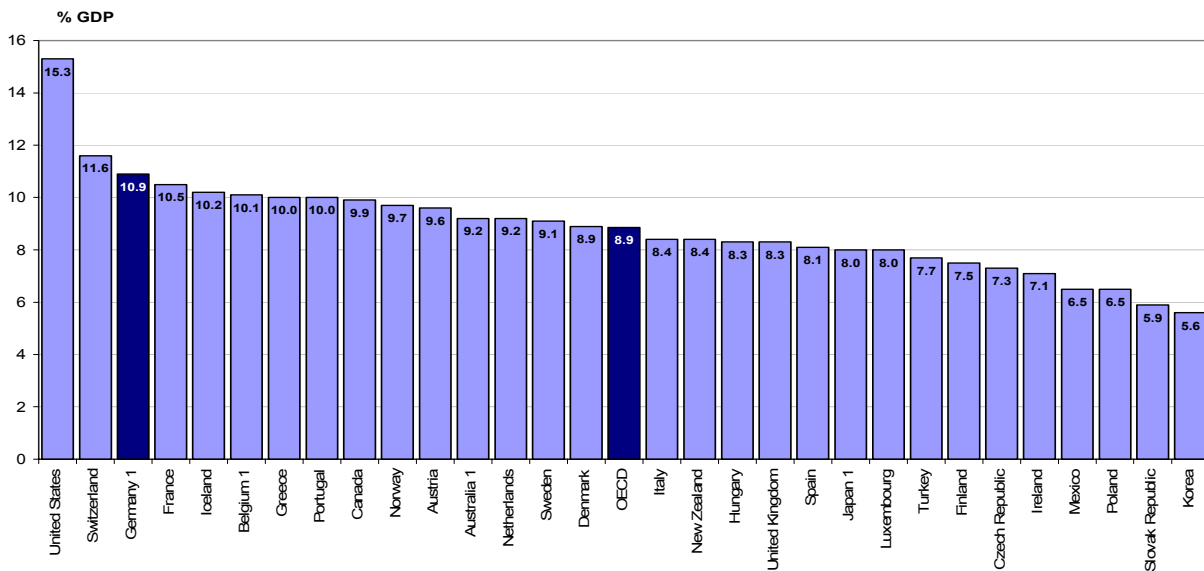


OECD Health Data 2006 How Does Germany Compare

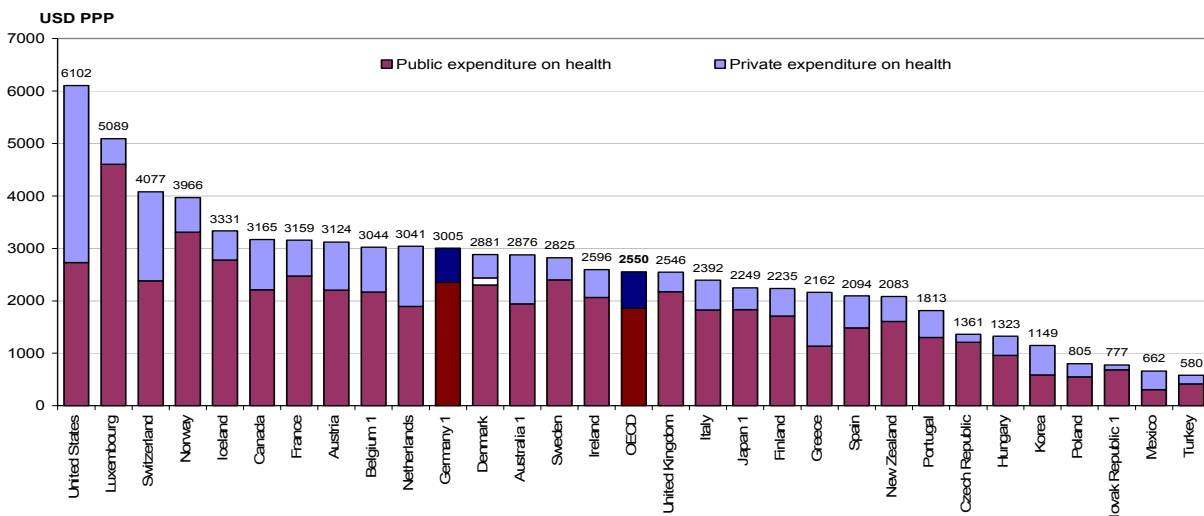
Total health spending accounted for 10.9% of GDP in **Germany** in 2003 (the latest year available), two percentage points higher than the average of 8.9% in OECD countries in 2004. Only the United States and Switzerland allocated more of their GDP to health than **Germany** (15.3% and 11.6% respectively in 2004). On the other hand, **Germany** ranks eleventh of all OECD countries in health spending per capita, with spending of 3005 USD per person in 2003 (adjusted for purchasing power parity). The OECD average was 2550 USD per capita. The largest spenders in terms of health spending per capita are the United States (which spent 6102 USD per capita in 2004), Luxembourg (with spending of just over 5000 USD), and Switzerland and Norway (which spent about 4000 USD per person).

Health expenditure as a share of GDP, OECD countries, 2004



1. 2003. Source: OECD Health Data 2006, June 2006.

Health expenditure per capita, public and private expenditure, OECD countries, 2004



1. 2003. Source: OECD Health Data 2006, June 2006.

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 2% per year on average between 1999 and 2003. This was the smallest increase among all OECD countries during that period, with the exception of Austria. The average growth rate in health spending in OECD countries was 5.2% per year between 1999 and 2004. 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 2003 accounted for 14.6% of total health expenditure, below the OECD average of 17.7%. As in most OECD countries, the share of total health spending allocated to pharmaceuticals has increased over the last few years.

The public sector is the main source of health funding in all OECD countries, except the United States and Mexico. In **Germany**, 78.2% of health spending was funded by public sources in 2003, compared with an average of 72.9% in OECD countries (2004). The public share in **Germany** has fallen slightly over the last ten years from 80.2% in 1994. In 2003/4, the share of public spending among OECD countries was the lowest in the United States (45%) and Mexico (46%), and relatively high (above 80%) in several Nordic countries (Denmark, Iceland, Norway and Sweden), the United Kingdom and Japan.

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

Germany employs more human and physical resources in the health sector than most other OECD countries. In 2003, **Germany** had 3.4 practising physicians per 1 000 population, compared with an OECD average of 3.0. The number of practising physicians per capita has been slowly but steadily increasing over the last decades in **Germany** as well as in most OECD countries. **Germany** also has more practicing nurses per capita than the average across OECD countries with 9.6 nurses per 1 000 population, compared to an OECD average of 8.3.

As in most OECD countries, a declining trend in the number of hospital beds per capita can be observed in **Germany**. In 2004, there were 6.4 acute care beds per 1 000 population in **Germany**. This remains well above the OECD average of 4.1.

During the past decade, there has been a 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 6.6 in 2004. Despite this increase, **Germany** is still lagging behind the OECD average of 8.0 MRI units per million population. Similarly, the number of CT scanners in **Germany** was 15.4 per million population in 2004, below the OECD average of 18.0. 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 40 years, thanks to improvements in living conditions, public health interventions and progress in medical care. In 2004, life expectancy at birth for the whole population in **Germany** stood at 78.6 years, slightly above the OECD average of 78.3 years. Japan enjoyed the highest life expectancy among OECD countries with 82.1 years, followed by Switzerland, Iceland, Sweden and Australia (all with life expectancies of over 80.5 years).

The infant mortality rate in **Germany** as in other OECD countries has fallen greatly over the past decades. It stood at 4.1 deaths per 1 000 live births in 2004, compared to the OECD average of 5.7. Infant mortality is the lowest in Japan and in Nordic countries (Iceland, Sweden, Finland and Norway).

The proportion of daily smokers among adults has shown a marked decline over the past two decades 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 about 35% in 1980 to 24.3% in 2003, slightly below the OECD average of 25.5%. Sweden, Canada and the United States provide examples of countries that have achieved remarkable success in reducing tobacco consumption, with current smoking rates among adults in the range of 15% to 17%.

Obesity rates have increased in recent decades in all OECD countries, although there remain notable differences across countries. In 2004 (or the latest year available), the prevalence of obesity among adults varied from a low of 3.2% in Japan and in Korea to a high of 30.6% in the United States. Countries like the United Kingdom, Australia, New Zealand, Canada and Mexico showed prevalence levels of over 20%¹. The obesity rate in **Germany**, based on self-reported data, stood at 12.9% in 2003, up from 11.5% in 1999. The time lag between the onset of obesity and increases in related chronic health problems (such as diabetes or asthma) suggests that the rise in obesity that has occurred in **Germany** and most other OECD countries will have substantial implications on the future incidence of health problems and related spending.

More information on *OECD Health Data 2006* is available at www.oecd.org/health/healthdata. Note that *OECD Health Data 2006* is available in German in the CD-ROM and on the SourceOECD version.

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, Canada, 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 under-estimate the real prevalence of obesity.