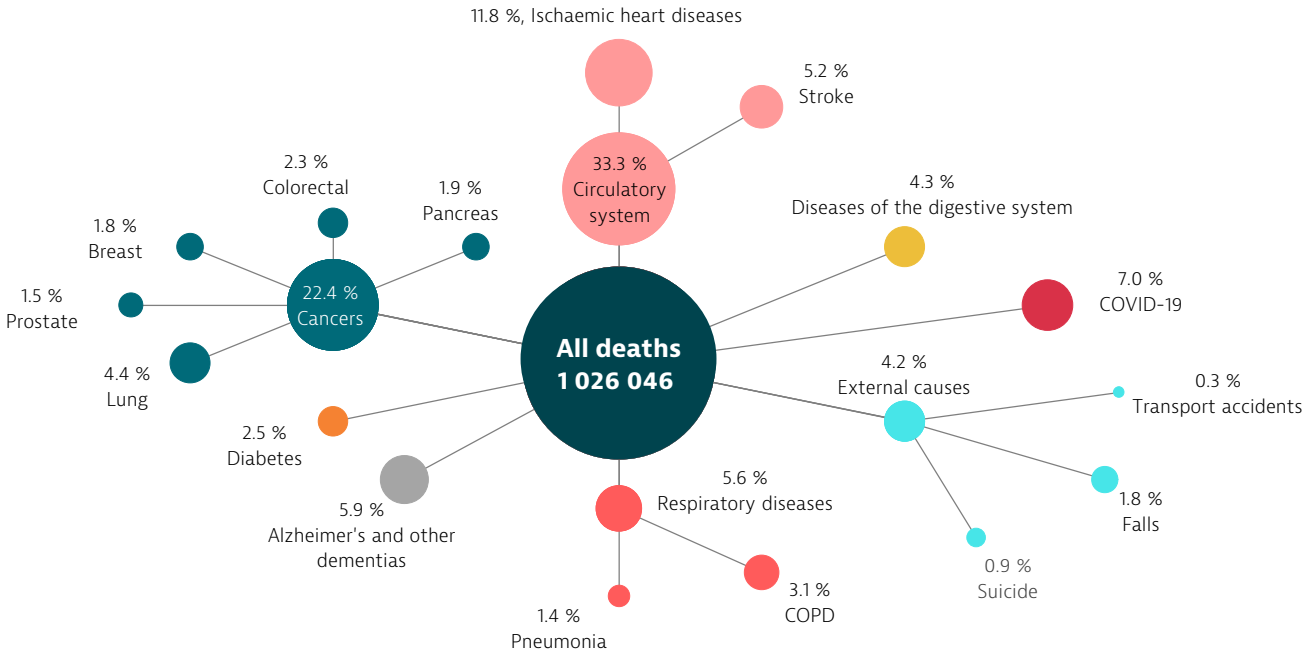
Circulatory diseases and cancers remain the main causes of mortality

Increases in life expectancy primarily result from reductions in premature deaths from leading causes of mortality – notably circulatory diseases (including ischaemic heart disease and stroke) and cancer. However, over the last decade, Germany's death rates have been falling at a slower rate than previously for circulatory diseases and some cancers like lung cancer. Simultaneously, there has been an increase in mortality rates from respiratory diseases like chronic obstructive pulmonary disease (COPD) and influenza, particularly among people aged 65 and over. These two factors partly explain the overall slowdown in life expectancy gains prior to the onset of the pandemic.

In 2021, circulatory diseases accounted for 33 % of all deaths in Germany. Among these, ischaemic heart disease remains by far the leading cause of mortality, responsible for more than one in eight deaths in 2021, and stroke was the second leading cause of death. Cancers accounted for 22 % of all deaths, with lung cancer being the most frequent cause of death by cancer (Figure 2).

During the first year of the pandemic, Germany reported over 39 500 deaths due to COVID-19, which accounted for 4 % of all deaths – a comparatively low proportion relative to most other EU countries. In 2021 this number increased and approximately 71 500 (7 %) of deaths were registered as being due to COVID-19; of these, 89 % occurred among people aged 65 and over.

Figure 2. COVID-19 accounted for a significant number of deaths in 2021



Source: Eurostat Database (data refer to 2021).

Throughout the pandemic, Germany experienced an unusual pattern in the rate of excess mortality, which increased in both 2021 and 2022, despite a year-on-year decline of more than one third in registered COVID-19 deaths in 2022. This surprising finding may be partly attributed to the number of deaths caused by the record-breaking heat wave that struck Germany in the summer of 2022 and the unusually deadly wave of influenza that swept the nation that winter.

More than two in five Germans aged 65 and over have more than one chronic condition

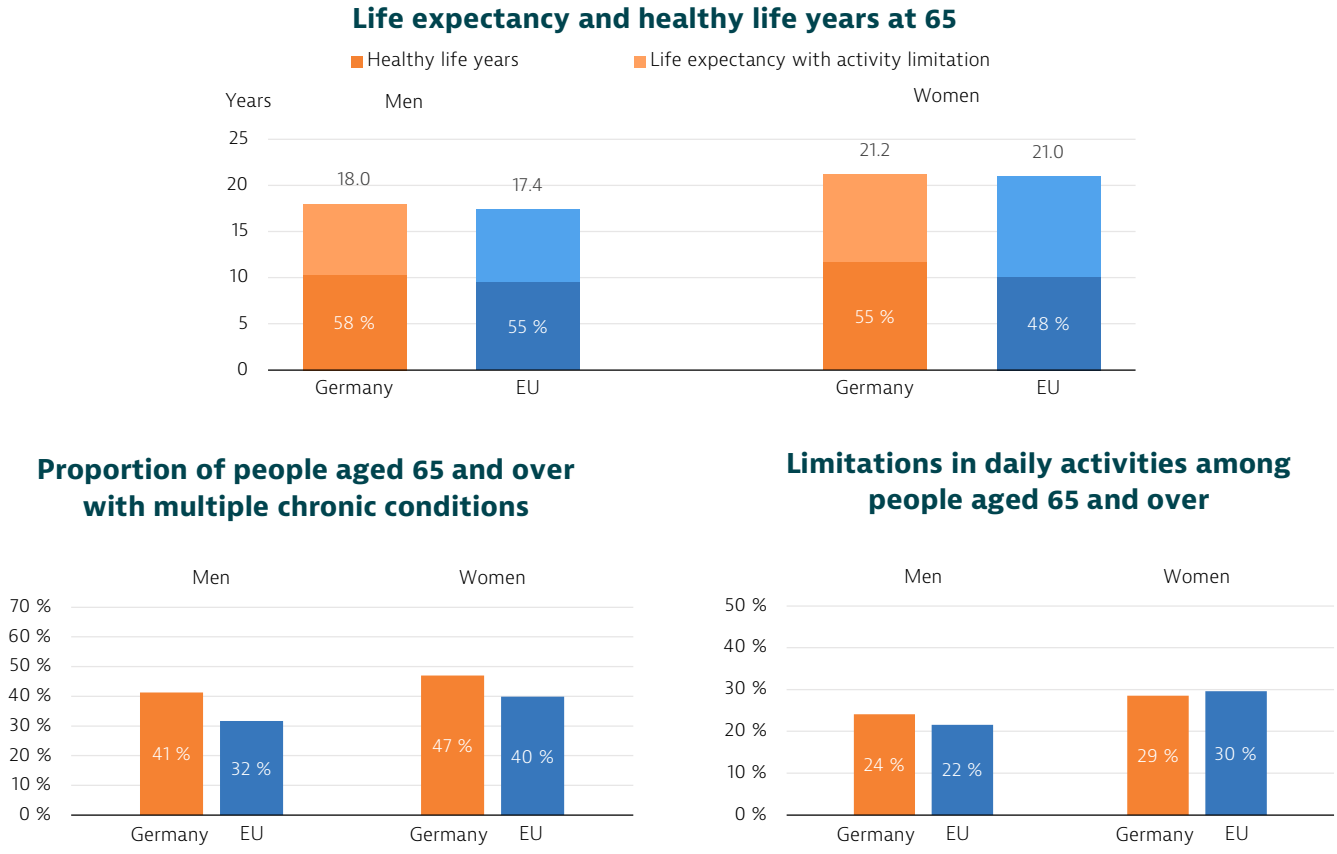
Although ageing at a slower pace than in most other EU countries, over the past decade, Germany's demographic structure has been shifting towards an older population due to rising life expectancy (before the pandemic) and persistently low birth rates. From 2012 to 2022, the EU average share of the population aged 65 and over increased from 18 % to 21.1 %, while Germany's share increased from 20.7 % to 22.1 %. This is projected to increase to 28 % in 2050. As chronic conditions are more common among older adults, Germany's population structure partly explains its above-average share of people aged 65 and over reporting more than one chronic condition (Figure 3).

Germany's population had a life expectancy at age 65 of nearly 20 years in 2020, which is approximately five months longer than the EU average. Healthy life years (defined as disability-free life expectancy) stood at more than 11 years, compared to less than 10 years across the EU. More than 26 % of Germans aged 65 and over reported disabilities resulting in limitations in basic activities of daily life, such as dressing and showering, which is a slightly higher share than the EU average. Nonetheless, these limitations were highly concentrated among those aged 80 and over.

Breast, prostate and lung cancers contribute significantly to the burden of cancer in Germany

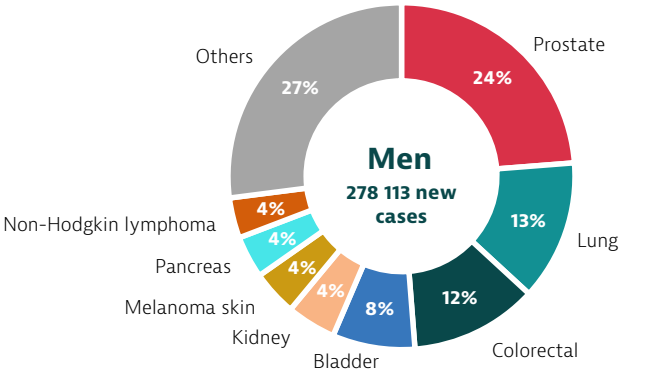
According to estimates from the Joint Research Centre based on incidence trends from previous years, around 529 000 new cases of cancer were expected to be diagnosed in Germany in 2022. Cancer incidence among both German men and women was slightly lower than the EU averages. Figure 4 shows that prostate, breast, lung and colorectal cancer are the leading cancers among the population. Reductions in risk factors like smoking could reduce the burden of several types of cancer (see Section 3).

Figure 3. A high share of Germans over the age of 65 report multiple chronic conditions

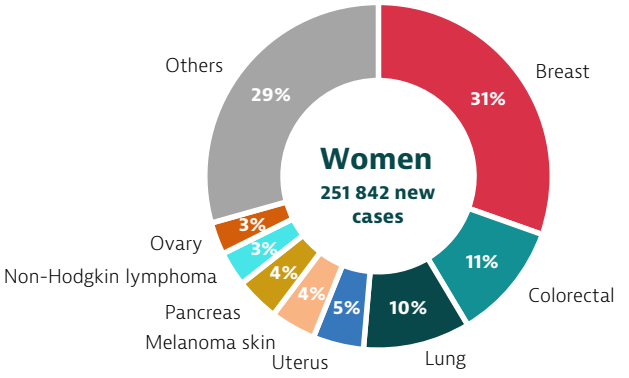


Sources: Eurostat Database (for life expectancy and healthy life years) and SHARE survey wave 8 (for multiple chronic conditions and limitations in daily activities). All the data refer to 2020.

Figure 4. More than 529 000 cancer cases in Germany were expected to be diagnosed in 2022



Age-standardised rate (all cancer): 648 per 100 000 population
EU average: 684 per 100 000 population



Age-standardised rate (all cancer): 486 per 100 000 population
EU average: 488 per 100 000 population

Notes: Non-melanoma skin cancer is excluded; uterus cancer does not include cancer of the cervix.
Source: ECIS – European Cancer Information System.

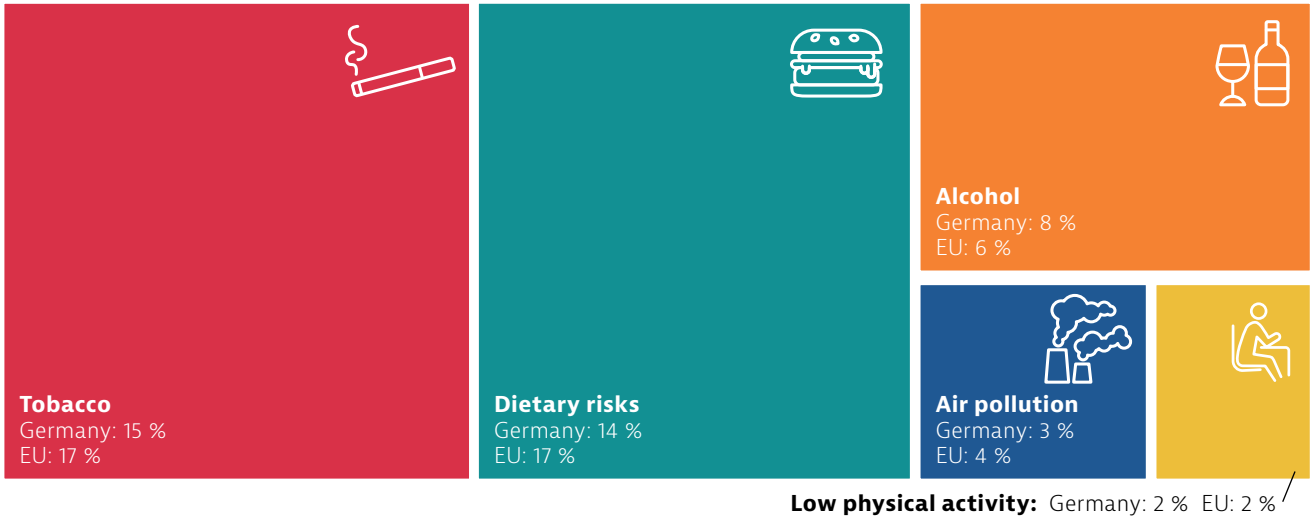
3 Risk factors

Tobacco smoking and unhealthy diets are persistent public health challenges

In Germany, nearly four in every ten deaths in 2019 can be attributed to behavioural risk factors such as smoking, dietary risks, alcohol consumption and low physical activity – a level comparable to the EU average. Environmental factors such as air pollution also account for a sizeable number of deaths: in 2019, an estimated 30 000 deaths (or 3 % of all deaths) were attributable to fine particulate matter ($PM_{2.5}$) and ozone exposure alone (Figure 5).

Unhealthy diets are associated with 14 % of annual deaths in Germany, which is similar to the rate of deaths linked to tobacco consumption. Self-reported data reveal that nearly one in five adults in Germany (18.5 %) were obese in 2019 – a proportion slightly higher than the EU average (16 %). Among adolescents, one fifth of German 15-year-olds were either overweight or obese in 2022 – a rate that has gradually increased over the past decade and now hovers around the average across EU countries. This trend has been fuelled in part by a relatively high prevalence of poor dietary habits, especially among male adolescents in Germany. In 2022, only 24 % of 15-year-old boys reported consuming vegetables on a daily basis, which is one of the lowest rates across the EU, but the share of boys who reported eating fruit every day increased to 31 % – slightly higher than the EU average (29 %).

Figure 5. Tobacco and dietary risks are major contributors to mortality



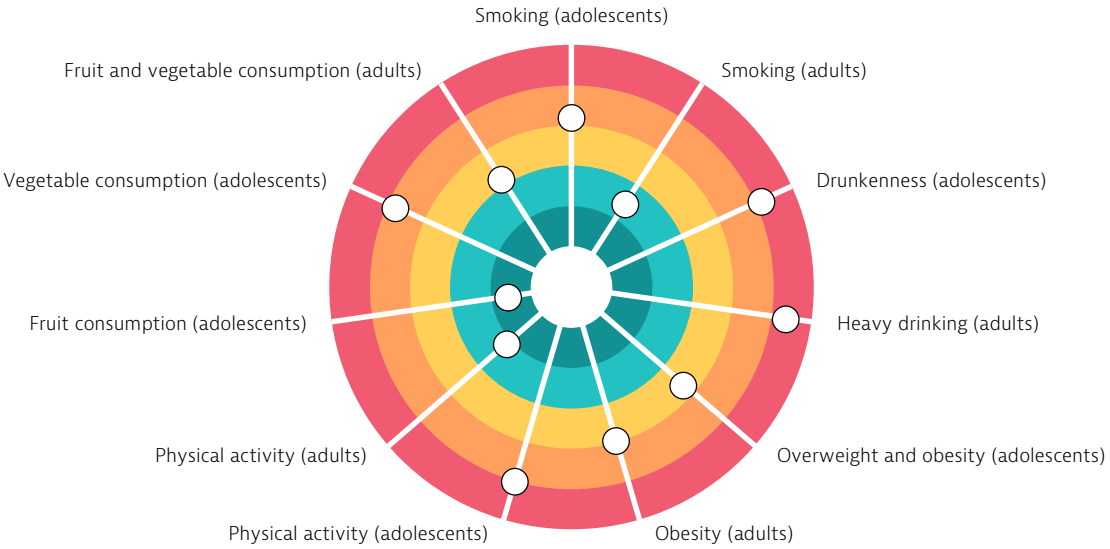
Notes: The overall number of deaths related to these risk factors is lower than the sum of each one taken individually, because the same death can be attributed to more than one risk factor. Dietary risks include 14 components, such as low fruit and vegetable intake, and high sugar-sweetened beverages consumption. Air pollution refers to exposure to $PM_{2.5}$ and ozone.
Sources: IHME (2020), Global Health Data Exchange (estimates refer to 2019).

On the other hand, people in Germany are, on average, significantly more physically active than in the majority of other EU countries (Figure 6). In 2019, nearly half of the adult population reported engaging in at least 2.5 hours of weekly physical activity, compared to less than a third across the EU. However, only 12 % of 15-year-olds reported doing some at least moderate physical activity every day in 2022 – a proportion below the EU average (15 %).

The number of tobacco smokers has continued to drop in recent years

In recent years, the number of daily tobacco smokers in Germany has continued its long-term decline, falling by 4.7 percentage points between 2017 and 2021. This reduction in the prevalence of daily tobacco smoking was slightly slower among men, who – as in other EU countries – are more likely to smoke than women. A more varied pattern can be observed among German adolescents: in 2022, 17 % of 15-year-olds reported smoking tobacco in the past month, down from 19 % in 2014 but higher than the rate recorded in 2018 (15 %). Moreover, electronic cigarettes and shisha

Figure 6. Excessive alcohol consumption among adults and adolescents is an important public health problem in Germany



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 EHIS 2019 for adults indicators.

pipes have become more popular in recent years, especially among young people. In 2019, 16 % of 15- and 16-year-olds reported smoking electronic cigarettes – a higher proportion than the EU average of 14 %. Some tobacco-control laws differ between states within Germany; for example, laws on smoking in public places vary from weak regulations in some states to full smoking bans in all public institutions in others (see Section 5.1).

Heavy drinking remains an important public health concern in Germany

While alcohol consumption among adults has declined slowly over the last 10 years, it is still above the EU average (at 10.6 litres per capita compared to an EU average of 9.8 litres in 2019) and the percentage of adults in Germany engaging in heavy drinking[1] is high, with three in ten adults reporting heavy drinking at least once a month in 2019. This is the fourth highest share in the EU after Romania, Luxembourg and Denmark. The percentage of 15-year-olds who in 2022 reported having been drunk more than once in their life (30 %) is also significantly higher than the EU average (18 %), underlining the need for further targeted prevention programmes.

4 The health system

The healthcare system provides near-universal health coverage through multiple third-party payers

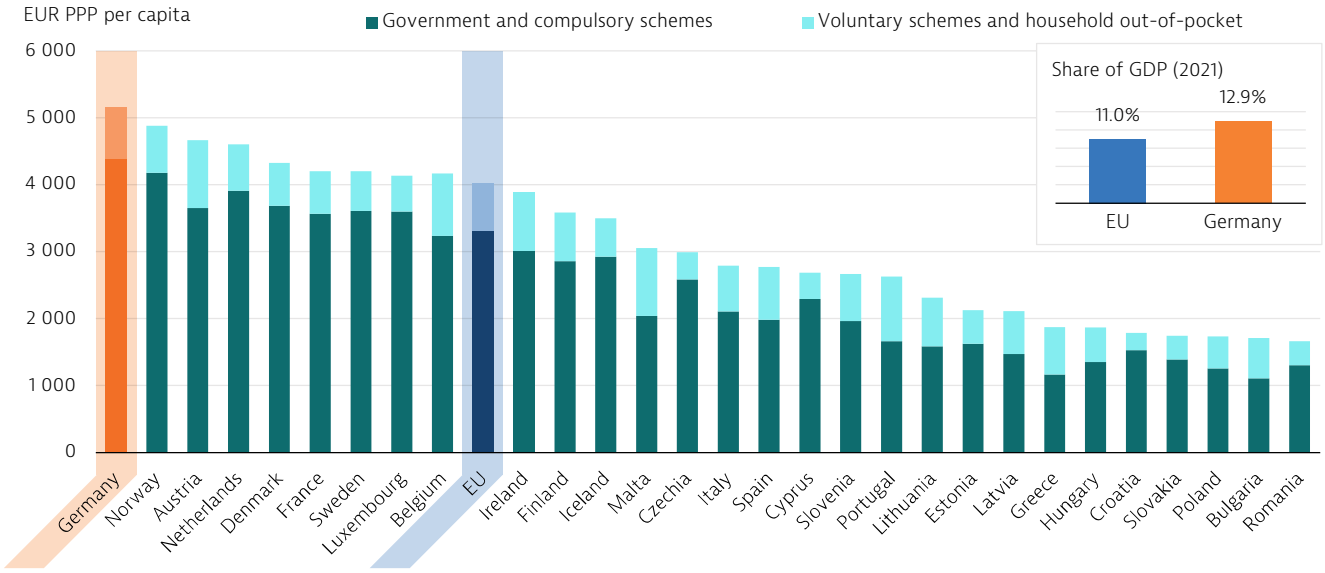
Germany has a statutory health insurance (SHI) system, and it is mandatory for people to have health insurance. For certain occupational groups and high earners, it is possible to opt out of SHI coverage and enrol in substitutive private health insurance (PHI). Approximately 89 % of the population is covered by SHI, while 11 % have purchased PHI. Although coverage is universal for all legal residents, and only 0.1 % of the population do not have health insurance, financial and administrative barriers still lead to some gaps in coverage (see Section 5.2). In 2023, the multi-payer SHI system comprised 96 sickness funds and 44 PHI companies, with the three largest sickness funds covering over one third of the German population.

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

Germany continues to have the highest share of health expenditure in the EU

Germany spent 12.9 % of its GDP on health in 2021, which is almost 2 percentage points higher than the EU average (11.0 %). Total expenditure on health has increased since 2005, with spikes in the growth rate during certain years, such as 2008-09 (4.8 %) due to the global financial crisis, 2019-20 (5.2 %) and 2020-21 (4.7 %) due in part to increased public spending to fund the response to the COVID-19 pandemic. In 2021, the country devoted EUR 5 159 per capita (adjusted for differences in purchasing power) to health, which is the highest amount among EU countries (Figure 7). The share of public funding for healthcare in Germany was 85.5 % in 2021, which is higher than the EU average (81.1 %).

Figure 7. Public spending on health in Germany is the highest in the EU



Note: The EU average is weighted.
Source: OECD Health Statistics 2023 (data refer to 2021, except Malta (2020)).

Inpatient and outpatient care makes up the largest shares of health spending

Combined, more than half of total health spending in Germany was on inpatient (26 %) and outpatient care (25 %) in 2021 (Figure 8). These shares are slightly below the respective EU averages. Spending on long-term care (LTC) has grown more strongly compared to other expenditure categories: between 2010 and 2021, the share spent on LTC (health-related services) increased from 15 % to 19 %. This is a higher increase than the EU average, which grew from 14 % to 16 % in the same period. Spending on prevention has doubled over the last decade, and at 6.4 % is slightly higher than the EU average (6.0 %).

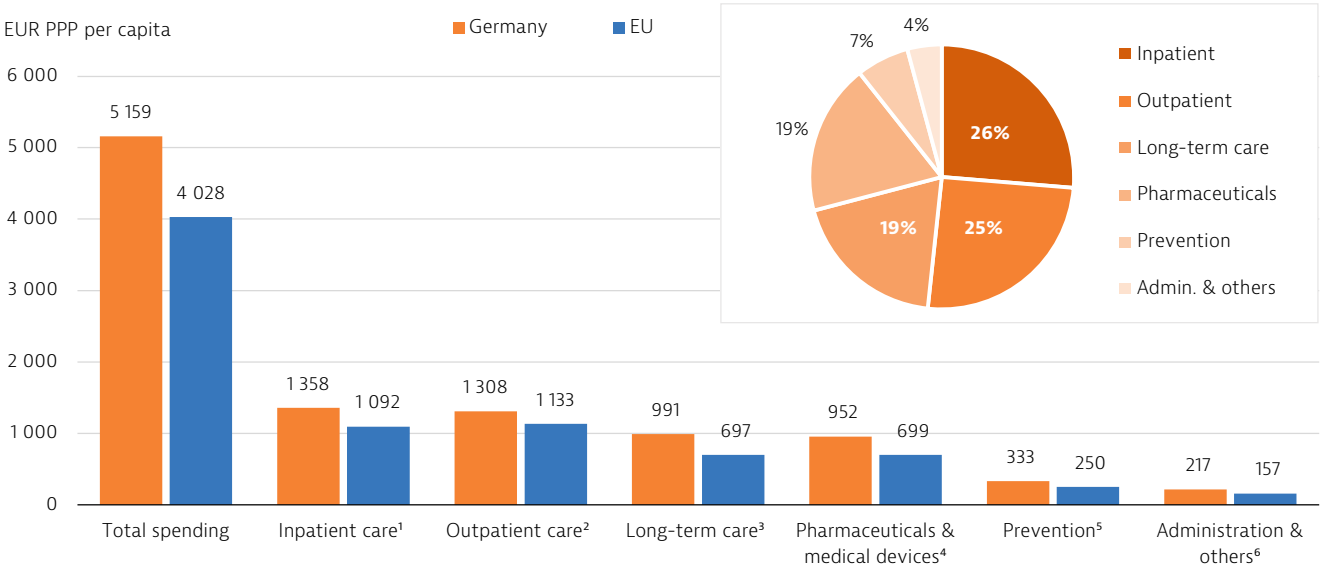
Planned hospital reforms will also address the large number of hospital beds

Germany has a very large hospital inpatient sector, with 7.8 hospital beds per 1 000 population in 2021, which is the second highest rate in the EU, after Bulgaria, and significantly higher than the EU average (4.8 beds per 1 000). Bed capacity has fallen by only 13 % since 2000, whereas countries like Finland and Denmark have reduced bed numbers by more than 40 % over the same period. The high number of hospital beds poses questions about efficiency and overcapacity. To reduce the number of inpatient cases and encourage more outpatient services, as well as guaranteeing quality, a new Government Commission has proposed changing hospital remuneration and developing a new instrument for hospital planning (see Section 5.3).

The need to ensure sufficient nursing staff levels in hospitals has prompted reforms

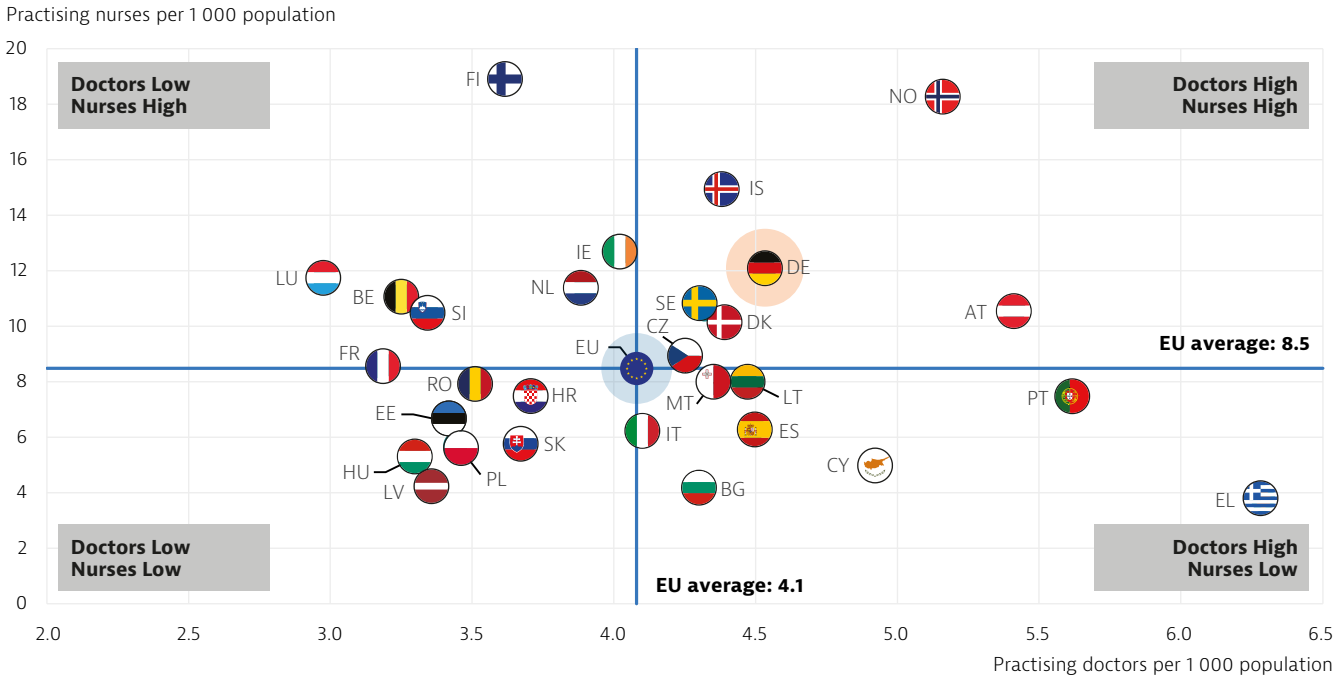
Compared to the EU average, Germany has a relatively high number of doctors per capita. The density of physicians increased steadily from 3.3 per 1 000 population in 2000 to 4.5 per 1 000 in 2021 (Figure 9). In particular, the number of hospital physicians has grown. Following the introduction of the diagnosis-related group (DRG)-based hospital payment system in 2004, the number of doctors in hospitals increased by 54 % between 2004 and 2021. In contrast, the number of general practitioners (GPs) has grown by only 2% between 2004 and 2021.

Figure 8. Germany dedicates a much higher share of health spending to long-term care than most other EU countries



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.
Source: OECD Health Statistics 2023 (data refer to 2021, except Malta (2020)).

Figure 9. Germany has relatively high numbers of physicians and nurses per capita



Notes: 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 (e.g. of around 30 % in Portugal). In Greece, the number of nurses is underestimated as it only includes those working in hospitals.
Sources: OECD Health Statistics 2023 (data refer to 2021 or the nearest available year).

At 12.0 per 1 000 population the number of nurses in Germany is higher than the EU average (8.5 per 1 000) and has also increased at a higher pace. Despite this, the nurse-to-bed ratio is one of the lowest in the EU. Concerns over nursing staff levels in hospitals, particularly since the introduction of the DRG system, prompted a reform to exclude nursing costs from DRG fees from 2020 onwards (see Section 5.2) and triggered legislation to impose minimum nursing staff levels in hospital wards, to be phased in between 2023 and 2025 (Federal Ministry of Health, 2022).

5 Performance of the health system

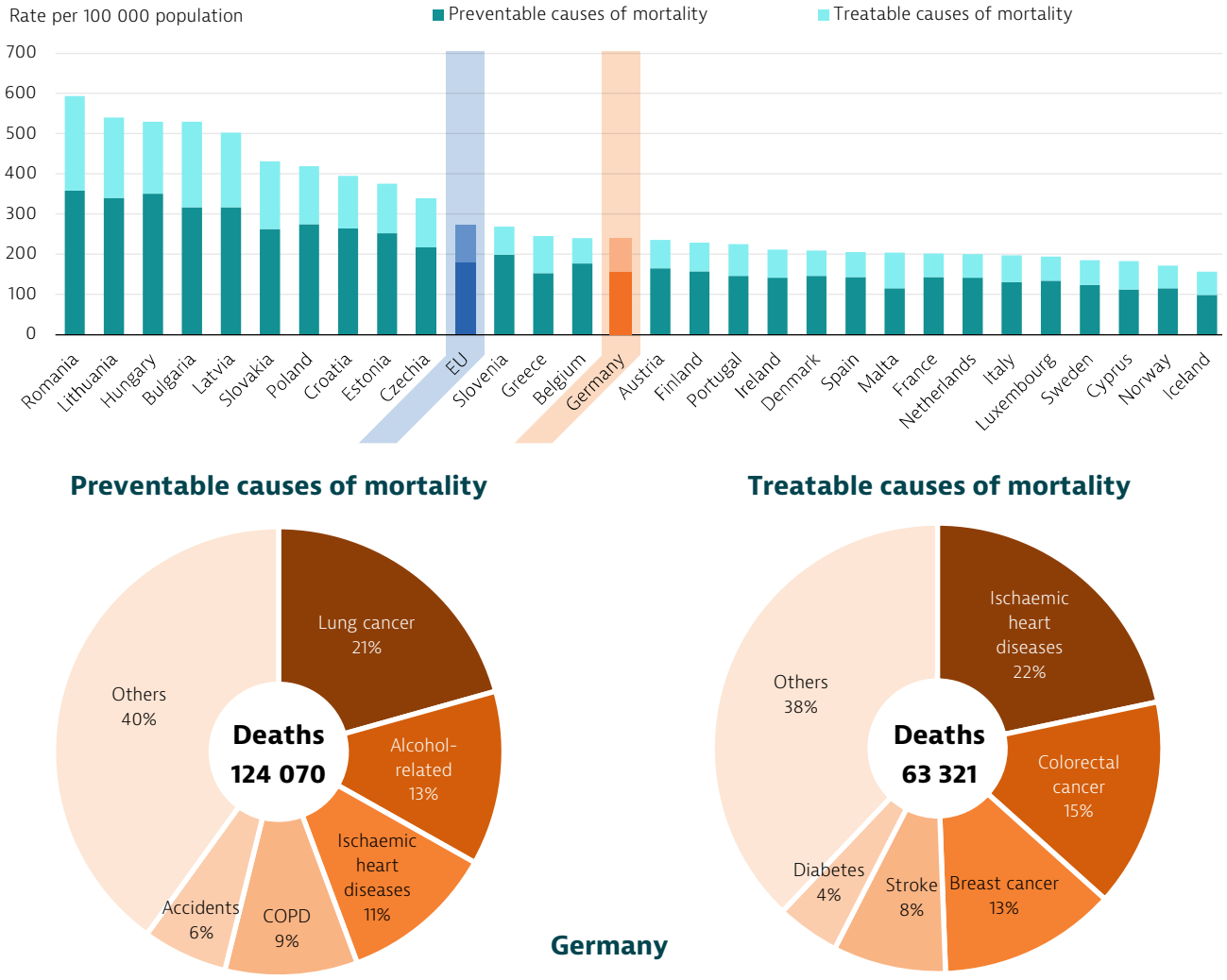
5.1 Effectiveness

Lung cancer, alcohol-related disease and ischaemic heart disease are the leading causes of preventable deaths

Overall, avoidable mortality from both preventable and treatable causes combined has improved and was below the EU average in 2020. The preventable mortality rate in Germany decreased by approximately 8 % between 2011 and 2019. As in other EU countries, preventable mortality then increased between 2019 and 2020 (by 5 %), mainly due to COVID-19 deaths being classified as preventable. At 157 deaths per 100 000 population in 2020, the rate of preventable deaths was still below the EU average (Figure 10). The three leading causes of preventable mortality in 2020 were lung cancer (21 %), alcohol-related diseases (13 %) and ischaemic heart disease (11 %).

The rate of mortality from treatable causes has also decreased in Germany since 2011, and at a higher rate than preventable mortality (14 %). Specifically, it dropped from 94 deaths per 100 000 population in 2011 to 81 per 100 000 in 2020, which is below the EU average of 92 per 100 000. Nevertheless, many neighbouring countries had lower rates than Germany in 2020. The three leading causes of treatable mortality in 2020 were ischaemic heart disease (22 %), colorectal cancer (15 %) and breast cancer (13 %).

Figure 10. Avoidable mortality in Germany is below 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, 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 Database (data refer to 2020).

There is a need for stronger prevention policies to tackle high rates of preventable deaths from lung cancer

Stronger prevention policies and greater public health efforts could reduce preventable mortality. Control of major risk factors such as tobacco and alcohol consumption is progressing slowly in Germany, but achievements are being made. For example, in 2021 it was decided to regularly increase the tobacco tax rate over the next five years, from 2022 to 2026 (DKFZ, 2022). However, even though lung cancer accounts for 21 % of preventable deaths, Germany was the last EU country to ban tobacco advertising on billboards and in cinemas in 2020 (the bans were phased in from 2021), and the country has not yet passed a smoking ban in private vehicles to protect children from second-hand smoke.

Influenza vaccinations among the older population rose during the first year of the pandemic but have since declined

Influenza vaccination coverage among people aged 65 and over has slowly increased since the 2018/19 season, and rose more sharply between 2019/20 and 2020/21, from 39 % to 47 % (compared to an EU average of 51 %), potentially due to increased awareness about the risks associated with a COVID-19 coinfection. However, the trend turned downwards in the 2021/22 season, when the rate was only 43 %.

Vaccination coverage for human papillomavirus (HPV) is relatively low in Germany and has increased only slowly over the last few years. In 2022, 54 % of girls aged 15 had received the recommended doses of the HPV vaccine – well below the EU average of 63 %. This is despite a recommendation for vaccination of girls since 2007 and inclusion of the vaccine in the statutory benefits package (until the age of 18). Some potential explanations may include vaccine hesitancy and safety concerns (from both children and their guardians) and limited contact of young individuals with the health system after childhood (Poethko-Müller, Buttmann-Schweiger & Takla, 2018). Since 2018, vaccination of boys aged 9-14 has also been recommended and is provided free of charge.

The screening rates for cervical, breast and colorectal cancers remain below EU averages

Based on programme data, the breast cancer screening rate for women (aged 50-69) screened in the previous two years decreased from 51 % in 2016 to 48 % in 2021, taking it below the EU average of 54 %. The colorectal cancer screening rate has also declined from 16 % in 2016 to 15 % in 2019, and is well below the EU average of 48 % in that year. Data for cervical cancer screening are relatively scarce in Germany: in 2021, the rate was 45 %, below the EU average of 52 %.

Since 2020, cervical cancer screening and, since 2019, colorectal cancer screening have been organised as programmes within the SHI system. For cervical cancer, women aged 20-65 and, for colorectal cancer, men and women aged 50-65 receive written information by mail about the screening programmes and an invitation every five years (Gemeinsamer Bundesausschuss, 2018). This applies exclusively to the population insured under the SHI system.

Early investigation from a German sickness fund shows a decrease in cancer screening uptake during the pandemic compared to 2019. Particularly during the lockdown in the second quarter of 2020, rates of breast cancer screening decreased by 45 % and of colorectal cancer screening by 20 % (DAK, 2021). These numbers recovered in 2021, but in general screening uptake is reported to have remained below the rates achieved prior to the pandemic (DAK, 2022).[2] Whether these reductions in screening frequency will affect the severity and treatability of diagnosed cancer needs to be investigated in the years to come.

There are notable differences in screening participation across income levels

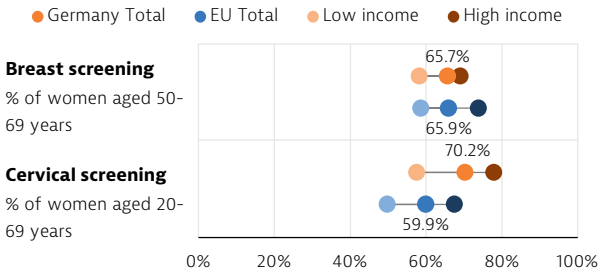
According to European Health Interview Survey (EHIS) data, the self-reported screening rate for cervical cancer among women aged 20-69 in the highest income quintile was 77.9 % compared to only 57.5 % among women in the lowest (Figure 11). The same is true for breast cancer screening, where the difference between women (aged 50-69) in the highest (69.0 %) and lowest (58.2 %) income quintiles is pronounced.

High rates of avoidable hospital admissions for people with chronic conditions may indicate problems with primary care

Hospital admissions for asthma, COPD, congestive heart failure and diabetes are considered avoidable, as patients with these diseases can effectively be managed in an outpatient setting. The total number of avoidable hospital admissions in

2 *Reports on SHI-accredited physician services during the COVID 19 pandemic published by the Zentralinstitut für die kassenärztliche Versorgung are based on early information from physicians' billing data, and show similar results.*

Figure 11. Cancer screening rates differ by income group, especially for cervical cancer

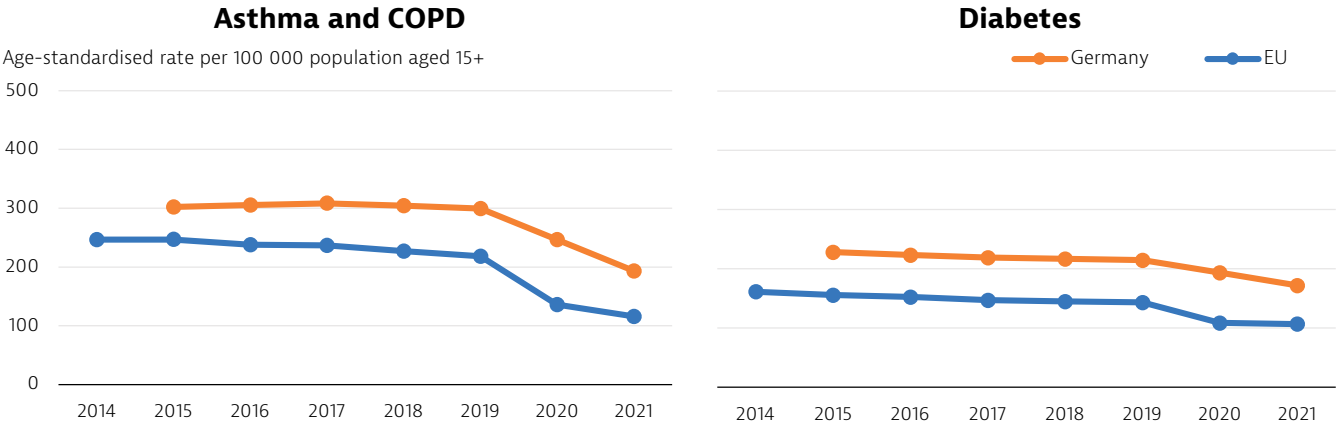


Notes: Low income is defined as the population in the lowest income quintile, whereas high income is defined as the population in the highest income quintile. The proportions refer to people who report having undergone a test in the two years preceding the survey.
Source: Eurostat Database (EHIS 2019).

Germany is one of the highest in the EU, at 728 per 100 000 population in 2021, of which the largest share was admissions for congestive heart failure. The significant declines in hospital admissions for asthma and COPD as well as for diabetes observed in 2020 and 2021 (Figure 12) should be interpreted in the context of the disruption caused by COVID-19, which severely impacted the capacity of hospitals to provide acute care and modified patients' healthcare-seeking behaviour (see Section 5.3). These declines cannot therefore be understood as indicative of improved quality of primary care for these chronic conditions in outpatient settings.

On the contrary, the high figures in comparison with the EU average may point to deficiencies within primary care and with integration of care. The latter is visible in the strict separation of ambulatory and hospital care within Germany. The Government Commission tasked with reforming the hospital landscape (see Sections 4 and 5.3) has proposed a reorganisation of care structures so that patients with conditions that can be treated within ambulatory settings are not misdirected to acute care in hospitals and emergency rooms (Regierungskommission, 2022).

Figure 12. Avoidable hospital admissions for asthma and chronic obstructive pulmonary disease and diabetes are higher than the EU averages



Note: Admission rates are not adjusted for differences in disease prevalence across countries.
Source: OECD Health Statistics 2023.

5.2 Accessibility

Population coverage is universal and measures have been deployed to address remaining gaps

Thanks to compulsory health insurance, population coverage is nearly 100 %. Nevertheless, the complexity of coverage mechanisms means that some groups – such as individuals who have lost coverage due to a change in their occupational status or self-employed people on low incomes – may experience difficulties re-entering the system or may not be able to afford SHI contributions or PHI premiums. To address this financial hurdle, in 2019 the government substantially reduced the reference amount used to calculate the minimum SHI contribution payable by qualifying individuals (irrespective of the actual amount earned) from EUR 2 284 to EUR 1 038 per month.

During the first 18 months of their stay, asylum seekers and recognised refugees are entitled only to access emergency, maternity and preventive care (including screening and recommended vaccinations), after which they can access range of health services under specific regulations.

Since February 2022, an estimated 1.1 million Ukrainian refugees have been recorded in Germany. Initially, they were entitled to the same limited services as asylum seekers, but since June 2022 those who receive the citizen's allowance welfare benefit can be included in the SHI system (Mauer et al., 2022).

Unmet needs for medical care remain among the lowest in the EU

According to the EU-SILC survey, levels of unmet needs for medical care due to the combined reasons of costs, distance to travel and waiting times in Germany were among the lowest in the EU in 2022 (Figure 13). These results cement a trend of decreasing unmet needs since 2008 (2.2 %), with a particularly sharp reduction from 2014 (1.6 %) to 2015 (0.5 %). Moreover, the difference between income groups is negligible, with 0.3 % of households in the lowest income quintile reporting forgone care compared to 0.1 % in the highest. Cost does not appear to be a barrier to receiving care: for example, unmet needs due to costs in the lowest income group fell from 4.5 % in 2008 to 0.2 % in 2022. Similarly, unmet needs for dental care (0.6 %) in Germany were equal third lowest in the EU, along with Croatia, again with only a very with a small difference between the lowest (1.0 %) and the highest income quintiles (0.2 %).

A separate set of Eurofound surveys[3] found higher rates of unmet needs for healthcare during the pandemic. In spring 2021, 11 % of the German population reported having forgone a needed medical examination or treatment, compared to 17 % across the EU (Eurofound, 2021; 2022); however, the rate in Germany increased by 7 percentage points one year later (spring 2022), whereas the EU average grew only marginally by 1 percentage point, and both reached 18 %.

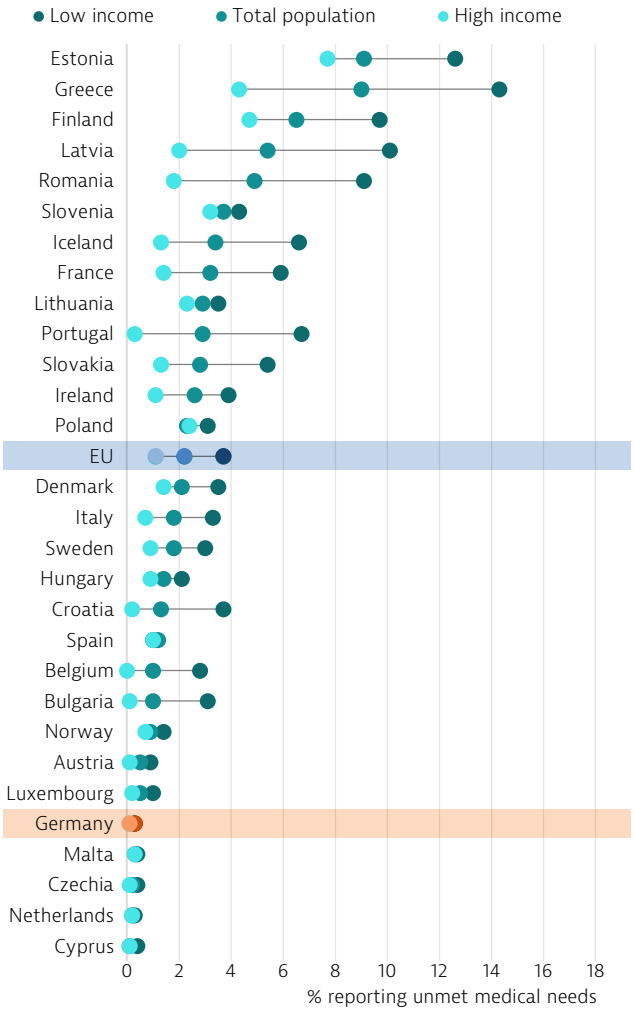
Good accessibility to stroke units is indicated by short driving times

Access to specialised care is important to reduce mortality rates. Treatment in a dedicated stroke unit significantly reduces mortality compared to treatment in a hospital or emergency department without a stroke unit. Figure 14 shows that the majority of the population can access a stroke unit in under 20-30 minutes' driving time. Travel times are lower in metropolitan areas than in more rural areas. At the borders with Luxembourg and Belgium and in rural communities in Brandenburg, Saxony-Anhalt, Mecklenburg-Western Pomerania and Lower Saxony, among others, the travel time by car to the nearest stroke unit is sometimes more than 60 minutes, however.

Germans enjoy a broad range of health benefits

The benefits package covered by SHI is comprehensive, and benefits are the same for all those insured. Individuals who have opted for substitutive PHI have access to benefits that are at least equal to, and often better than, those covered by SHI, with the scope of services determined by the chosen insurance policy and its premium. In Germany, the public share of spending on health services is above the EU average across all categories. The extent of public financing in Germany compared to the EU is particularly visible for adult and child dental care (67 % compared to 34 %), pharmaceuticals (82 % compared to 59 %) and therapeutic appliances (58 % compared to 38 %).

Figure 13. Germany has one of the lowest rates of unmet medical needs with virtually no differences between income groups



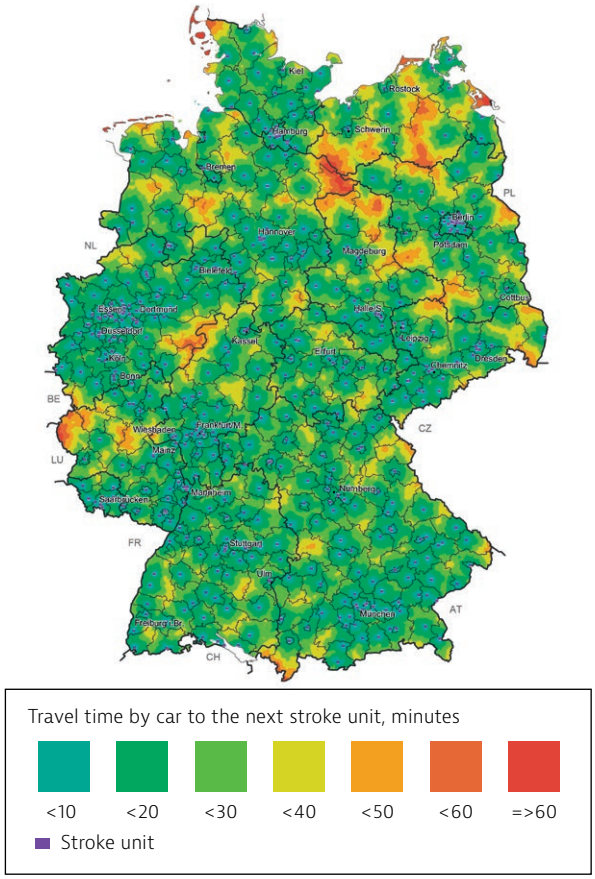
Notes: Data refer to unmet needs for a medical examination or treatment due to costs, distance to travel or waiting times. Caution is required in comparing the data across countries as there are some variations in the survey instrument used.
Source: Eurostat Database, based on EU-SILC (data refer to 2022, except Norway (2020) and Iceland (2018)).

Out-of-pocket spending accounts for a modest portion of health expenditure

Out-of-pocket (OOP) payments in Germany rank among the lowest in the EU. At 12 % of overall health expenditure in 2021, OOP spending is also below the EU average of 15 % (Figure 15). User charges apply to inpatient stays, pharmaceuticals,

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

Figure 14. Most of Germany's population can drive to a stroke unit within 20-30 minutes



Source: BBSR (2023).

some ambulatory services, dental care and especially to the health services related to LTC. Consequently, nearly two fifths (37 %) of OOP spending is on LTC provided in inpatient facilities, mainly because the dedicated LTC insurance in Germany – as a part insurance system – usually covers a share of the costs. Household OOP spending on pharmaceuticals (20 %) – mainly over-the-counter medicines – is also a driver of this type of private expenditure, but is lower than the EU average (24 %). The relatively low level of OOP expenditure offers a high degree of financial protection to German households: only 2.4 % experienced catastrophic spending on health[4] in 2018, compared to 6.6 % across the EU.

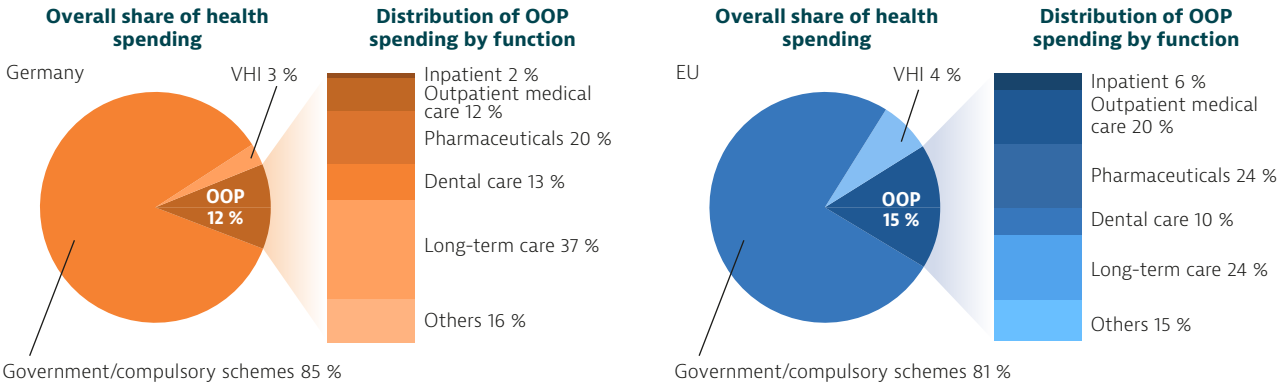
New hospital payment rules aim to alleviate nursing shortages within acute care

As noted in Section 4, low nursing staff levels in hospitals are a policy concern. In response, the Nursing Staff Empowerment Act (2019) instructed payers to exclude the costs of nursing personnel from the DRG-based payment system. Starting in 2020, sickness funds now separately cover the costs of nursing staff in acute care hospitals, while all other operating cost are covered by DRGs. This measure is anticipated to free up hospital resources and thereby increase the number of nurses in these facilities.

The share of teleconsultations increased during the pandemic but was comparatively low

Use of telemedicine in Germany was expanded during the COVID-19 pandemic, bolstered by changes to regulations and payments to physicians and psychiatrists. A Eurofound survey highlighted that the share of adults in Germany reporting that they had had a remote medical consultation since the beginning of the pandemic – either online or by telephone – rose from 17 % in June/July 2020 to 23 % in February/March 2021 (Figure 16). Although telemedicine is credited with facilitating access to healthcare, this rate was one of the lowest in the EU in 2021, together with France, while the EU average was 39 %.

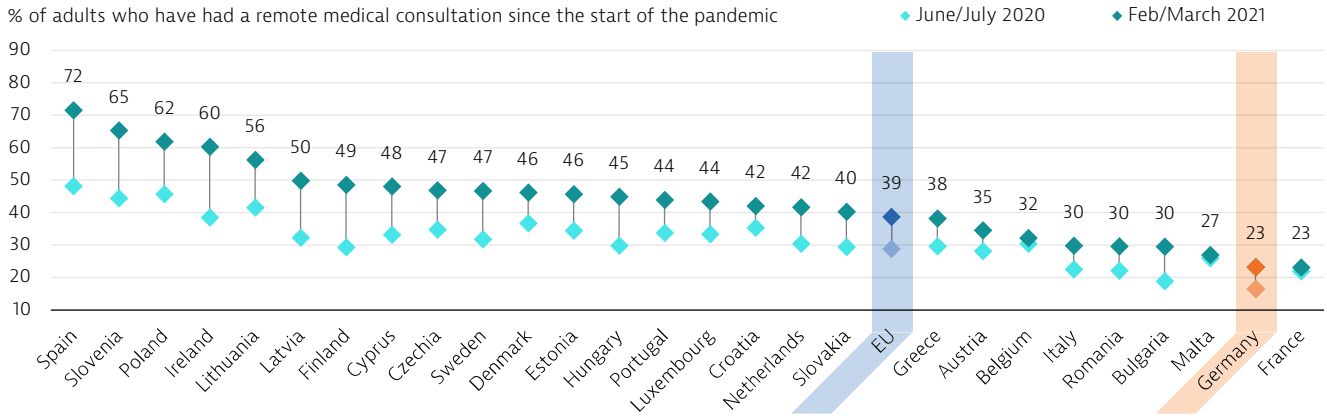
Figure 15. Payments for long-term care and pharmaceuticals account for the majority of out-of-pocket spending in Germany



Notes: VHI refers to voluntary health insurance, which also includes other voluntary prepayment schemes. The EU average is weighted.
Sources: OECD Health Statistics 2023; Eurostat Database (data refer to 2021).

4 *Catastrophic expenditure is defined as household out-of-pocket spending exceeding 40% of total household spending net of subsistence needs (i.e. food, housing and utilities).*

Figure 16. Nearly one in four Germans reported that they had a remote medical consultation during the pandemic



Notes: The EU average is weighted. Low reliability for 2021 data from Cyprus, Latvia and Malta, and for 2021 and 2020 data from Luxembourg because of low sample sizes.
Source: Eurofound (2022).

5.3 Resilience

The COVID-19 pandemic has proved to be the most significant disruption to health systems in recent decades. It has shed light on the vulnerabilities and challenges within countries' emergency preparedness strategies and on their ability to provide healthcare services to their populations. In response to the enduring effects of the pandemic – as well as other recent crises, such as cost-of-living pressures and the impact of conflicts like the war against Ukraine – countries are implementing policies to mitigate the ongoing impacts on service delivery, invest in health system recovery and resilience,[5] improve critical areas of the health sector, and fortify their preparedness for future shocks.

As in other countries, bed capacity and activity in German hospitals were affected by the COVID-19 pandemic

The COVID-19 pandemic underlined the importance of having sufficient numbers of hospital beds and adaptability to respond to unexpected surges in demand. The longstanding criticism of Germany's large number of hospital beds and activity was suspended temporarily by the exigencies of the pandemic, but calls are now resuming to reduce overcapacity in order to increase efficiency and quality. In 2021, Germany had 7.8 beds per 1 000 population – a reduction from 9.1 per 1 000 in 2000, but still much higher than the EU average (4.8 per 1 000).

In 2021, Germany had 2.9 intensive care beds per 10 000 population, which is a slight decrease from 3.0 per 10 000 in 2015. This is higher than in neighbouring countries like Austria (2.2 per 10 000), Belgium (1.7 per 10 000) and France (2.8 per 10 000). In April 2020, Germany, like several other EU countries, boosted its intensive care unit capacity by 20 %. This increase was achieved mainly by postponing and cancelling planned and elective procedures. However, the occupancy rate of intensive care beds by COVID-19 patients remained well below saturation levels until the end of 2020 and beyond.

As in other EU countries, during the COVID-19 pandemic, the occupancy rate of available acute beds dropped sharply due to postponed care – from 79 % in 2019 to 70 % in 2020 and has stayed at this rate in 2021. In Germany, for both years, these declines were below the EU averages. Similarly, the pandemic had an impact on hospital discharges, which decreased by around 16 % between 2019 and 2020, and increased only very slightly again in 2021.

The impact of the COVID-19 pandemic on surgical activity was not as severe as in other EU countries

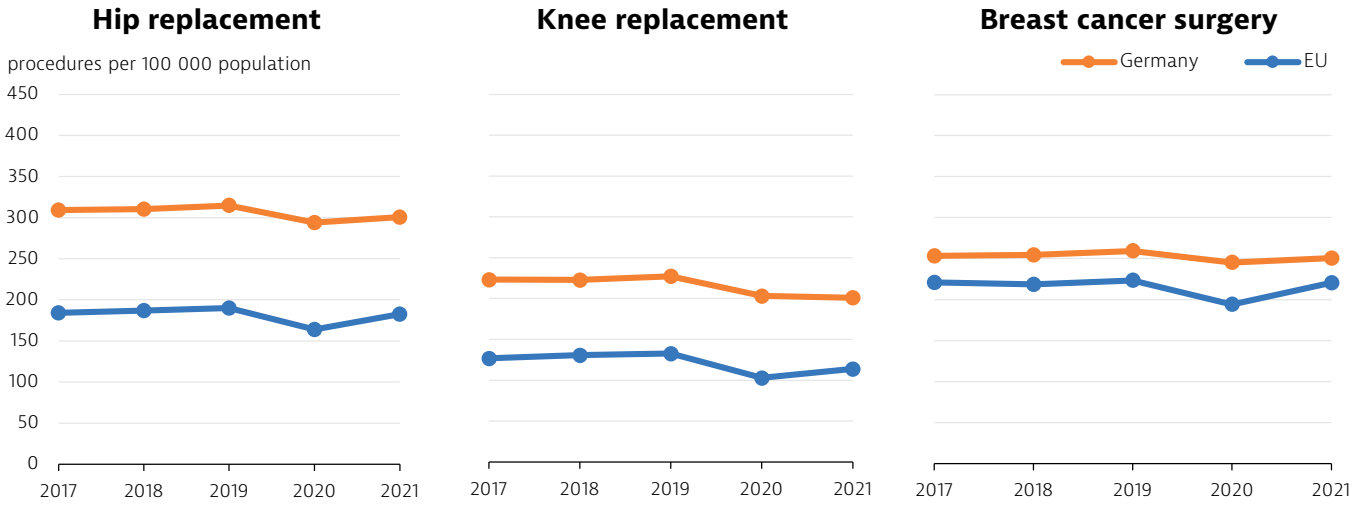
Rates of hip and knee replacements and breast surgery procedures increased in Germany before the COVID-19 pandemic. However, as in the rest of the EU, surgical activity was disrupted in 2020. Between 2019 and 2020 the volumes of hip replacements decreased by 7.1 %, knee replacements by 11.8 % and breast surgery procedures by 5.1 % in Germany. From 2020 to 2021, with the exception of knee replacements, surgical activity increased slightly again, but not

5 *In this context, health system resilience has been defined as the ability to prepare for, manage (absorb, adapt and transform) and learn from shocks (EU Expert Group on Health Systems Performance Assessments, 2020).*

to pre-pandemic levels. Despite these reductions, however, surgical activity remained above the EU averages (Figure 17).

According to survey data from the Commonwealth Fund (2021), the average waiting time for any elective surgery in Germany in 2020 was 20.6 days, which is half the average of selected European comparator countries (49.9 days).

Figure 17. The COVID-19 pandemic did not have as large an effect on activity in Germany as in other EU countries



Source: OECD Health Statistics 2023.

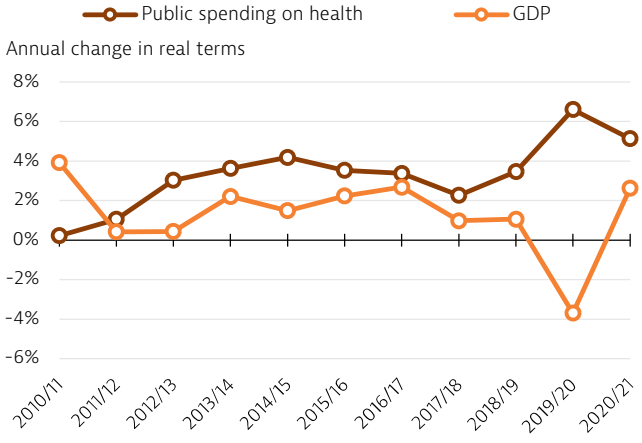
COVID-19 booster vaccinations for those aged over 60 is above the EU-wide average

Germany's initial rollout of its COVID-19 vaccination programme started slowly in the early months of 2021, but quickly gained traction. By the end of that first year, 88 % of the population aged 60 years and over had received the primary course of vaccinations, and this high level plateaued to reach 90 % in mid-2022. Coverage of second booster vaccinations among those 60 years and older almost doubled from 20 % in the second quarter of 2022 to 39 % in the first quarter of 2023. Although this rate is lower than around half of other EU Member States, it is still just above the EU average.

Germany's COVID-19 response in 2020 led to a large annual rise in the public share of health spending

Public spending on health in Germany has increased by varying degrees every year over the last two decades. In response to the COVID-19 pandemic, public financing of healthcare increased by 6.5 % between 2019 and 2020. At the same time, the downturn in economic activity due to the impact of lockdowns and other pandemic measures saw a contraction in GDP of 3.7 % (Figure 18). Growth in public financing for the health system continued to outpace GDP growth in 2021.

Figure 18. Public spending on health increased considerably in 2020 to enable the health system to respond to the COVID-19 pandemic



Source: OECD Health Statistics 2023.

Germany dedicates funding to digitalisation of public health services in its Recovery and Resilience Plan

Germany's Recovery and Resilience Plan dedicates approximately 16 % of its EUR 25.4 billion in available funding to healthcare investment. The recovery and resilience plan has one priority area dedicated specifically to strengthening a pandemic-resilient health system, with three fields of investment and reform. The first concerns the

digital and technical strengthening of public health services (EUR 684 million). The second allocates EUR 3 billion to modernising hospitals – including investing in improving digital infrastructure, emergency capacity, telemedicine, robotics, and information technology and cyber security (European Commission, 2021). The third is related to accelerating research and development of vaccines against SARS-CoV-2 (EUR 591 million) (Figure 19).

These investments will be complemented by the rollout of the EU Cohesion Policy 2021-27 programming. Germany is set to invest a total of EUR 90.6 million in its healthcare system through this mechanism, with 55 % to be co-financed by the EU.[6] All the financing will come through the European Regional Development Fund (ERDF), with around EUR 64 million being used for e-Health services and applications, EUR 11.8 million for digitalisation in healthcare, and EUR 14.8 million designated to finance various measures to improve the accessibility, quality and resilience of health services.

Figure 19. Germany's Recovery and Resilience Plan prioritises investment in modernising hospitals to accompany other ongoing reforms



Notes: These figures refer to the original Recovery and Resilience Plan. The ongoing revision of the Plan might impact its size and composition. Some elements have been grouped together to improve the chart's readability.
Source: European Commission – Recovery and Resilience Scoreboard.

The infrastructure of the German hospital sector is set to change over the coming years

The new Government Commission set up to reform the hospital system in Germany has proposed that the treatment of patients in hospitals should be based more on medical and less on economic criteria. To achieve this, the Commission has recommended implementing a reformed remuneration system for inpatient care that shifts away from the current DRG-based case rate system. In future, departments/units within hospitals will be remunerated independently of the provision of services. Moreover, there are plans to strengthen the quality of inpatient care through the development of binding quality criteria, and to establish new cross-sector healthcare providers ("Level Ii" – integrated healthcare) as the basis for building up a comprehensive system of locally available inpatient and outpatient healthcare services. In July 2023, key points of the reform were set between the federal and state governments, and legislative proposals are under way.

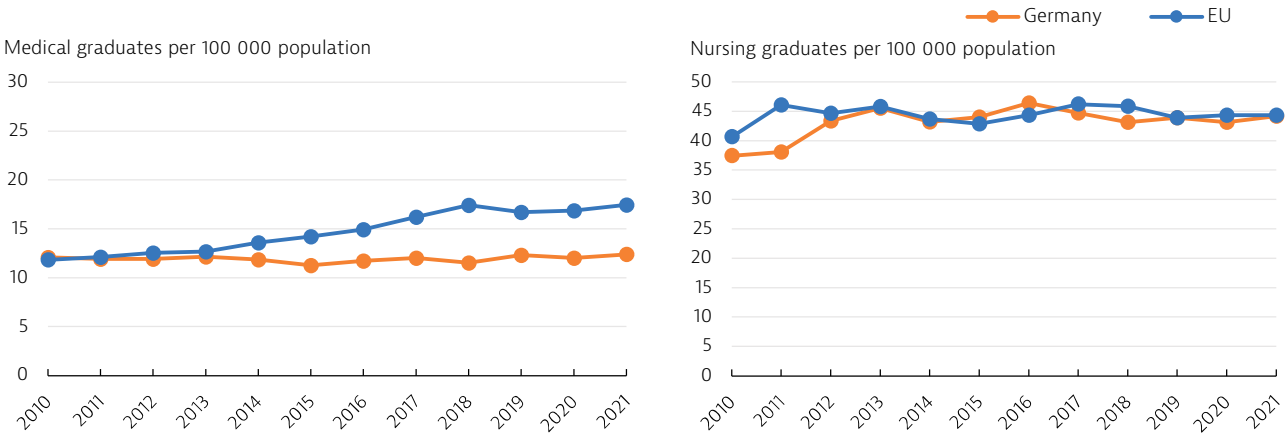
Another of the Government Commission's recommendations is to expand hospital day treatment to address staff shortages and hospital capacity constraints. This has been implemented and, since January 2023, hospitals have been requested to carry out all previously fully inpatient treatments as day treatments to free up staff, if clinically appropriate.

6 *These EU Cohesion Policy figures reflect the status as of September 2023.*

The number of medical graduates in Germany is below the EU average

Data on medical and nursing graduates in Germany show different trends. The number of medical graduates per 100 000 population was on a par with the EU average until 2011. Since then, the gap has continued to widen, with the EU average outpacing Germany's pipeline of future physicians. In 2021, Germany had 12.4 medical graduates per 100 000 population compared to 17.5 per 100 000 across the EU. On the other hand, the number of nursing graduates has increased in Germany since 2010, and has remained consistently around the EU average. In 2021, Germany had 44.2 nursing graduates per 100 000 population, which is on a par with the EU average of 44.3 per 100 000 (Figure 20). Germany attaches great importance to addressing any impending nursing shortages. Since 2019, a total of 111 measures have been adopted as part of the Nursing Training Initiative with the aim of motivating more people to train in nursing and attracting them to this occupational field.

Figure 20. The number of medical graduates remains below the EU average, while the number of nursing graduates is the same



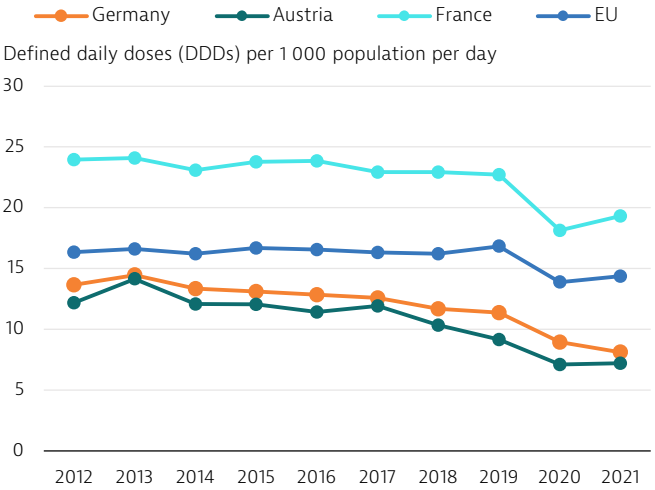
Sources: OECD Health Statistics 2023; Eurostat Database.

Strategies to address antimicrobial resistance are proving successful

Since 2008, Germany has been developing a One Health approach, in collaboration with several federal ministries (covering health; food and agriculture; education and research; environment, nature conservation, nuclear safety and consumer protection; and economic co-operation and development). The priorities of the German Antibiotic Resistance Strategy DART2030 include prevention, further strengthening of appropriate use of antibiotics in human and veterinary medicine, and closer involvement of the environmental sector in activities to combat antimicrobial resistance.

The strategy seems to be successful, as illustrated by the example of levels of Methicillin-resistant Staphylococcus aureus (MRSA) infections, which are much lower in Germany (4.9 % in 2021) than in most other EU countries. Additionally, consumption of antibiotics in the community has been steadily declining over the last decade, and in 2021 was recorded at 8.1 defined daily doses (DDDs) per 1 000 population per day, much lower than the EU average of 14.4 DDDs per 1 000 (Figure 21).

Figure 21. Community antibiotic consumption in Germany has been declining steadily



Notes: The EU average is unweighted. Data for Czechia and Cyprus refer to total consumption (including hospitals).
Source: ECDC ESAC-Net.

6 Spotlight on mental health

The burden of mental health conditions among Germany's population is considerable

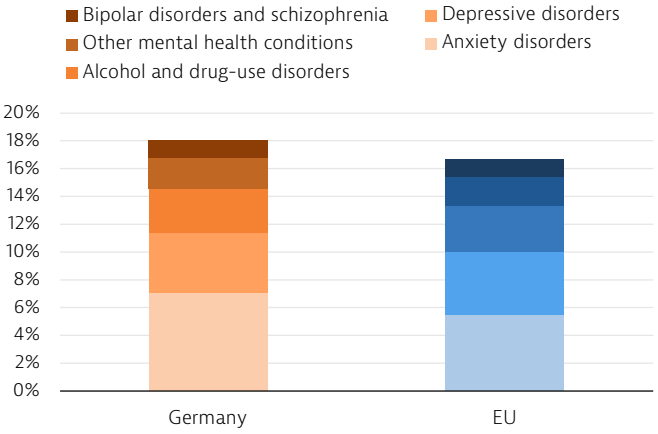
The available evidence suggests that mental health problems affect a large proportion of Germany's population. According to estimates from the Institute for Health Metrics and Evaluation (IHME), almost one in five people (18 %) in Germany had a mental health issue in 2019, which is equivalent to about 15 million people. This rate was just above the EU average (17 %). The most common mental disorders in Germany were anxiety disorders (estimated to affect 7 % of the population), depressive disorders (4 %), and alcohol and drug-use disorders (3 %) (Figure 22). The economic costs of mental health conditions are significant in Germany, with direct and indirect costs estimated at over 4.8 % of the country's GDP, or EUR 146.5 billion, in 2015 (OECD/EU, 2018).

Depression rates in the lowest income group are among the highest across the EU

Data from EHIS show that 9.4 % of people in Germany reported having depression in 2019 (compared to the EU average of 7 %). There were striking differences between genders and income groups in the risk of experiencing depression. Some 21.1 % of women in the lowest income quintile reported having depression in 2019, which is nearly three times higher than the rate among those in the highest quintile (7.7 %). For men, 17.4 % in the lowest income quintile reported the condition, making them four times as likely to experience depression as men in the highest quintile (4.6 %). Use of antidepressants has been growing over many years: the rate increased from 47 DDDs per 100 000 population in 2010 to 64 DDDs per 100 000 in 2021. During the same period, however, use of anxiolytics fell from 4.9 DDDs per 100 000 to 3.2 DDDs per 100 000.

The pandemic exacerbated risk factors associated with poor mental health and highlighted the link between precarious financial circumstances and heightened risk of depression. According to Eurofound survey data (Eurofound, 2021; 2022), 64 % of people in Germany living in households that reported financial difficulties were considered to be at risk of depression during the pandemic, compared to 42 % of those who did not report such difficulties. These proportions were above the EU averages of 62 % among those with financial difficulties and 37 % among those without.

Figure 22. Almost one in five people had a mental health problem in Germany in 2019



Source: IHME (data refer to 2019).

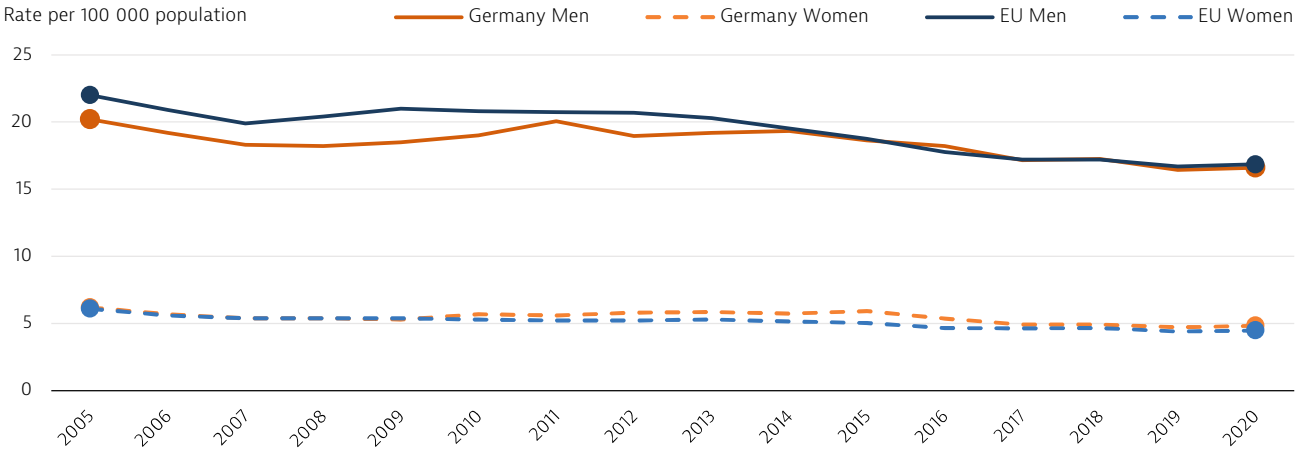
Suicide rates in Germany have been decreasing gradually

Historically, suicide rates in Germany have been higher for men than for women. While numbers have been falling for both genders in the past 15 years, with slight upticks at certain intervals, a large difference remains between men (16.6 per 100 000 population) and women (4.8 per 100 000 population). The rates in 2020 were nearly the same as the EU averages for both genders. During the first year of the COVID-19 pandemic in 2020, the rates remained stable compared to 2019 (Figure 23).

Mental health services in Germany are provided at different levels of care, and increasingly in specialised facilities

Provision of mental healthcare is somewhat fragmented across ambulatory, inpatient and rehabilitative care. A phase of deinstitutionalisation that started in the mid-1970s led to an increase in the number of community-based institutions, supervised residential arrangements, ambulatory crisis intervention centres and centres for psychosocial counselling and social support. Since 2000, there has been growth in capacity through specialised hospitals, and in general hospitals with specialised mental health wards, often dedicated to prevention and rehabilitative care and specialising in caring for patients with addiction problems and psychosomatic conditions. Characteristically, all inpatient psychiatric care units have very high occupancy rates of around or above 90 %. In 2000-18, the average length of stay decreased from 29.5 days to 26.2 days (Blümel et al.,

Figure 23. Suicide rates among Germans have decreased in recent years and are equal to the EU average



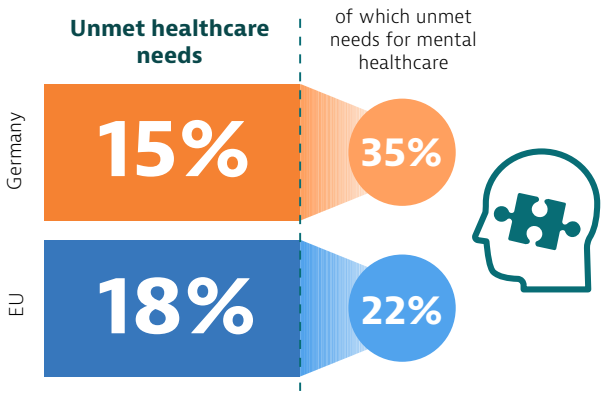
Source: Eurostat Database.

2020; WHO, 2021). Ambulatory care for people with mental health problems is supported by a growing number of office-based psychiatrists, neurologists and psychotherapists working in the ambulatory care sector.

Unmet needs for mental healthcare represented a substantial share of all unmet healthcare needs during the pandemic

As in many other EU countries, a significant number of people in Germany did not have their mental healthcare needs met during the pandemic. According to a Europe-wide survey carried out in the spring of 2021 and 2022, 15 % of the German population reported unmet needs for healthcare, of which over one third (35 %) were for mental healthcare (Figure 24), proportionally more than the average unmet needs for mental healthcare across the EU.

Figure 24. Over one third of unmet healthcare needs during the pandemic were for mental healthcare



Note: Survey respondents were asked whether they had any current unmet healthcare needs and, if so, for what type of care, including mental healthcare.
Source: Eurofound (2021; 2022).

Access to ambulatory psychotherapeutic care differs between regions, and long waiting times are increasingly being addressed

The availability of ambulatory psychotherapeutic care has been recognised as a key problem in mental healthcare in Germany, with long waiting times for a therapy place and significant differences between regions. National studies registered waiting times that were over three times as long in some rural regions (up to 11 weeks) as in some urban regions (3.4 weeks). The Healthcare Strengthening Act of 2015 started targeting the issue of long waiting times, among other provisions, by installing central service points for booking psychotherapeutic appointments in regions.

Besides access, the quantity, scope and quality of ambulatory psychotherapeutic services vary, in some instances largely, between local communities and regions in Germany. Despite recent advances, psychosocial facilities are often less well equipped than those for somatic care, and access to occupational rehabilitation and comprehensive social integration is still considered insufficiently developed. To fill some of the gaps in mental healthcare, public health offices provide social-psychiatric services, including counselling, social work, home visits and crisis intervention, directed particularly at the most disadvantaged individuals among the population with mental health issues.

7 Key findings

- Germany's life expectancy was equal to the EU average in 2022, at 80.7 years. The impact of the COVID-19 pandemic on life expectancy was more moderate in 2020 than in 2021, but overall life expectancy fell by approximately seven months between 2019 and 2022, which is on a par with the EU average. As in other EU countries, men have a lower life expectancy than women in Germany, but the gender gap of almost five years is slightly below the EU average.
- Smoking and unhealthy diets represent the largest behavioural risk factors in Germany. While the total rate of adult and adolescent smokers has declined slowly in recent years, the emergence of electronic cigarettes and pipes has attracted young people in particular. Fuelled by low levels of physical activity and unhealthy diets, the rate of overweight and obese adolescents has also been increasing steadily, underlining the need for targeted prevention measures. Moreover, heavy drinking is still a major problem in Germany, and 8 % of all deaths are linked to alcohol. These risk factors are also driving the leading causes of preventable mortality – lung cancer, alcohol-related diseases and ischaemic heart disease.
- In 2021, spending on health in Germany was the highest in the EU. There was a considerable increase in the growth rate of public funding between 2019 and 2020, and 2021 due to the COVID-19 pandemic. The largest share of health expenditure goes on inpatient care, reflecting Germany's large hospital sector, followed by outpatient care. At 12 % in 2021, out-of-pocket payments in Germany rank among the lowest in the EU. Payments for long-term care and pharmaceuticals account for the majority of out-of-pocket spending.
- Germany has high numbers of nurses, physicians and hospital beds per capita. While the number of physicians in hospitals has been increasing since the introduction of the diagnosis-related group-based payment system in 2004, the number of nurses working in hospitals is not sufficient. Changes to hospital payment rules to exclude the costs of nursing personnel from the case-based payment system are designed to increase the number of nurses in these facilities. Moreover, in addition to increasing the number of nursing graduates, the dedicated Nursing Training Initiative contains several measures aimed at attracting more people to the profession.
- The numbers of hospital beds and hospital discharges in Germany are very high. A new Government Commission has been established to propose solutions to the hospital-reliant health system, with a view to strengthening decisions on allocation and increasing efficiency. Proposals include the introduction of a new remuneration system for inpatient care provision and the possibility of providing ambulatory care within hospitals.
- The strategic priority of nurturing a pandemic-resilient health system is embedded within Germany's Recovery and Resilience Plan, which dedicates funding to digital and technical strengthening of public health services and to wide-ranging modernisation of hospitals, encompassing digital infrastructure, emergency capacities, telemedicine and information technology and cybersecurity, as well as the development of COVID-19 vaccines.
- Anxiety and depressive disorders, as well as alcohol and drug-use disorders, make up the bulk of Germany's mental health burden; they also disproportionately affect those in lower income groups. During the COVID-19 pandemic, over one third of reported unmet healthcare needs were related to mental healthcare. In particular, the pandemic exacerbated risk factors and highlighted the link between precarious financial circumstances and heightened risk of depression. Some 64 % of people in Germany living in households with financial difficulties were at risk of depression during the pandemic, compared to 42 % of people without financial difficulties.

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Country abbreviations

Austria	AT	Denmark	DK	Hungary	HU	Luxembourg	LU	Romania	RO
Belgium	BE	Estonia	EE	Iceland	IS	Malta	MT	Slovakia	SK
Bulgaria	BG	Finland	FI	Ireland	IE	Netherlands	NL	Slovenia	SI
Croatia	HR	France	FR	Italy	IT	Norway	NO	Spain	ES
Cyprus	CY	Germany	DE	Latvia	LV	Poland	PL	Sweden	SE
Czechia	CZ	Greece	EL	Lithuania	LT	Portugal	PT		

European Commission

State of Health in the EU
Country Health Profile 2023

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 2023 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;
- For the first time in the series, an account of the state of mental health and related services within the country.

Complementing the key findings of the Country Health Profiles is the Synthesis Report by the European Commission.

For more information, please refer to: ec.europa.eu/health/state

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