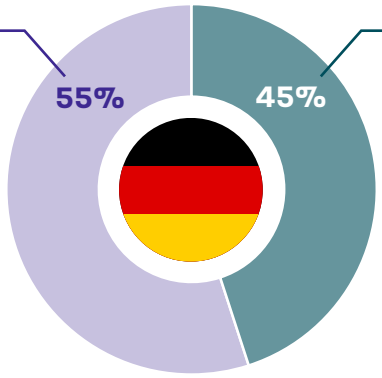
The burden of elevated BMI in Germany

Elevated BMI costs Germany an estimated €55.2 billion annually (€662 per capita).

€30.3 billion
in direct costs (55%)

Direct costs are driven by **cardiovascular disease** (€8.7bn), **chronic kidney disease** (€8.3bn), **musculoskeletal diseases** (€6.1bn), and **type 2 diabetes** (€3.8bn), among others.

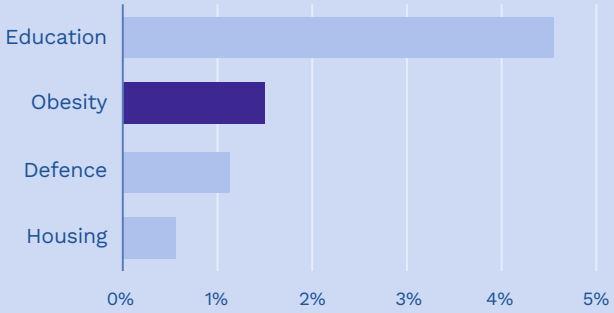


€24.9 billion
in indirect costs (45%)

On the indirect side, **absenteeism** is the largest component at €8.7 billion, followed by:

- **€6.8 BILLION** — **economic inactivity** (€6.8bn)
- **€4.3 BILLION** — **presenteeism** (€4.3bn)
- **€3.4 BILLION** — **informal care** (€3.4bn)
- **€1.7 BILLION** — **premature mortality** (€1.7bn)

Total spending as % of GDP



Source: OHE/EFPIA (2026), The burden of overweight and obesity in Europe. Contract research commissioned and funded by EFPIA.

Overall, expenditure related to elevated BMI amounts to roughly 1.3% of GDP, exceeding housing and the defence budget in 2024.

Germany's indirect burden is most reflected in the cost of absenteeism, reflecting that workers in Germany take a large number of days of absenteeism relative to other European countries, possibly owing to the more generous sick pay policies in Germany (The Economist, 2025). Germany also has relatively high inactivity rates, which are another component driving large indirect costs.

Policy Context

Germany launched a Disease Management Programme (DMP) for adults with obesity in mid-2024, marking the first time obesity has been formally integrated into the country's structured chronic disease management framework (World Obesity Federation, 2024). The DMP framework for obesity is possible since Germany has recognised obesity as a disease, and is therefore legally anchored in Germany's fifth book of the Social Code (SGB V) under § 137f as a structured treatment programme for chronic diseases (G-BA, 2022). Germany also has preventive health check-ups, fully covered for adults with statutory health insurance that can be claimed between 18-34 and every three years from 35 age onwards (Venzaziel, 2025). The programme is designed to assess individual risk factors and support early detection of cardiovascular disease, kidney disease and diabetes. There is an opportunity to link identification of obesity as a risk factor to optimal obesity management initiatives via this programme.

However, barriers remain for DMP implementation. These include the need for regional negotiations between statutory health insurers and physician associations, as well as the lack of legal confirmation on how contracts will be implemented. Moreover, §34(1) of the German Social Code Book V (Sozialgesetzbuch V – SGB V) still classifies obesity management medicines (OMMs) as "lifestyle", prohibiting their reimbursement by Statutory Health Insurance (Bundesminiterium der Justiz und für Verbraucherschutz, 1988; Lautenbach et al., 2026). Although bariatric surgery is reimbursable, only a small proportion of patients with morbid obesity in Germany have access to it, largely due to the restrictive attitude of health insurance companies regarding cost coverage and inconsistent eligibility decisions across insurers (Auf der Maur et al., 2022). For the above initiatives to translate into effective obesity care across the whole spectrum from prevention to treatment, wider reimbursement of such interventions is necessary.

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