

Health at a Glance 2019

- Health care coverage is broad; the share of costs covered by government & compulsory insurance schemes (84%) is the 3rd highest across OECD countries
- There are 20% more doctors and 50% more nurses per capita than the OECD average



- The major risk factors of smoking, alcohol and obesity are all above the OECD average
- Avoidable hospital admissions for chronic diseases - that should effectively be dealt with in primary health care - are in the top third across OECD countries



Germany

How does it compare?



Across the OECD, Germany is among the top five spenders on health care, both as a proportion of GDP (11.2%) and per person (USD 5,986). Health spending is projected to further increase to reach 12.3% of GDP by 2030.

With such high level of spending, Germany guarantees good access to health care services, with a widely available health infrastructure, a high number of health professionals and relatively broad coverage for the costs of health care.

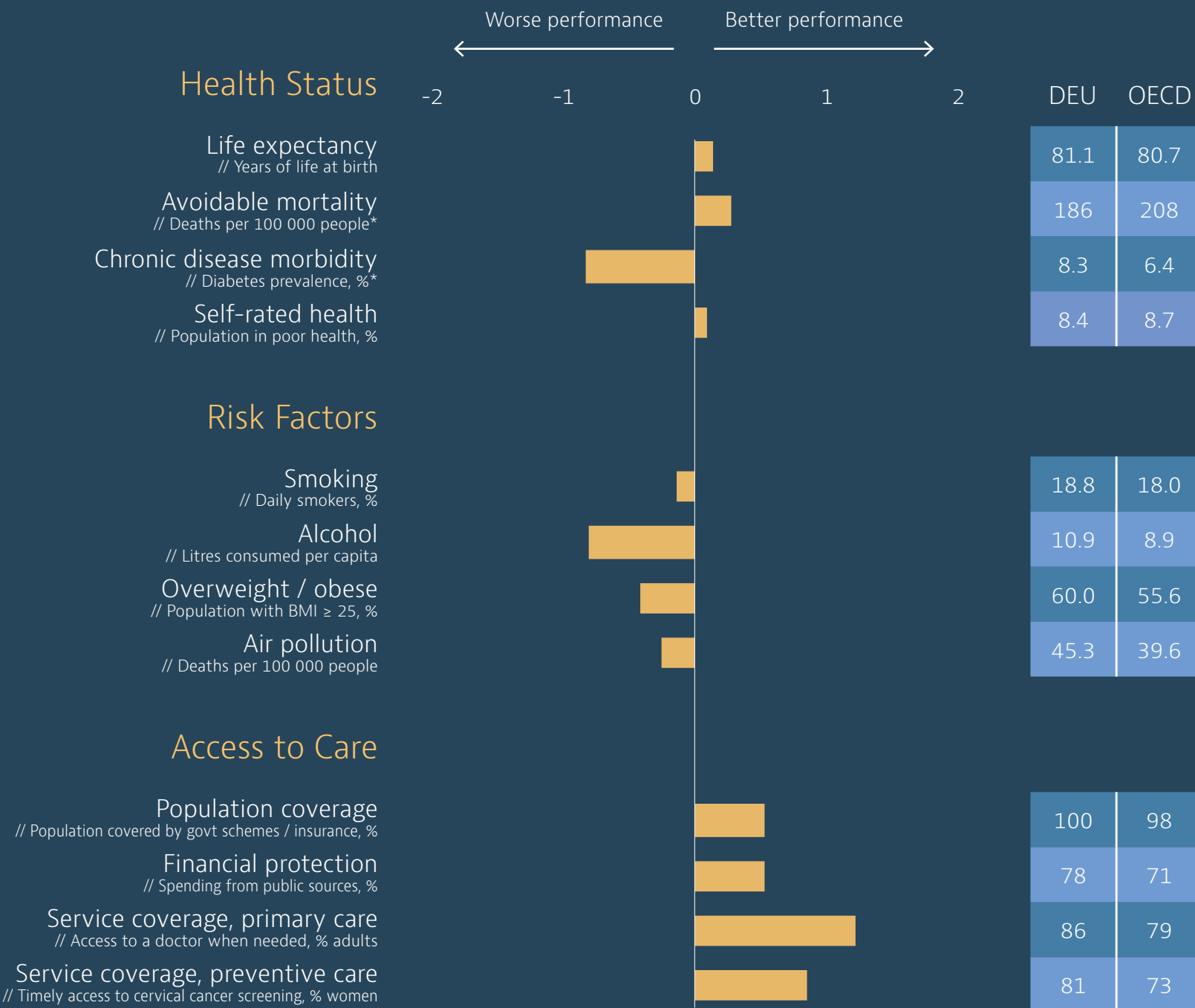
As to health outcomes, Germany has mixed results. Life expectancy at birth (81.1 years) and mortality rates from avoidable causes are slightly better than the OECD average but lag behind many Western European countries. As in other countries, gains in life expectancy have slowed down in Germany in recent years.

Germany has the fourth highest share of the population over 65 in the OECD, with a growing number of people affected by chronic conditions. Germany has high hospitalisations for chronic conditions such as diabetes or congestive heart failure, that should effectively be dealt with in primary health care.

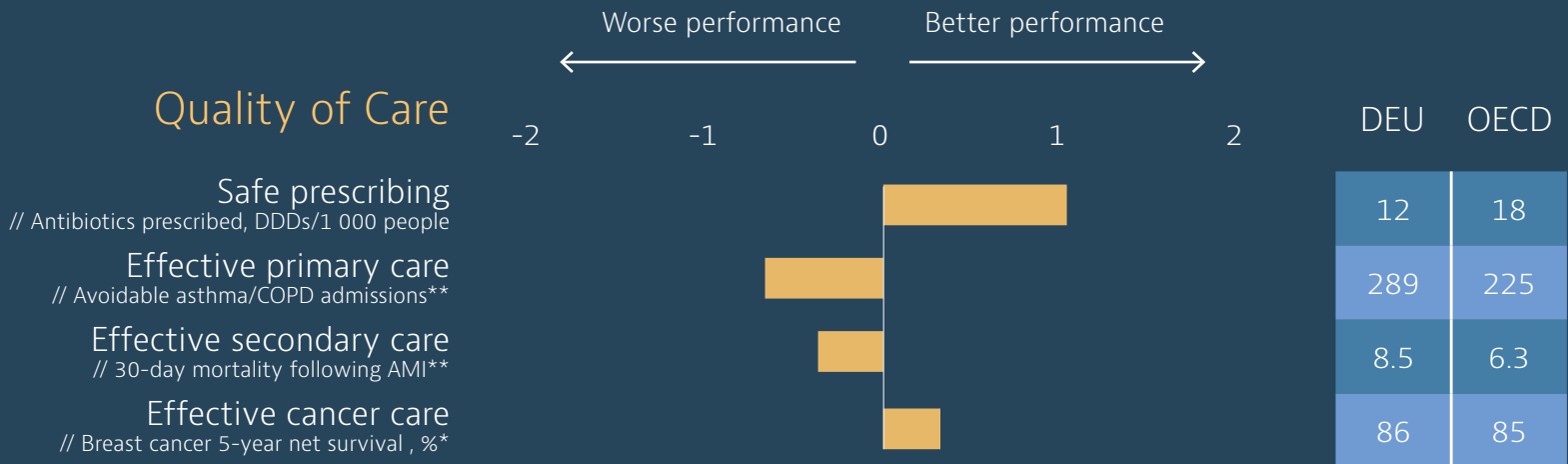
Unhealthy behaviour in Germany also remains widespread. Germans consume more alcohol (11 litres per year), are more likely to be overweight or obese (60% of adult population) and the share of adults who smoke (19%) is higher than on average across the OECD.



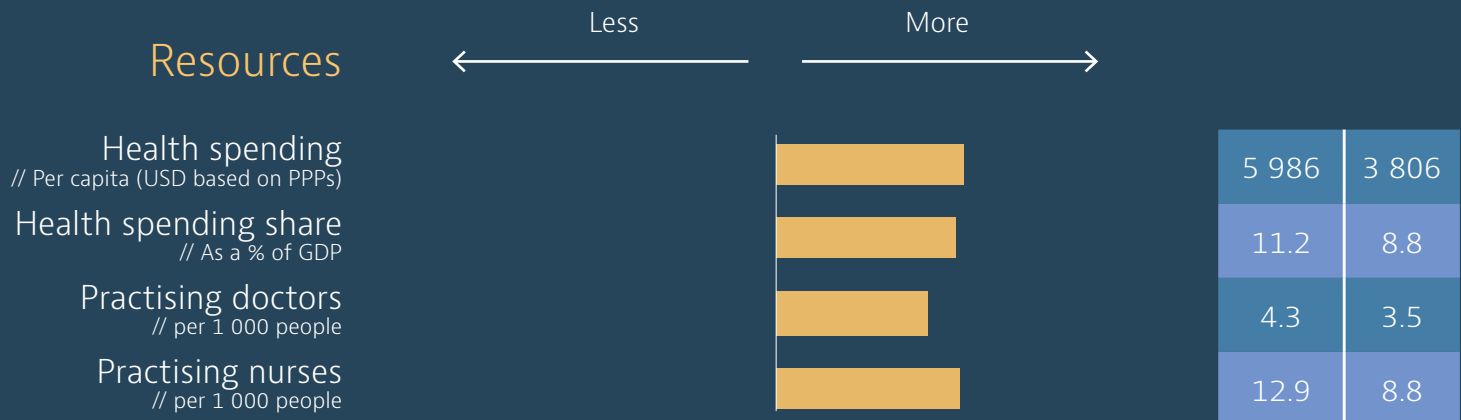
How far is Germany from the OECD average?



Quality of Care



Resources



Key data available for download here:
www.oecd.org/health/health-at-a-glance.htm

Notes – These charts indicate how far a country is from the OECD average, based on the standard deviation. *age-standardised. **age-sex standardised. AMI = acute myocardial infarction; BMI = body mass index; COPD = chronic obstructive pulmonary disease; DDD = defined daily dose; PPPs = purchasing power parities.

Germany

How does it compare?

Health at a Glance 2019 compares key indicators for population health and health system performance across OECD members, candidate and partner countries. It highlights how countries differ in terms of the health status and health-seeking behaviour of their citizens; access to and quality of health care; and the resources available for health. Analysis is based on the latest comparable data across 80 indicators, with data coming from official national statistics, unless otherwise stated.

Germany: Selected issues

High number of health professionals needed to cope with high level of service utilisation but there are relatively few general practitioners

Compared to other OECD countries, Germany has a high availability of doctors and nurses. There are 4.3 practising physicians (OECD average 3.5) and 12.9 nurses (OECD average 8.8) per 1 000 population. However, regional differences can be important, with rural areas less well served. When it comes to doctors, Germany has a relatively low and decreasing proportion of general practitioners (17%), who however play a key role in addressing the needs of an ageing population.

This comparably high supply of health workforce needs to be seen in context with the very high health care activity, particularly hospital activity. With 255 hospital discharges per 1 000 population, Germany has the highest rate of inpatient activity among all OECD countries – more than 60% above the OECD average.

As a result, the workload of some health professionals in Germany is high. For example, in hospitals there are fewer nurses per bed than in many neighbouring countries. A number of policy measures to address this issue and improve working conditions of nurses have been implemented recently in Germany. These include, for example, the introduction of minimum nurse-to-patient ratios in care sensitive areas in hospitals and making additional funding available for hospitals to increase nursing staff.

Germans also consult doctors in the outpatient sector more frequently than people in most other countries. Demographics and the wide availability explain some but not all of the higher utilisation rates.

Germany

How does it compare?

Health at a Glance 2019: OECD Indicators
www.oecd.org/health/health-at-a-glance.htm



Unhealthy lifestyles contribute to preventable mortality

Around 120,000 people died in Germany in 2016 from preventable causes such as lung cancer or alcohol-related causes, which could be avoided through effective public health and primary prevention interventions. While the mortality rate for these causes in Germany is 10% below the OECD average, it is substantially higher than in many Western European countries, such as Switzerland or the Netherlands.

Unhealthy lifestyles contribute to these mortality figures. Although progress has been made in reducing risky health behaviours, Germans are still more likely to smoke and consume more alcohol than the OECD average. In 2017, nearly 19% of German adults smoked daily. This is down from 23% a decade earlier but still much higher than in Sweden or Norway (10-12%). With around 11 litres per year, Germans consume about 2 litres more pure alcohol than on average across the OECD.

Latest available data show that 60% of adult Germans are overweight or obese, a share above the OECD average (56%). This proportion has been increasing over the last decade.

The adoption of the Prevention Act of 2015 was an important step to improve the health behaviour of the population in Germany. However, complementary policies can help achieve further progress. For example, many other OECD countries have implemented a complete ban on tobacco advertisement. A comprehensive package of interventions that also include organised programmes of brief interventions by primary care providers targeted at heavy drinkers can reduce the burden of harmful alcohol consumption (*Tackling Harmful Alcohol Use*, OECD, 2015).