COUNTRY PROFILES
DENMARK

JARED
Joint Action on REspiratory Diseases

1. Key facts

Population: ~5.9 million (2023)
Current health expenditure (% of GDP): 10.82 (2021)
Healthy life expectancy (at birth): 70.1 (2021)
Source: *WHO*

2. Key indicators

Smoking rate
Age-standardized prevalence of tobacco smoking among persons 15 years and older: 15.2% (2025). The projected prevalence for 2030 is 12.6%.
Source: WHO

PM2.5 exposure
Concentrations of fine particulate matter (PM2.5): 7.71 (2023)
In Denmark, the rate of the all-cause natural deaths attributable to long-term exposure to fine particles (number of premature deaths attributable per 100 000 inhabitants 30 years or above) above 5μg/m3 is estimated to have been reduced by 78.5% between 2005 and 2023 (from 85.1 to 18.3, respectively), resulting in 703 (95% CI: 533-787) attributable deaths in 2023.
Sources: WHO, European Environment Agency

Respiratory mortality
Standardised death rate per 100 000 inhabitants: 107.3 (2022)
Number of deaths: 6,290. Share of all deaths: 10.6%
In 2022, there were around 363 500 deaths in the EU resulting from diseases of the respiratory system, equivalent to 7.0% of all deaths among residents.
Source: Eurostat

Tuberculosis incidence
In Denmark, the tuberculosis incidence (per 100 000 population) has improved by ▼ 412.8 cases per 100 000 from 16 [13 - 19] in 2000 to 3.2 [2.6 - 3.9] in 2024.
Source: WHO

Asthma prevalence: 7.2% (2019). 6.5% (2014)
Source: Eurostat

COPD prevalence: 3.3% (2021)
2021-2011: 3.3, 3.4, 3.5, 3.7, 3.7, 3.8, 3.9, 3.9, 3.9, 3.9, 3.9
Source: WHO

3. Thematic focus

Denmark does not have a single national strategy covering the treatment of chronic respiratory diseases (CRDs). However, national clinical guidance is available for specific conditions, including **COPD** (KOL) and **asthma.** The Danish Health Authority, for example, provides national guidance on rehabilitation for people with COPD. Regional programmes also support COPD treatment and rehabilitation through collaboration between hospitals, general practitioners and municipalities.

4. Challenges

Smoking and tobacco use remain among the most important risk factors for COPD and other serious chronic diseases. Strengthening smoking prevention and supporting people to quit therefore remain important areas of focus.

Late or missed diagnosis is another key challenge, as many people with COPD remain undiagnosed and may be unaware that they have the disease. Improving early detection and timely diagnosis is therefore important for effective disease management.

Social and geographical inequalities affect both the burden of CRDs and access to treatment and support. COPD, in particular, affects people differently depending on their social background, while rehabilitation and support services can vary between municipalities. These differences may contribute to inequalities in access to appropriate care and treatment.

5. Opportunities

Aarhus Municipality participates in JARED as an **Observer,** contributing a municipal perspective to the project and its work on chronic respiratory diseases.

Co-funded by the European Union