

### How does Germany compare?

#### Key Findings

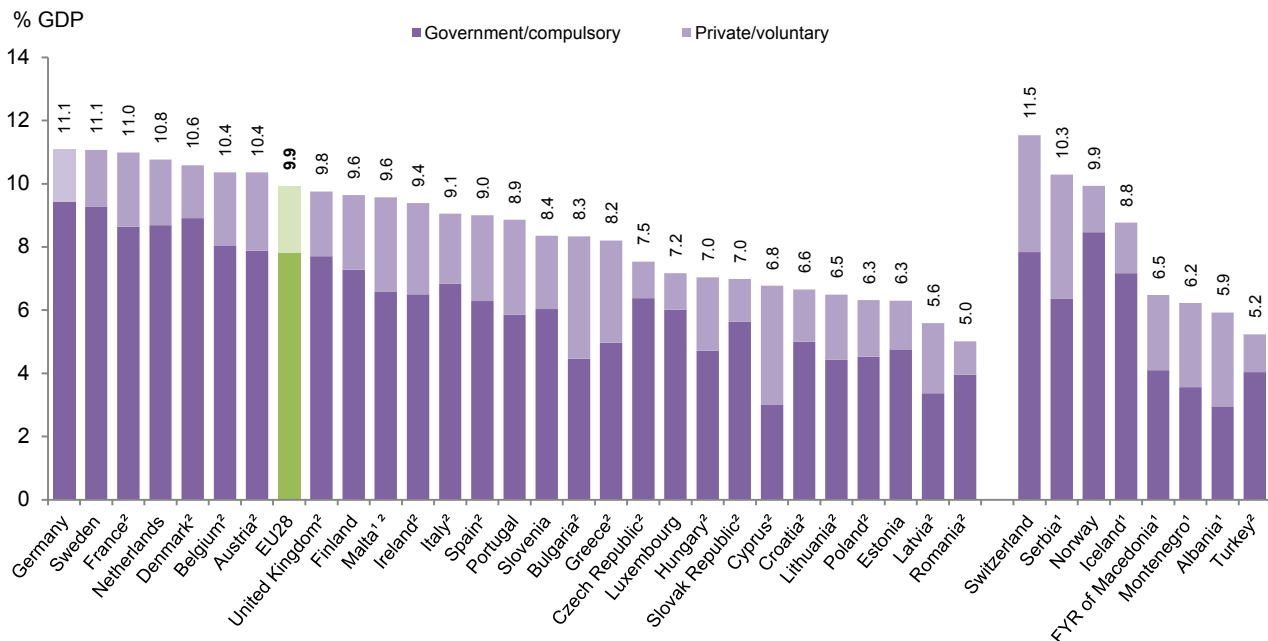
- Germany is the EU country that spends the most on health, allocating 11.1% of its GDP to health expenditure in 2015. Recent health spending trends closely follow economic growth, with an annual increase of around 2%.
- This high spending in Germany is associated with high utilisation rates and high levels of health care resources, which contribute to providing good access to care for the population.
- Further efforts are needed to prevent risk factors to health and chronic diseases for the health of individuals themselves, but also for the health of the economy. Non-communicable diseases led to 87,000 premature deaths among the working-age population in Germany in 2013, amounting to a loss of more than 500,000 potentially productive life years.

#### Within the EU, Germany is the top spender for health care

In 2015, health spending in Germany stood at 11.1% of GDP, above the EU average of 9.9%. This is on par with Sweden and slightly above France (11%) and the Netherlands (10.8%). Outside of the EU, Switzerland is the highest spender in Europe (11.5%). Between 2009 and 2015, health spending per capita in real terms

(adjusted for inflation) in Germany increased by around 2% annually, at about the same rate as GDP growth. In most EU countries, health spending grew more slowly in recent years than in Germany. On average across the EU, spending increased by only 0.7% per year between 2009 and 2015.

Health expenditure as a share of GDP, 2015 (or nearest year)



Source: OECD Health Statistics 2016; Eurostat Database; WHO, Global Health Expenditure Database.

## Germany has a widely available health infrastructure and high utilisation

The high spending in Germany is the result of a high availability of health infrastructure and resources and a high utilisation rate of various health services by its population. For example:

- The German health care system is characterised by a high supply of health workers. There are more doctors (4.1 per 1 000 population) and nurses (13.1 per 1 000 population) in Germany than on average in the EU (3.5 and 8.4 respectively). This contributes to providing good access to care for the population with little unmet need. In Germany, 1.6% of the population report foregoing medical examination due to financial, geographical or waiting time reasons. Across the EU, this figure is more than double.
- Germany has the highest number of hospital beds (8.2 vs. 5.2 per 1 000 population on average in the EU) and magnetic resonance imaging (MRI) units (30.5 vs. 15.4 per million population on average in the EU) of all EU member states.
- Hospital admissions and surgical activity rates are also very high in Germany. While this might be partly explained by demographic factors, other factors such as differences in clinical treatment guidelines and practices also play a role. For example, Germany does, by far, the highest number of coronary revascularisation procedures (453 per 100 000 population). This is 40% above Austria, the country with the second highest rate. Earlier OECD work has shown that coronary bypass surgery and angioplasty rates were three times in certain regions of Germany than in others.

## Further efforts are needed to prevent important risk factors to health and chronic diseases

Progress has been made in reducing smoking rates in Germany as in other EU countries, but still more than one in five adults (21%) report smoking every day. This is significantly higher than in Sweden (12%) or Finland (15%), suggesting that further action could be taken to discourage smoking. Total alcohol consumption has come down by 15% since 2000 (from 12.9 litres per adult in 2000 to 10.9 litres), but harmful alcohol consumption remains an important public health issue. One-third (33%) of adults report to engage in regular binge drinking, a much greater proportion than the EU average (22%) and much higher than the rates in the United Kingdom (22%) or Austria (19%).

These and other risk factors like poor nutrition, physical inactivity and growing obesity rates contribute to the rise in non-communicable diseases (NCDs), such as heart attacks, strokes, diabetes and cancers. These NCDs affect not only the elderly population, but also the working-age population: 87,000 people aged 25-64 died prematurely from these NCDs in Germany in 2013. This translated into more than 500,000 potentially productive life years lost from these NCDs, which can be estimated to amount to an economic loss of about EUR 21 billion in 2013 (equivalent to 0.7% of GDP). Across the EU, the number of premature deaths stood at 550,000 with an estimated economic loss of EUR 115 billion.

The new prevention initiatives included in the Prevention Act by the German Federal Government in 2015 is a step in the right direction to promote healthier lifestyles and reduce the prevalence of chronic and costly diseases.

More information on *Health at a Glance: Europe 2016 – State of Health in the EU cycle* is available at <http://www.oecd.org/health/health-at-a-glance-europe-23056088.htm>. *Health at a Glance: Europe 2016* is the first step in new joint work between the OECD and the EC under the Commission's new *State of Health in the EU* cycle. This publication will be followed by the preparation of more in-depth country health profiles, expected to be released in November 2017.