Spotlight on the German Health System: A Comparison Within the EU

	Germany	EU Average
Population size	84,359	448,754 (total EU27)
Share of pop. over age 65	22.1%	21.1%
Fertility rate1	1.6	1.5
GDP per capita (EUR PPP2)	41,246	35,219
Relative poverty rate	14.7%	16.5%
Unemployment rate	3.1%	6.2%

[1]Number of children born per woman aged 15-49. 2Purchasing power parity (PPP) is defined as the rate of current conversion that equalizes the purchasing power of different currencies by eliminating the differences in price levels between countries. Population Data extracted in July 2024. Source: Eurostat Database.

Germany has a total of 6 million people working in its healthcare sector, 74.8% of them are women and 14.7% are 60 years old or over. It 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 enroll 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.** 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.

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. 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**

	Germany	EU Average
Life expectancy at birth (years), 2022	80.7	80.7
Total expenditure on health as percentage of GDP	12.6%	11.0%
Health spending per capita (euro)	5,159-5,939	4,029
Share of public funding for healthcare	85.5%	81.8%
Out-of-pocket payments	12%	15%
Catastrophic spending on health, 2019	2.4%	6.6%
Average waiting time for any elective surgery (days)	20.6	49.9

Source: OECD/European Observatory on Health Systems and Policies (2023) / German Federal Statistical Office

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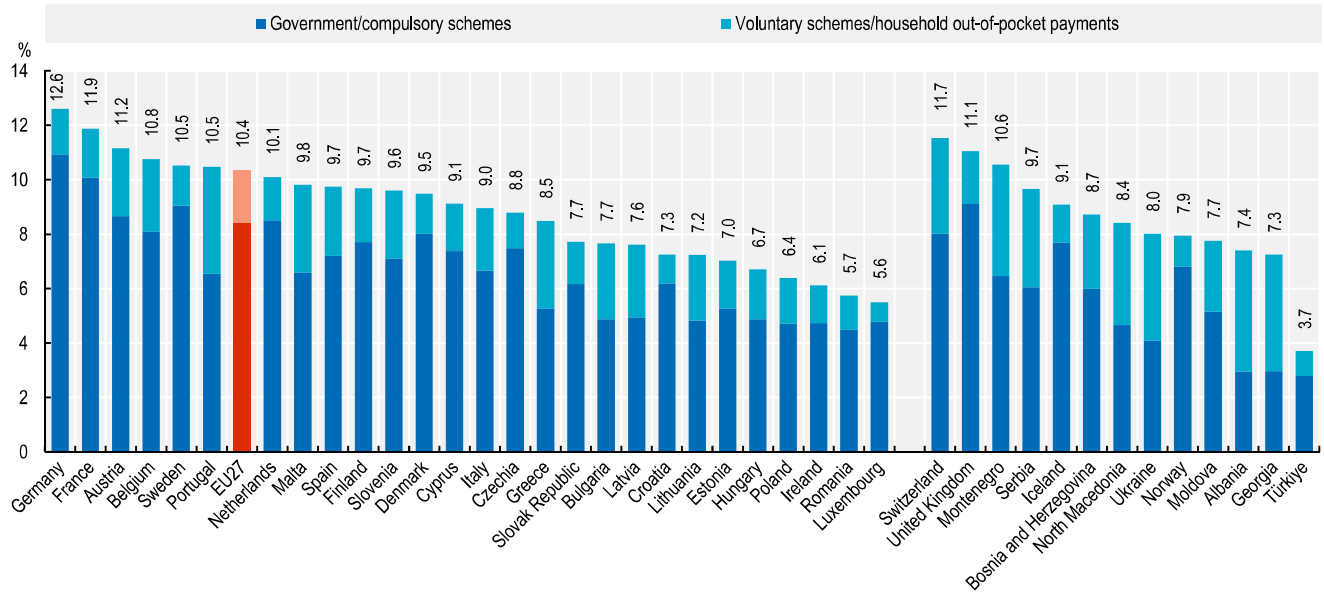
Health expenditure 498 bn Euros

Share of GDP 12.6%

Expenditure per inhabitant 5,939 Euros

Health personnel 6.0 mn

Public Spending on Health in Germany, Highest in the EU



Note: The EU average is weighted. Source: OECD Health Statistics 2024; Eurostat (hlth_sha11_hf); WHO Global Health Expenditure Database.

and child dental care (67% compared to 34%), pharmaceuticals (82% compared to 59%) and therapeutic appliances (58% compared to 38%).

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. **The country continues to have the highest share (12.6% of GDP) of health expenditure in the EU with inpatient and outpatient care making up more than half of total health spending.** Spending on prevention has doubled over the last decade (6.4 %), higher than the EU average (6.0 %). Levels of unmet needs for medical care due to the combined reasons of costs, distance to travel and waiting times are among the lowest in the EU, with virtually no differences between income groups. The relatively low level of out-of-pocket expenditure offers a high degree of financial protection to German households.

Financial protection is not uniform across all types of health services, and there is considerable variation across EU countries. **In nearly all EU countries, inpatient services in hospitals are more comprehensively covered (90% in 2022) than any other type of care, with free access or very limited cost-sharing in many countries.**

> **More than 60% of dental spending is covered in only three EU countries: Croatia, France and, as mentioned, Germany. In Romania and Spain, the level of public coverage is very low.**

More than three-quarters (77%) of spending on outpatient medical care across the EU was also covered by government and compulsory insurance schemes in 2022. Coverage varied from less than 60% in Malta, Portugal, Italy and Latvia to over 90% in the Slovak Republic, Denmark, Czechia and Sweden.

Coverage for dental care costs is far more limited across EU countries. Many countries restrict benefits to specific treatments or age groups, and many services require either substantial cost-sharing or are fully paid out-of-pocket by patients. As a result,

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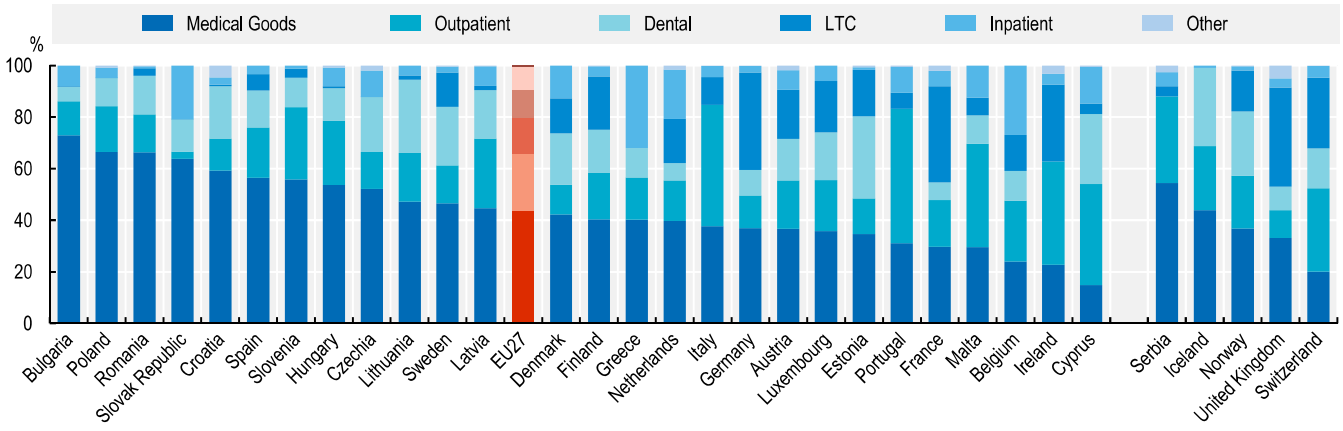
Out-of-pocket spending on health, by type of services, 2022



Note: The EU average is unweighted. "Medical Goods" include retail pharmaceuticals and therapeutic appliances. LTC = Long-term care.
Source: OECD Health Statistics 2024.
Note: Out-of-pocket (OOP) payments are expenditures borne directly by a person at the time of using any health good or service. They include cost-sharing (co-payments) and other expenditure paid directly by private households. Catastrophic health spending is defined as OOP payments that exceed a predefined percentage of the resources available to a household to pay for healthcare. Household resources available can be defined in different ways, leading to measurement differences. In the data presented here, these resources are defined as household consumption minus a standard amount representing basic spending on food, housing and utilities. The threshold used to define households with catastrophic spending is 40% of household capacity to pay for healthcare.

only one-third of total costs are borne by government schemes or compulsory insurance across the EU. More than 60% of dental spending is covered in only three EU countries: Croatia, France and, as mentioned, Germany. In Romania and Spain, the level of public coverage is very low. Voluntary health insurance is common for dental care, including in Germany, France, the Netherlands and Portugal, providing either full coverage of some services or coverage of cost-sharing obligations. Coverage for pharmaceuticals is also typically less comprehensive than for inpatient and outpatient care.

On average across EU countries, 15% of all spending on healthcare comes directly from patients through out-of-pocket (OOP) payments. The share of household consumption spent on healthcare provides an aggregate assessment of the financial burden of OOP payments. In 2022, around 3% of total household spending was on health services across the EU. This share ranged from less than 2% in Luxembourg and Croatia to 5% in Portugal and nearly 8% in Malta. Health systems in EU countries differ in the degree of coverage for different health services. Pharmaceutical and other medical goods are the main driver of household spending in the EU, accounting for 44% of OOP spending on health on average in 2022. Outpatient care accounted for just over a fifth of household spending on healthcare on average, but was especially high in Portugal (52%), Italy (47%) and Ireland (40%), where cost-sharing arrangements for outpatient care are common. **Dental care represented 14% of OOP spending on health, and long-term care made up 11% in 2022.**

	Germany	EU Average
Hospital beds per 1 000 pop.	7.8	4.7
Adult Intensive care beds per 100 000 pop.	28.1	18.4
Physicians per 1 000 pop.	4.5	4.2
Nurses per 1 000 pop.	12.0	8.4
Medical graduates per 100 000 pop.	12.4	17.5
Nursing graduates per 100 000 pop.	44.2	44.3

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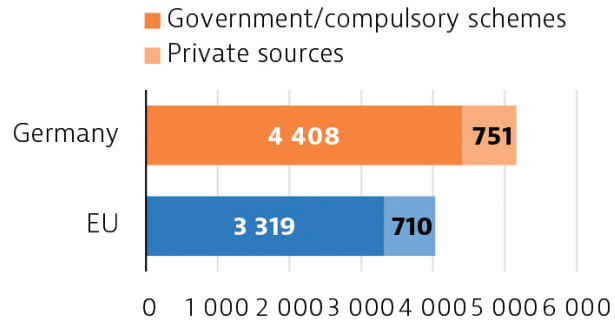
Germany	2014	2022
No. of hospitals	1,980	1,893
Length of stay (days)	7.4	7.2
Bed occupancy rate	77.4%	69%
No. of doctors		376,852 - 428,500
Outpatient doctors		168,300
Share of doctors under 35 years		18.8%

Source: German Federal Statistical Office / Eurostat Statistics Explained



EUR PPP per capita, 2021

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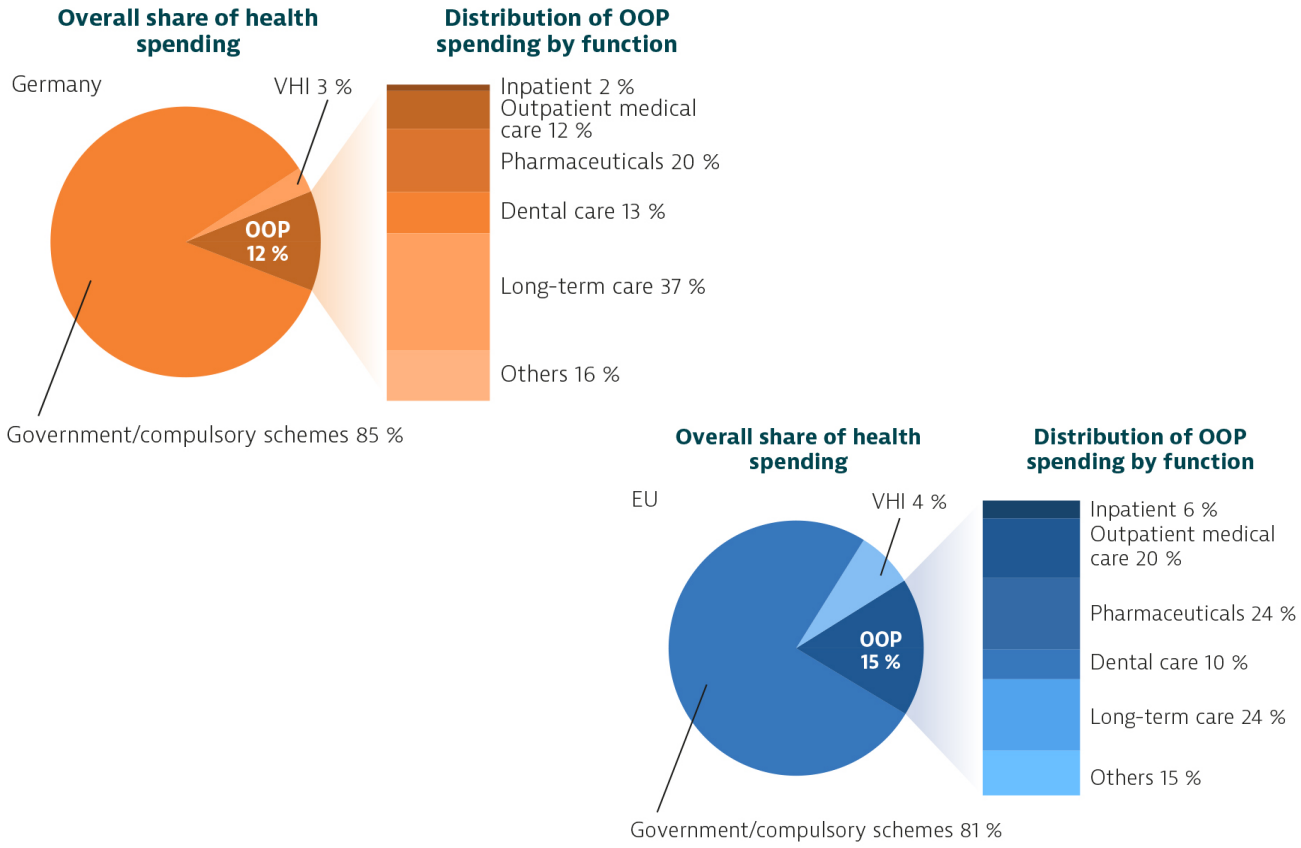

Notes: VHI refers to voluntary health insurance, which also includes other voluntary prepayment schemes. The EU average is weighted.
Sources: OECD Health Statistics 2023; Eurostat Database (data refer to 2021).

Resilience

The COVID-19 pandemic has demonstrated the importance of universal health coverage as a key element for the resilience of health systems, as gaps in insurance coverage and high levels of out-of-pocket payments may deter people from seeking care. **However, population coverage is only a partial measure, as the range of services covered and the degree of cost-sharing for those services also define how comprehensive healthcare coverage is in a country. Most European countries have achieved universal (or near-universal) coverage of the population for a core set of health services, usually including consultations with doctors, tests and examinations, and hospital care. Yet, in some countries, coverage of these core services may not be universal.** Although basic primary health coverage generally covers a defined set of benefits, in many countries accessing health services entails some degree of cost-sharing for most users. In most countries, additional health coverage can be purchased through private insurance to cover any cost-sharing left after basic coverage (complementary insurance), add additional services (supplementary insurance) or provide faster access or larger choice of providers (duplicate insurance). In most EU countries, only a small proportion of the population has an additional private health insurance, except for Belgium, France, Slovenia, the Netherlands, Luxembourg and Croatia, where more than half of the population has private health insurance coverage. Over the last decade, the population covered by additional private health insurance has increased in 14 of 22 EU countries with available data. Several factors determine how additional private health insurance evolves, notably the extent of gaps in access to publicly financed services and government interventions directed at private health insurance markets.

> **"As a matter of fact, the number of doctors in EU countries increased from 2010 to 1.83 million in 2022, from an average of 3.4 doctors per 1,000 population in 2010 to 4.2 in 2022. However, this does not mean that the shortage of doctors has been reduced.**

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 prioritizes modernization of the hospital sector and strengthening the digital and technical underpinning of public health services.** Planned hospital reforms will also address the large number of hospital beds, to encourage more outpatient services and to guarantee quality. Germany attaches great importance to addressing any impending nursing shortages. Despite the high number of nurses per inhabitant, higher than the EU average, 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 (the diagnosis-related group-based hospital payment

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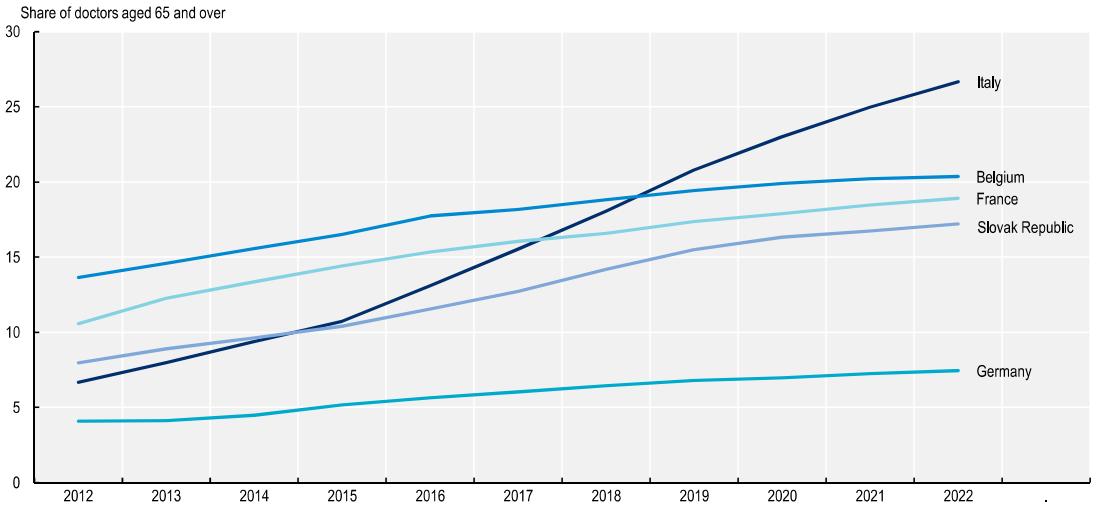
The share of doctors aged 65 and over has increased over the past decade in several EU countries



Source: Eurostat (hlth_rs_phys).

system, in 2004), prompted a reform to exclude nursing costs from DRG fees from 2020 onwards 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). 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. Germany also needs to solve the chronic doctor shortage. One in four doctors are leaving the profession and many practices are closing. According to *Euronews Health*, 80,000 doctors in Germany are over the age of 60 and finding successors to their practices will be a very tough job. Specifically in outpatient or general practitioner (GPs) care, over the next three years, an estimated 5,000 to 8,000 general practitioners' practices are expected to close, mostly due to retirement.

As a matter of fact, the number of doctors in EU countries increased from 2010 to 1.83 million in 2022, from an average of 3.4 doctors per 1,000 population in 2010 to 4.2 in 2022. However, this does not mean that the shortage of doctors has been reduced. One of the main reasons why the overall number of doctors has increased is that the number of female doctors has grown rapidly in many countries (over half -53%- of doctors were female in 2022), replacing

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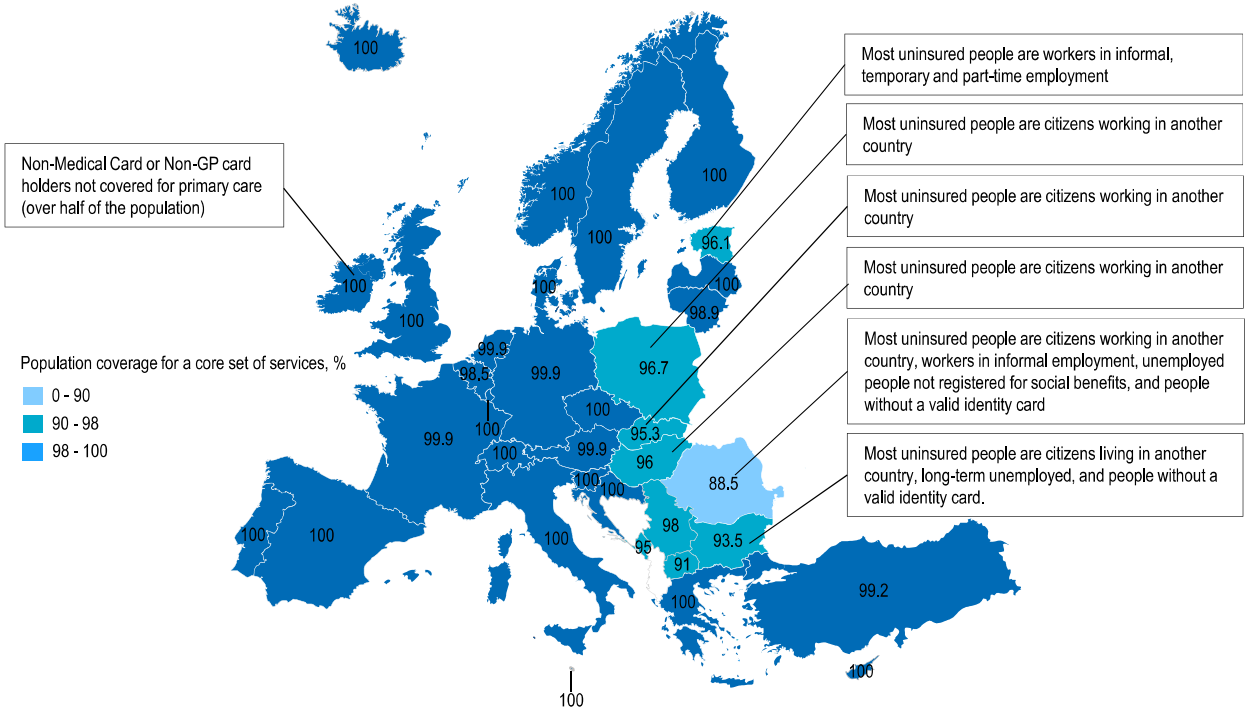
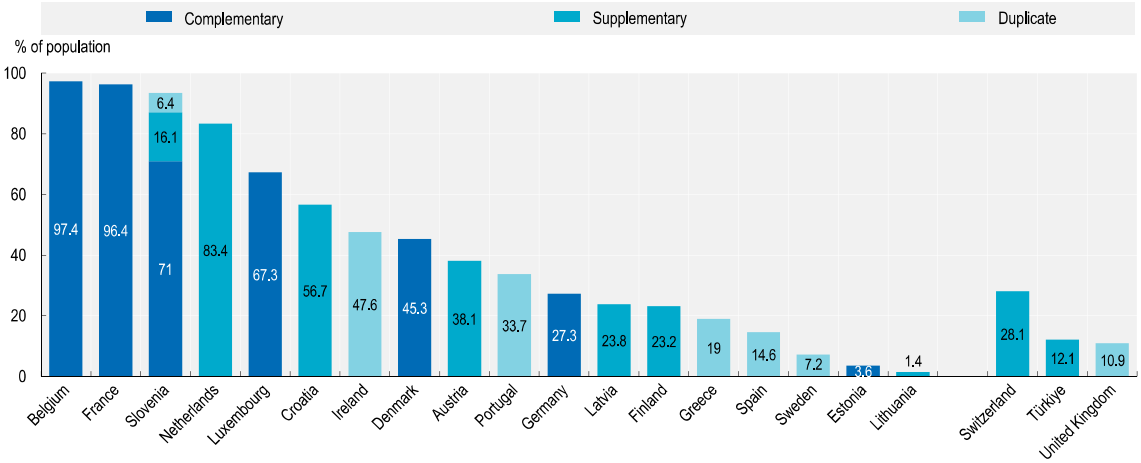
Population Coverage for a core set of services, 2022 (or nearest year)



Note: Population coverage for healthcare is defined as the share of the population covered for a set of healthcare goods and services (covering at least hospital care and outpatient medical care) under public programmes and through primary private health insurance. Public coverage refers both to government programmes, generally financed by taxation, and social health insurance, generally financed by payroll taxes. Voluntary private health insurance coverage refers to additional (secondary) insurance. It excludes primary private health insurance, which exists in Germany, Switzerland, Spain and Iceland. Note: Data include public coverage and primary private health insurance coverage.
Source: OECD Health Statistics 2024; European Observatory Health Systems in Transition (HiT) Series for non-OECD countries.

a predominantly male generation of doctors who is gradually retiring. However, female doctors generally work fewer hours than male doctors (about 10% less than male doctors in 2022, according to the EU Labour Force Survey. 39.4 hours per week compared to 43.0 hours) on average across EU countries. **Furthermore, in many countries, the main concern is about a growing shortage of general practitioners (GPs), particularly in rural and remote areas, restricting access to primary care.** On average across EU countries, only about one in five doctors were GPs in 2022, whereas two-thirds were specialists. A few countries such as Portugal, Finland, Belgium and France have been able to maintain a better balance between GPs and specialists, with GPs accounting for at least 30% of all doctors.

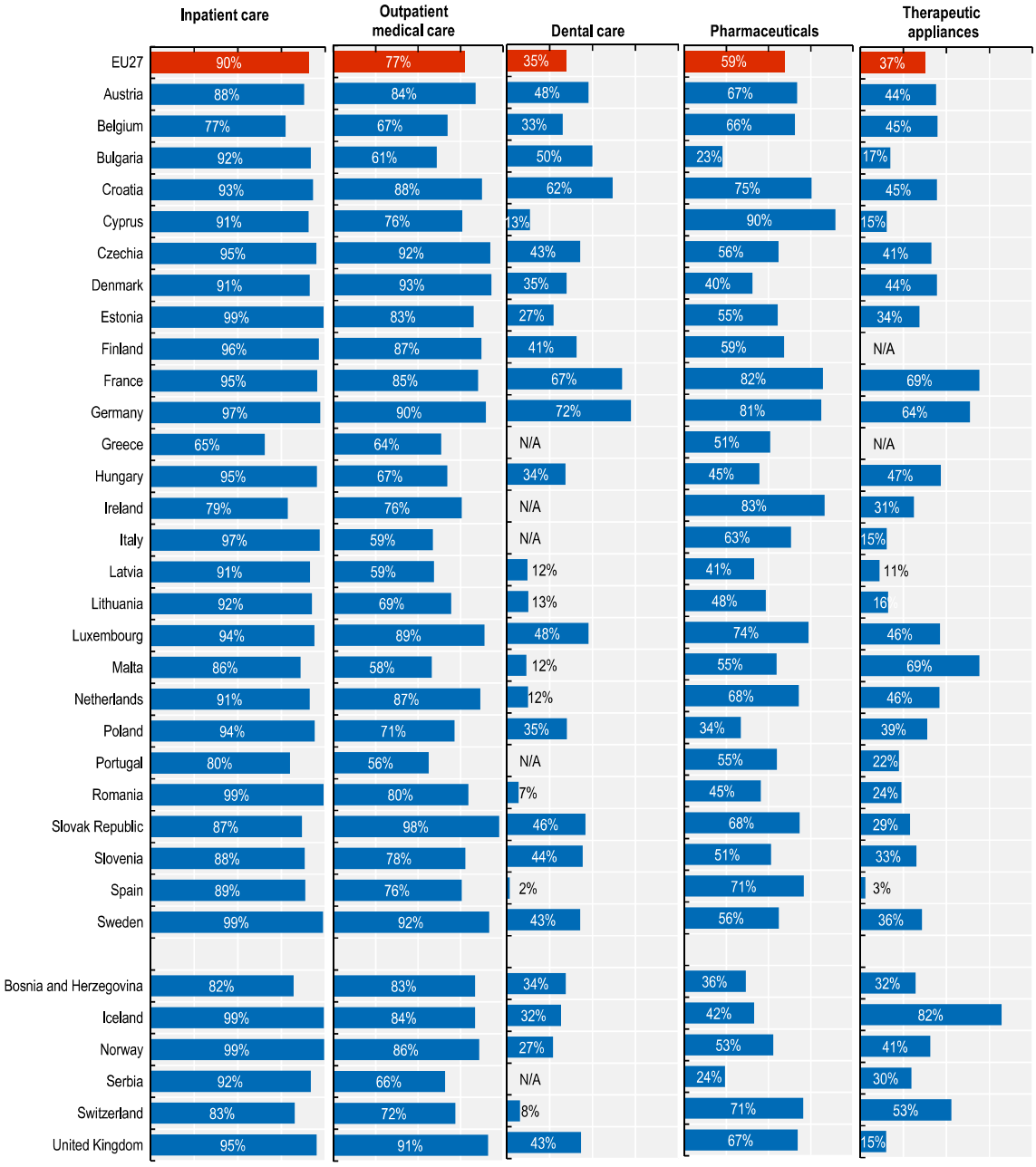
Private Health Insurance Coverage, 2022 (or nearest year)



Note: These data exclude primary private health insurance. The additional (secondary) private health insurance can be both complementary and supplementary in Denmark, Germany, Luxembourg and Türkiye. Data for France refer to 2019 and data for Spain to 2020. Source: OECD Health Statistics 2024.

Healthcare coverage for selected services, 2022 (or nearest year)

Government and compulsory insurance spending as proportion of total health spending by type of services



Note: Outpatient medical services mainly refer to services provided by generalists and specialists in the outpatient sector. Pharmaceuticals include prescribed and over-the-counter medicines as well as medical non-durables. Therapeutic appliances refer to vision products, hearing aids, wheelchairs and other medical devices. N/A means data not available. The EU average is unweighted. Source: OECD Health Statistics 2024.

Among Main Sources:
-Extracts taken from: OECD/European Observatory on Health Systems and Policies (2023), Germany: Country Health Profile 2023, State of Health in the EU, OECD Publishing, Paris/European Observatory on Health Systems and Policies, Brussels.
ISBN 9789264898615 (PDF), Series: State of Health in the EU, SSN 25227041 (online)
-German Federal Statistical Office: https://www.destatis.de/EN/Themes/Society-Environment/Health/Health-Expenditure/_node.html
-Extracts taken from: OECD/European Commission (2024), Health at a Glance: Europe 2024: State of Health in the EU Cycle, OECD Publishing, Paris, https://doi.org/10.1787/b3704e14-en.
-Euronews Health, https://www.euronews.com/health/2024/02/05/germanys-health-crisis-why-europes-biggest-economy-is-fending-off-a-chronic-doctor-shortag
-Eurostat Statistics Explained: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_personnel_statistics_-_physicians&oldid=460643

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European Oral Health Burden

In the EU, the socio-economic burden of oral diseases is considerable: they affect most school-aged children and adults and account, on average, for 5% of public health spending. Treatment expenditure exceeds that for other diseases, including cancer, heart disease, stroke and dementia. This is disturbing, given that much of the oral disease burden is preventable.

- Public coverage for dental care costs is limited across EU countries.
- Direct payments by patients for dental services represent the largest source of funding, on average more than half (59%) of total dental care spending in most EU countries comes from out-of-pocket payments.
- Dental care is funded to a greater extent by private (out-of-pocket) patient payments than other areas of healthcare due to restricted service packages for dental care, except for children in most countries.
- Complementary and supplementary Voluntary Health Insurance play an important role in several countries, covering dental care services that are either completely or partially excluded from the publicly financed benefit packages.
- EU cross-country comparison of oral health status is hampered by the absence of systematic, standardized collection of epidemiological oral health data.
- Gerodontics will be fundamental in the organization of national long-term care systems by 2050.

After a decline, due to the impact of the COVID-19 pandemic, the European Union's population has increased for the second consecutive year, rising to 449.2 million people on 1 January 2024 (from 447.6 million in 2023). The negative natural change (more deaths than births) was outnumbered by the positive net migration, and the observed population growth can also be largely attributed to the increased migratory movements. **The most populous European Union (EU) country was Germany (84.4 million, 19% of the EU total), followed by France (68.2 million, 15%), Italy (59.0 million, 13%), Spain (48.1 million, 11%) and Poland (36.8 million, 8%). In total, these five EU countries accounted for 66% of the EU population.** At the other end of the range, the least populous EU countries were Malta (542,000 people, corresponding to 0.1% of the EU total), Luxembourg (661,000, also 0.1%) and Cyprus (921,000, 0.2%).

The EU countries' demographic profile is further undergoing a profound transformation due to rising life expectancy and declining fertility rates. People are living longer; the share of people aged over 65 in the EU is expected to reach 29% by 2050. Despite a temporary setback during the COVID-19 pandemic, life expectancy at birth in the EU has increased by more than four years since 2000 to reach 81.5 years in 2023, and life expectancy when people reach age 65 has never been higher, now exceeding 20 years. Furthermore, the post-World War II baby boom observed in many European countries has also contributed to an increasing proportion of people aged over 65 during the past decade and will continue to increase the proportion in the coming years as this cohort reaches that age group. The share of people aged over 65 in 2023 was particularly high in Italy and Portugal with nearly 25% of the population in that age group, while Ireland and Luxembourg had the lowest proportion with 15%. However, population ageing will accelerate greatly in the coming decades. For example, while Ireland currently has a relatively young population, the share of its population aged over 65 is projected to increase by more than two-thirds between 2023 and 2050. **By 2050, the share of people aged over 65 is expected to be the highest in Italy and Portugal but also in Greece and Spain with at least one-third of the population in that age group.** It is expected to be the lowest in Luxembourg, Malta and Sweden, but nonetheless rising to reach at least 23% by 2050 in these three countries.

> **Despite a temporary setback during the COVID-19 pandemic, life expectancy at birth in the EU has increased by more than four years since 2000 to reach 81.5 years in 2023, and life expectancy when people reach age 65 has never been higher, now exceeding 20 years.**

Oral health is a central component of overall health and psychosocial well-being; whether people are ageing in good physical and mental health will have substantial consequences for EU healthcare systems. In 2023, over 60% of people aged over 65 reported having at least one chronic disease. As people age, the prevalence of various chronic diseases and disabilities tends to increase, including oral disorders, which are among the most prevalent health conditions in Europe. With people living longer and retaining more natural teeth into older life, oral health has become increasingly important for overall quality of life. **Many of the risk factors contributing to the burden of these diseases are preventable through individual actions and health promotion and prevention policies.** Promoting physical activity, healthy eating and healthy weight, and better management of conditions can substantially prevent or delay many diseases. However, not all health issues can be prevented in old age and health systems must be prepared to meet the healthcare needs

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of a growing number of older people. Early diagnosis of health conditions, along with equal access to people-centered and integrated care, will be instrumental to help older people manage their health conditions and avoid or delay any further deterioration in their health and functional status. **Considering the links between periodontitis and various noncommunicable diseases, a better information exchange between dental service utilization and medical health records would be fundamental to achieving better integration of specialties and improved multidisciplinary preventive strategies.**

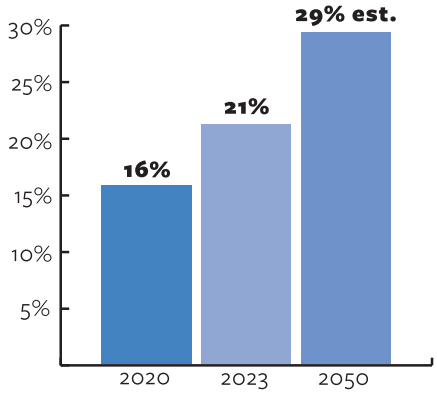
The main risk factors for oral health are high sugar dietary intake, smoking, alcohol use and poor oral hygiene, which are largely determined by socioeconomic status, lifestyle, and environmental risk factors. **Access to dental care is often more limited for certain parts of the population, either because dental care is less covered under public health insurance system, and therefore less affordable for people with lower income, or because of a short supply of dentists in certain areas.** In 2023, 6% of people who needed dental care reported some unmet needs because of affordability or accessibility issues, according to the EU-SILC survey, but this proportion reached over 12% among people at risk of poverty. Oral diseases rank among the most costly health domains in the EU, just behind diabetes and cardiovascular diseases. Expenditure on outpatient dental care has increased in nearly all European countries both in terms of per capita expenditure and as a share of GDP, with the largest increases seen in the Baltic countries. **Spending on dental services represents on average about 5.1% of total health spending across the EU countries (23 counties compared) with dental spending from public sources accounting, on average, about 31% of total spending on dental care.** Differences in dental care expenditure per capita and as a share of GDP seem to be influenced by variations in the unit costs of labor and overhead costs, dental technology, material and laboratory services. Countries' overall economic performance also determines these metrics.

In 2022, there were over 363,000 practicing dentists in the EU, with Germany reporting the highest number of practicing dentists, followed by Italy and France. However, as these countries have some of the highest populations in the EU, it follows that they have the highest number of practicing dentists. While the highest number of practicing dentists, relative to population, was recorded in Cyprus (119.4 per 100 000 inhabitants); Bulgaria, Romania, Lithuania and Estonia were the other EU countries where there were at least 100 practicing dentists per 100 000 inhabitants in 2022. Among the remaining EU countries, the number of practicing dentists per 100 000 inhabitants was generally within the range of 50 to 100; only Ireland was below this range, with 45.1 practicing dentists per 100 000 inhabitants.

On average across EU countries, a person had 1.2 consultations with a dentist in 2022, ranging from 0.3 in Romania to 3.3 consultations in the Netherlands. In most EU countries, people had one or two consultations per year. The markedly low number of consultations in Romania, despite having one of the highest numbers of dentists in the EU, is linked to the high out-out-pocket cost of dental care due to low public coverage, where over 90% of dentists work in private, and a high share of the population cannot afford dental care. These practices have increasingly leveraged cross-border dental tourism to sustain their activities. On the other hand, some dentists are emigrating to other EU countries due to insufficient activity. By contrast, the high number of consultations in the Netherlands can be explained, at least partly, by the high awareness of people arising from well-established programs to promote prevention of oral health issues at a young age. Several other European countries also have similar programs of oral health promotion targeting children. For example, in Croatia, a program targeting kindergarten and elementary school children promotes effective oral hygiene habits, guiding children to integrate toothbrushing into their daily routines under teacher supervision. Many countries restrict benefits to specific treatments or age groups, and many services require either substantial cost-sharing or are fully paid out-of-pocket by patients. **The extent of public coverage for dental care costs varies widely across countries and can partly explain some of the cross-country variations in the use of dental care services. More than 65% of dental spending is publicly covered in only three EU countries: Croatia, Germany and France.** By contrast, in Romania only 7% of dental care spending is publicly funded. In Spain, the level of public coverage is very low (3%). The top spenders include Estonia and Lithuania where spending on dental care represents 10% of the overall health budget. In the Netherlands, while dental care is not comprehensively covered in the benefit package for adults, voluntary health insurance plays an important role in covering dental care costs. Voluntary health insurance is common for dental care, including in Germany, France, and Portugal, providing either full coverage of some services or coverage of cost-sharing obligations. Public funding of preventive oral healthcare services is the main criterion for explaining such a variety within the EU. Dental care accounts for over one-third of primary healthcare spending on average across the EU.

In 2022, 14,306 dentists graduated in the EU, representing 3.2 dentists graduates per 100 000 inhabitants. The number represents a slight increase, up from 3.1 in 2021. At country level, Romania had the highest rate with 9.9 per 100 000 inhabitants, ahead of Portugal (9.1) and Bulgaria (7.8). By contrast, Malta (less than 0.1), Italy (1.4) and the Netherlands (1.5) reported the lowest rates, all below 1.5 dentist graduates per 100,000 inhabitants.

Proportion of People Aged Over 65, in the EU



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Number of Dentists Practicing in Europe in 2023, By Country

	No. of dentists	Dentists per 100,000 Inhabitants	Per 1 000 Inhabitants
Belgium	8,820	75.5	0.8
Bulgaria	7,663	115.4	1.2
Czechia	7,886	73.9	0.7
Denmark, 2021	4,205	71.8	0.7
Germany	71,297 - 72,767 (101,344 registered)	85.1	0.9
Estonia	1,375	101.9	1.0
Ireland	2,330 - 2,466	45.1	0.5
Greece	13,904	133.2	1.3
Spain	28,833	60,4	0.6
France	45,989	67.6	0.7
Croatia	3,697	95.9	1.0

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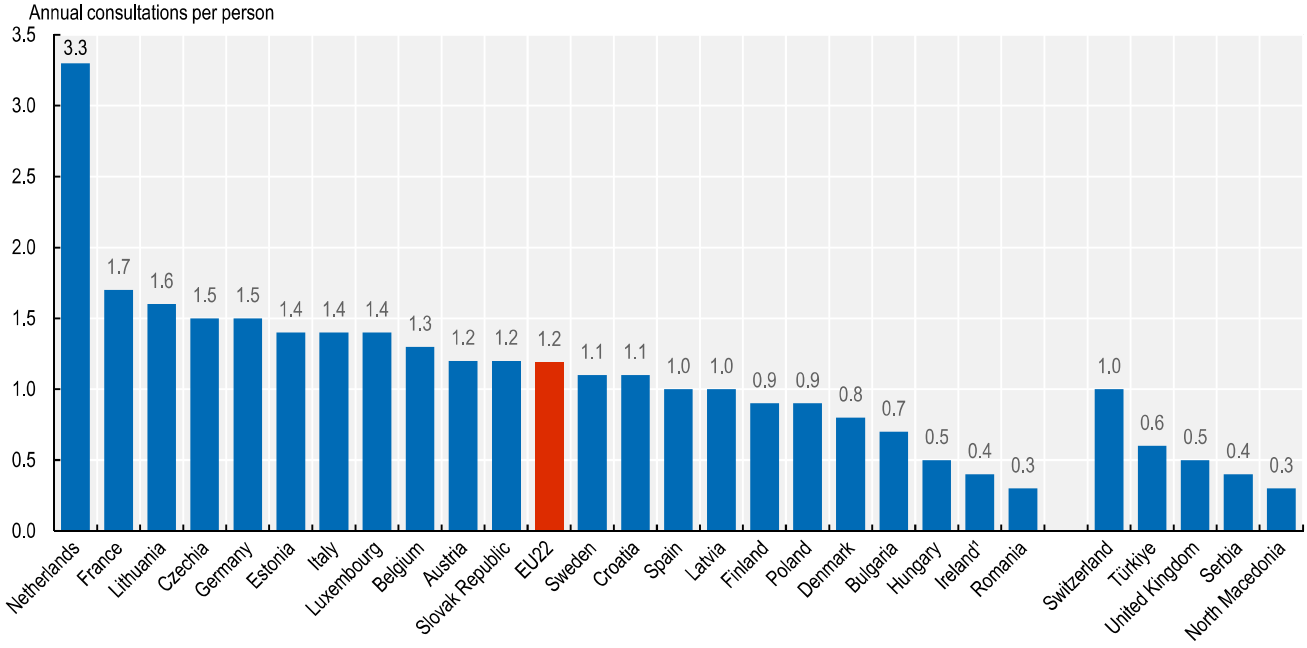
Italy	49,721 59,324 (registered)	89.1	0.9
Cyprus	1,090	119.4	1.2
Latvia	1,331	70.8	0.7
Lithuania	3,104	109.6	1.1*
Luxemburg	-	-	1.0
Hungary	7,198	74.6	0.8
Malta	270	50.8	0.5
Netherlands	10,148	57.3	0.6
Austria	5,565	61.6	0.6
Poland	32,899 - 34,899	94.8	0.9
Portugal	12,552	120.6	1.2
Romania	21,855	114.7	1.2
Slovenia	1,571	74.4	0.7

Number of Dentist Consultations Per Person, 2022 (or nearest year)



Note: Dentists consultations include visits at the dentist's office as well as in outpatient departments in hospital, although the coverage of these settings differ across countries. The data come mainly from administrative sources, although in some countries (Ireland, the Netherlands, Spain and Switzerland) the data come from health interview surveys. Data from administrative sources tend to be higher than those from surveys because of recall problems and non-response rates and also because some surveys only cover adults, resulting in an under-estimation if the number of visits among children is greater. Austria, Hungary, Serbia and the United Kingdom do not cover consultations privately financed or provided in the private sector, resulting in an under-estimation. In Germany, the data refer to the number of dental treatment cases only, resulting in an under-estimation. In Sweden, the data refer only to people aged 24 and over.
Note: The EU average is unweighted. 1. The latest data refer to 2018. Source: OECD Health Statistics 2024.

source: inews IDS 2025
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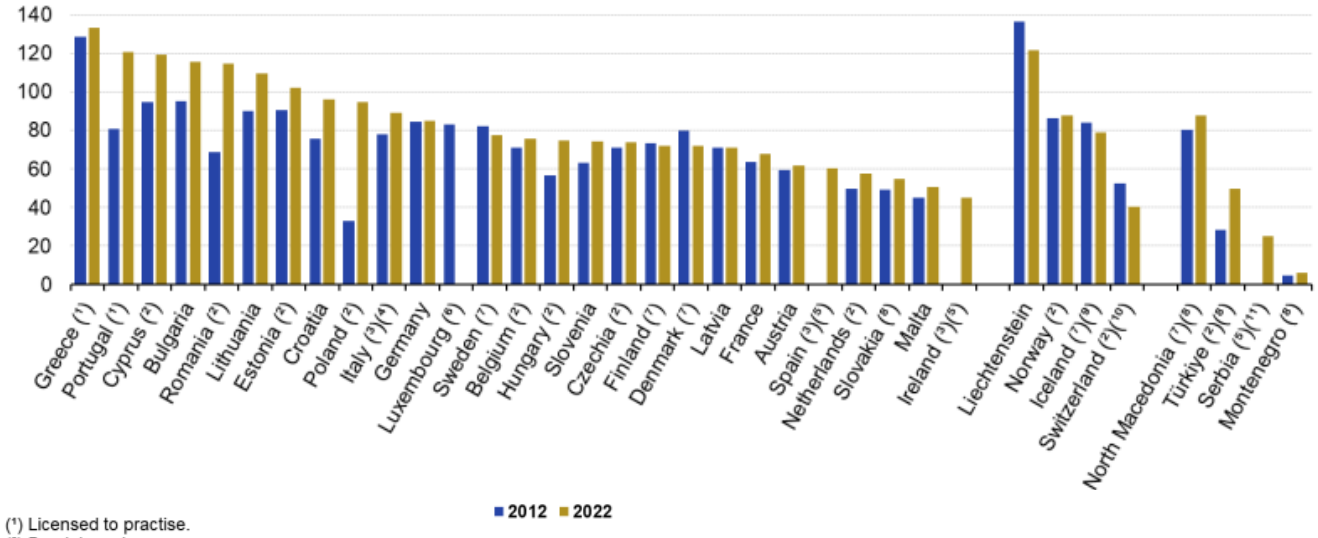
Slovak Republic	2,972	54.7	0.6
Finland, 2021	3,983 - 4,121	71.9	0.7
Sweden, 2021	8,066	77.4	0.8
Iceland	304	78.9	0.8
Liechtenstein	48	121.5	
Norway	4,792-4,850	87.8	0.9
Switzerland, 2019	3,481	-	0.4
Montenegro	37	6.0	1.1
North Macedonia, 2021 professionally active	1,711	87.6	0.8
Serbia**	1,679	25.0	0.3
Turkey, professionally active	42,359	49.9	0.5
United Kingdom	33,838		0.5

*Note: The EU average is unweighted. Data include both salaried and self-employed dentists. In most countries, the data only include dentists providing services to patients, but this is not the case in Greece, Montenegro and Portugal where the data refer to all dentists licensed to practice, resulting in an over-estimation of practicing dentists. * The latest data refer to 2017 only. ** Data do not include dentists in the private sector, but only in the public, resulting an under-estimation of practicing dentist. Source: OECD Health Statistics 2024; Eurostat (hlth_rs_prs2); WHO National Health Workforce Accounts for Moldova and Ukraine. | Eurostat database (online data code: hlth_rs_prs2)*

Practising dentists, 2012 and 2022
(per 100 000 inhabitants)



(1) Licensed to practise.
(2) Break in series.
(3) Estimates.
(4) 2013 instead of 2012.
(5) 2012: not available.
(6) 2022: not available.
(7) 2021 instead of 2022.
(8) Professionally active.
(9) Definition differs
(10) 2019 instead of 2022.
(11) Only includes personnel in institutions under the Ministry of Health. Excludes the private health sector.
Source: Eurostat (online data code: hlth_rs_prs2)

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Dentistry Graduates Across the EU in 2022

	2012	2017	2022
Belgium	163	255	232
Bulgaria	305	348	518
Czechia	262	352	296
Denmark	123	111	129 (2021)
Germany	2,376	2,192	2,504
Estonia	23	25	25
Ireland	80	85	90
Greece	176	173	248
Spain	1,533	1,657	1,852
France	1,027	1,283	1,481 (2021)
Croatia	134	101	196
Italy	820	758	842
Cyprus	0	0	33
Latvia	37	63	99
Lithuania	156	176	162
Luxemburg	-	-	-
Hungary	342	308	376
Malta	6	11	0
Netherlands	230	230	260
Austria	126	184	269
Poland	954	975	1,203
Portugal	593	641	942
Romania	1,277	2,080	1,878
Slovenia	-	-	63
Slovak Republic	99	138	142
Finland	93	159	181

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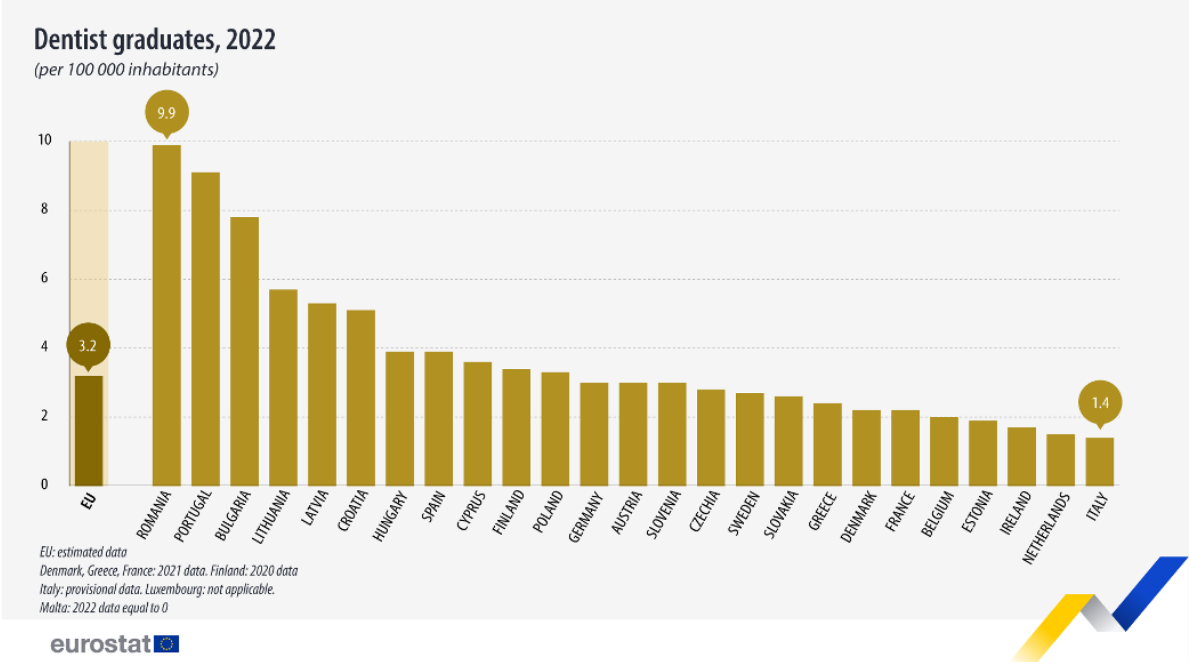
Sweden	203	293	285
EU27 TOTAL			**14,306**
Iceland	6	7	-
Liechtenstein	0	0	0
Norway	149	124	103
Switzerland	105	115	108
Montenegro	-	14	22
North Macedonia	143	177	125
Serbia	486	432	398
Turkey	1,083	2,584	4,607

Source: Eurostat database (online data code: hlth_rs_prs2)



Source: https://ec.europa.eu/eurostat/web/products-eurostat-news/w/ddn-20240805-1

Among mani sources:
-Extracts taken from: OECD/European Commission (2024), Health at a Glance: Europe 2024: State of Health in the EU Cycle, OECD Publishing, Paris, https://doi.org/10.1787/b3704e14-en.
-Eurostat database: https://ec.europa.eu/eurostat/web/interactive-publications/demography-2024
https://ec.europa.eu/eurostat/web/products-eurostat-news/w/ddn-20240711-1
https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_personnel_statistics_-_dentists,_pharmacists_and_physiotherapists
-https://www.statista.com/statistics/554977/dentists-in-europe/
-Platform for Better Oral Health in Europe - https://www.oralhealthplatform.eu/
-Federation of European Dental Competent Authorities and Regulators - https://fedcar.eu/en/news/2024/11/patients-access-to-oral-healthcare-in-europe-updated-2024-figures/

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