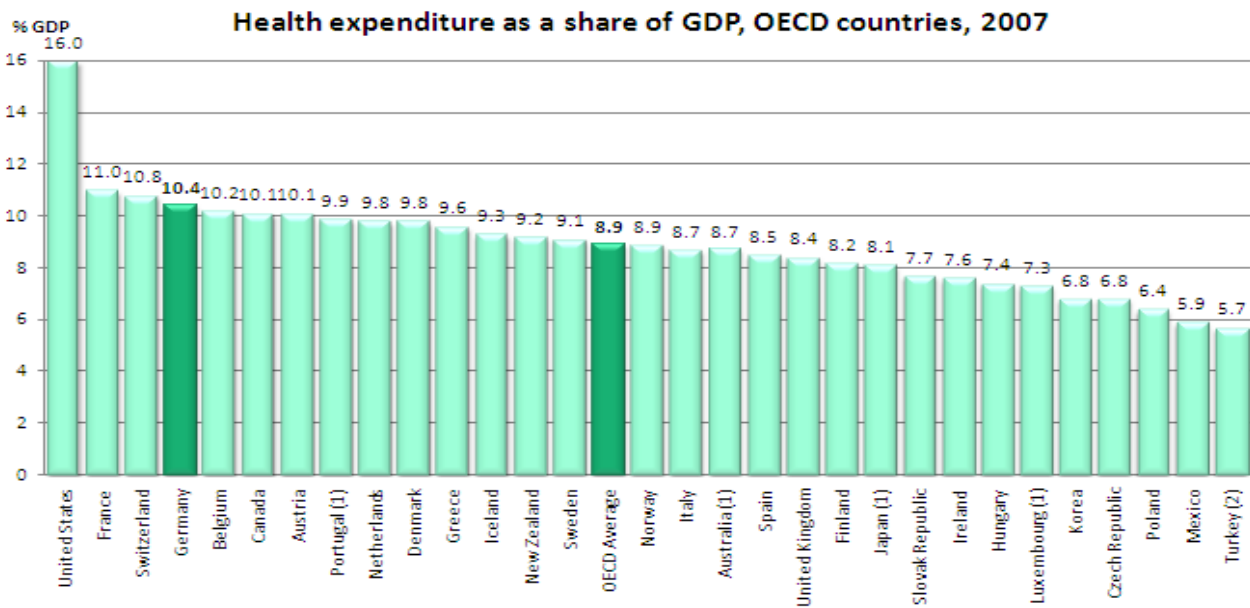




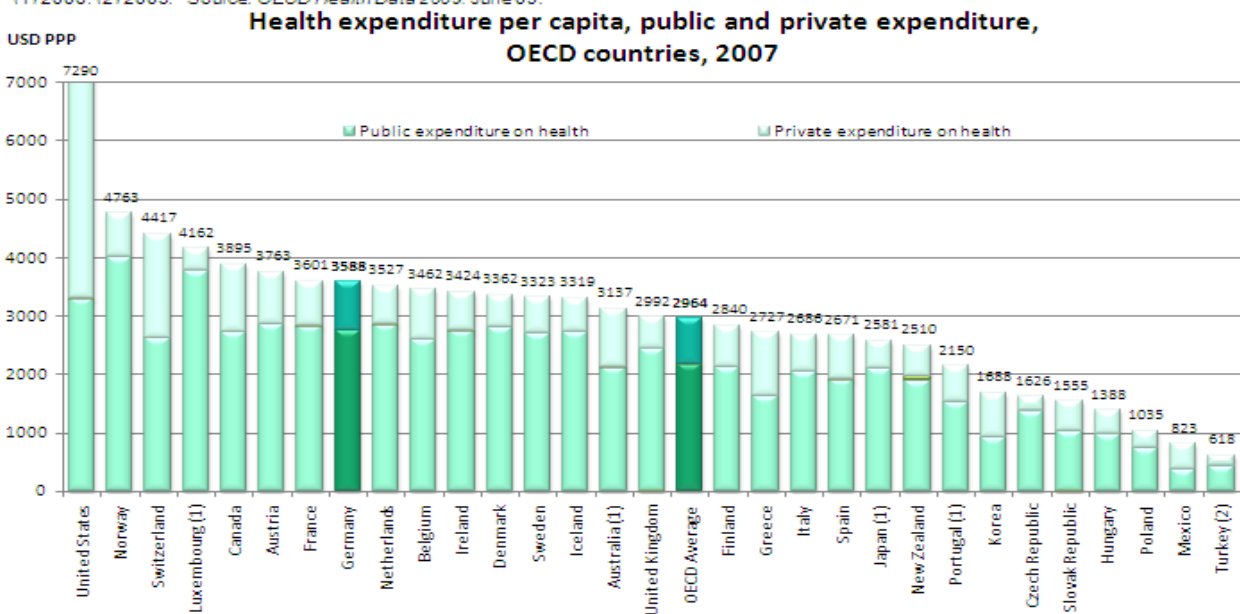
OECD Health Data 2009 How Does Germany Compare

Total health spending accounted for 10.4% of GDP in **Germany** in 2007, 1.5 percentage points higher than the average of 8.9% in OECD countries. Only the United States (16%), France (11%) and Switzerland (10.8%) allocated more of their GDP to health than **Germany** in 2007.

On the other hand, **Germany** ranks only 10th among OECD countries in health spending per capita, with spending of 3,588 USD per person in 2007 (adjusted for purchasing power parity). The OECD average in 2007 was 2,964 USD per capita. The largest spenders in terms of health spending per capita are the United States (which spent 7,290 USD per capita in 2007), followed by Norway, Switzerland and Luxembourg (which spent over 4,000 USD per person).



(1) 2006. (2) 2005. Source: OECD Health Data 2009, June 09.



(1) 2006, (2) 2005. Data for Belgium, Denmark and the Netherlands are current expenditures (excluding investment). Source: OECD Health Data 2009, June 09.

Data are expressed in US dollars adjusted for purchasing power parities (PPPs), which provide a means of comparing spending between countries on a common base. PPPs are the rates of currency conversion that equalise the cost of a given 'basket' of goods and services in different countries.

Health spending per capita in **Germany** increased, in real terms, by 1.4% per year on average between 2000 and 2007. This was the smallest increase among all OECD countries during this period. The average growth rate in health spending across OECD countries was 3.7% per year between 2000 and 2007. The relatively slow growth in health spending in **Germany** is partly due to cost-containment measures that have been introduced in the context of health reforms.

Spending on pharmaceuticals in **Germany** in 2007 accounted for 15.1% of total health expenditure, below the OECD average of 17.1%. As in many OECD countries, the share of total health spending allocated to pharmaceuticals has increased at least slightly in **Germany** over the past decade.

The public sector is the main source of health funding in all OECD countries, except the United States and Mexico, where public spending was the lowest in 2007, at 45.4% and 45.2% respectively. In **Germany**, 76.9% of health spending was funded by public sources in 2007, above the average of 73% in OECD countries. Public spending was the highest in Luxembourg at 90.9% and relatively high (above 80%) in several Nordic countries (Denmark, Norway, Iceland, and Sweden), the Czech Republic, the United Kingdom, Japan and Ireland.

Resources in the health sector (human, physical, technological)

In 2007, **Germany** had 3.5 practising physicians per 1,000 population, compared with an OECD average of 3.1. There were 9.9 practising nurses per 1,000 population in **Germany**, slightly above the OECD average of 9.6.

The number of acute care hospital beds in **Germany** stood at 5.7 per 1,000 population in 2007, well above the OECD average of 3.8. As in most OECD countries, the number of hospital beds per capita in **Germany** has fallen over time, coinciding with a reduction of average length of stays in hospitals.

During the past decade, there has been rapid growth in the availability of diagnostic technologies such as computed tomography (CT) scanners and magnetic resonance imaging (MRI) units in most OECD countries. In **Germany**, the number of MRIs increased over time from about 1 per million population in 1992 to 8.2 in 2007. Despite this increase, **Germany** is still lagging behind the OECD average of 11 MRI units per million population. Similarly, the number of CT scanners in **Germany** was 16.3 per million population in 2007, below the OECD average of 20.2. Japan has, by far, the greatest number of MRIs and CT scanners per capita among OECD countries.

Health status and risk factors

Most OECD countries have enjoyed large gains in life expectancy over the past decades, thanks to improvements in living conditions, public health interventions and progress in medical care. In 2006, life expectancy at birth for the whole population in **Germany** stood at 79.8 years, nearly a year more than the OECD average of 79 years. Japan enjoyed the highest life expectancy among OECD countries (with 82.6 years), followed by Switzerland, Australia, Iceland, Italy and Spain (all with life expectancies of over 81 years).

The infant mortality rate in **Germany**, as in other OECD countries, has fallen greatly over the past decades. It stood at 3.8 deaths per 1,000 live births in 2006, below the OECD average of 4.9. In 2007, infant mortality was the lowest in Luxembourg, Japan and in Nordic countries (Iceland, Finland, Sweden and Norway).

The proportion of daily smokers among adults has shown a marked decline over the past twenty-five years in most OECD countries. Much of this decline can be attributed to policies aimed at reducing tobacco consumption through public awareness campaigns, advertising bans and increased taxation. Smoking rates among adults in **Germany** have decreased from 28.5% in 1978 to 23.2% in 2005, a rate that is roughly equal to the current OECD average. Sweden, the United States, and Australia provide examples of

countries that have achieved remarkable success in reducing tobacco consumption, with smoking rates among adults below 18%.

Obesity rates have increased in recent decades in all OECD countries, although there remain notable differences across countries. In 2007 (or the latest available year), the prevalence of obesity among adults varied from a low of 3.4% and 3.5% in Japan and Korea respectively to a high of 34.3% in the United States. Mexico, New Zealand, the United Kingdom, Iceland and Luxembourg also have a high prevalence of obesity among adults, with rates of over 20%¹. The obesity rate in **Germany**, based on self-reported data, stood at 13.6% in 2005, up from 11.5% in 1999.

More information on *OECD Health Data 2009* is available at www.oecd.org/health/healthdata. Note that *OECD Health Data 2009* is available in German.

For more information on OECD's work on **Germany**, please visit www.oecd.org/germany.

¹ It should be noted however that the data for the United States, the United Kingdom, Australia and New Zealand are more accurate than those from other countries since they are based on *actual measures* of people's height and weight, while estimates for other countries are based on *self-reported* data, which generally underestimate the real prevalence of obesity.