



The Child Health Care System of Germany

Jochen Ehrich, MD, DCMT¹, Ulrike Grote, MD, MPH¹, Andreas Gerber-Grote, MD², and Michael Strassburg, MD³

We describe the strengths and challenges of the child health care system in Germany and also provide an outlook on future health plans, focusing on making idiosyncrasies of national health care services in Europe understandable to those pediatricians working in other countries. The aim should be to avoid those unnecessary processes in child care which, unless abandoned, may be responsible for a poor outcome of child health. Larger countries, such as Germany, have many distinct regional differences. When it comes to problem-solving strategies, pediatricians must be aware of unavoidable cultural and historic differences that may influence the outcome of care. Even when assuming unlimited financial resources, different regional priorities might result in diverging goals. (*J Pediatr* 2016;177S:S71-86).

Germany has the world's oldest national social health insurance system. In the European Health Consumer Index of 2009, it was ranked sixth of 33 national health care systems. Germany probably has the most restriction-free and consumer-oriented health care system in Europe.¹ Germany also has one of the most expensive medical care systems in the world, making it especially vulnerable to financial crises.

We describe strengths and challenges of the health care situation during 2000-2014 and discuss the historic background and current visions. It is our intent to begin a debate on how the German health care system could respond to future needs.

Geography and History

Germany is located in Central Europe and has 9 neighboring countries. The Holy Roman Empire of German Nation lasted until 1806 and was divided into many feudal states until 1871. The German Empire was founded under Prussian leadership after the German French War and the monarchy lasted until 1918. In 1918-1933, the first democratic German Republic, called the "Weimar Republic" was established. The Weimar Republic was followed by the dictatorship of the national socialists (1933-1945), who initiated the Second World War and were responsible for the holocaust. The national socialists also were responsible for the murder of people who were severely ill and disabled, among which were 7000 children and adolescents. The Nazi period between 1933 and 1945 was an ethical disaster for German medicine and especially for pediatricians.²

After the Second World War, a defeated Germany was divided into a western part with a democratic republic (Federal Republic of Germany, Bundesrepublik Deutschland) and an eastern part (German Democratic Republic) with a socialist regime. In 1952, the western part of Germany was among the 6 founding members of the European Union (EU). On October 3, 1990, Germany was finally reunified and now has 16 federal states.

Sociodemographic Structure

Germany has a population of approximately 80 million (Table 1). Total life expectancy at birth in 2012 was 80.9 years. In 2010, 678 000 infants were born. Birth rate per 1000 people decreased significantly to 8.4 in 2012 and is one of the lowest in Europe; on average, 1 female has 1.4 children. The mother's average age at birth of the first infant was 29 years. In 35% of successful pregnancies, the parents were not married. Five percent of the newborns were born to foreign mothers, and approximately 20% of all children had either a non-German mother or father. In recent years, the annual number of immigrants seeking

asylum reached approximately 1 million. More and more people nowadays live in urban areas.

DGKJ	Deutsche Gesellschaft für Kinder- und Jugendmedizin
EEG	Electroencephalogram
EU	European Union
FJC	Federal Joint Committee
GP	General practitioner
KIGGS	Kinder- und Jugendlichen Gesundheits Survey
NICU	Neonatal intensive care unit
RKI	Robert Koch Institute
SHI	Statutory health insurance
SPZ	Sozialpaediatrisches Zentrum
VLBW	Very low birth weight

From the ¹Children's Hospital, Hannover Medical School, Hannover, Germany; ²Institute for Quality and Efficiency in Health Care, Köln, Germany; and ³Children's Hospital, Julius Maximilians University, Würzburg, Germany

Please see the author disclosures at the end of this article.

0022-3476/\$ - see front matter. © 2016 Elsevier Inc. All rights reserved.
<http://dx.doi.org/10.1016/j.jpeds.2016.04.045>

Table I. Population and health statistics of Germany

Indicators	1990	1995	2000	2005	2010	2012	2013
Population, total (in millions)	79.4	81.7	82.2	82.5	81.8	80.4	80.6
Population ages 0-14 y (% of total)	16.1	16.4	15.6	14.3	13.4	13.2	13.1
Population density (people per km ² of land area)	227.5	234.0	235.6	236.5	234.6	230.8	231.3
Population growth (annual %)	0.86	0.29	0.14	-0.06	-0.15	-1.69	0.24
Rural population (% of total population)	26.9	26.7	26.9	26.6	25.7	25.3	25.1
Unemployment, total (% of total labor force)	-	8.3	8.0	11.2	7.1	-	-
Gini index	-	-	29.4	-	30.6	-	-
Life expectancy at birth, total (y)	75.2	76.4	77.9	78.9	80.0	80.9	-
GDP (constant 2005 US \$) (in billions)	2216	2,449	2685	2766	2954	3074	3087
GDP per capita (constant 2005 US \$)	27 901	29 980	32 662	33 543	36 127	38 220	38 292
Health expenditure per capita (current US \$)	-	3129	2387	3624	4668	4 683	-
Health expenditure, total (% of GDP)	-	10.1	10.4	10.8	11.5	11.3	-
Mortality rate, neonatal (per 1000 live births)	3.7	3.1	2.8	2.5	2.4	2.3	2.2
Mortality rate, infant (per 1000 live births)	7	5.3	4.4	3.9	3.5	3.3	3.2
Mortality rate, < age 5-y (per 1000 live births)	8.5	6.5	5.4	4.7	4.2	4	3.9
Maternal mortality ratio (per 100 000 live births)	9.1	5.4	5.6	3.8	5.2	4.6	-
Immunization, DPT (% of children ages 12-23 mo)	80	78	90	96	96	96	96
Immunization, measles (% of children ages 12-23 mo)	75	92	92	96	97	97	97
Hospital beds (per 1000 people)	10.4	9.7	9.1	8.4	8.3	-	-
Nurses (PP) (per 1000)	-	-	9.8	10.4	11.4	-	-
Beds per nurse	-	-	0.9	0.8	0.7	-	-
Nurses (PP) (per 100 000)	-	-	978.3	1044.1	1140	-	-
Midwives (PP) (per 100 000)	-	-	18.3	20.6	23.2	-	-
Physicians (per 1000 people)	-	3.1	3.3	-	3.7	-	-
Adolescent fertility rate (births per 1000 women ages 15-19 y)	16.3	14.2	12.7	10.8	6.2	3.8	-
Birth rate, crude (per 1000 people)	11.4	9.4	9.3	8.3	8.3	8.4	-

DPT, diphtheria, pertussis, and tetanus; GDP, gross domestic product.

Economy

Germany has a powerful economy and industry. Engineering and export of engineering products makes the economy strong. The gross domestic product grows every year (Table I). However, there is an increasing gap between a small group getting wealthier and those who are getting poorer.

The unemployment rate was one of the lowest in the EU (Table I). The risk of poverty was 15.8%. The number of children <15 years of age living in poverty increased and was highest when living with a single parent who was unemployed.

Political Context

Germany is a federal parliamentary representative democracy. The 3 allied forces (US, United Kingdom, and France) created a council to design the German constitution (Grundgesetz), which was approved by the parliamentary council (Parlamentarischer Rat) on May 8, 1949. It has since been amended according to the necessary reforms. The 54 articles on children's rights of the United Nations Convention on the Rights of Children, however, have not yet been included in the Constitution.

The highest political body is the Bundestag (House of Representatives). Together with the second chamber, the Bundesrat (Federal Council), it is responsible for passing new laws. The German President represents Germany as a whole, yet, his political influence in daily political life

is limited. The German Chancellor heads the government, which may be formed by a single political party or, as is more often the case, by a coalition of 2 or more parties. The improvement of the children's health care service system requires coordinated work of the Ministries of: (1) Health; (2) Labor and Social Affairs; (3) Family Affairs; (4) Transportation, Building, and Urban Affairs; (5) Education and Science; (6) Food, Agriculture, and Consumer Protection; and (7) Environmental Affairs. Social rights are laid down in the social law book IV (Sozialgesetzbuch).

Organization and Governance of Child Health Care Services

History of German Social Security

The German welfare state dates back to 1881. This welfare state was established by an "Imperial Message," which was based upon Chancellor Bismarck's decision to initiate legislation for a number of social security systems, one of which became the world's oldest national social health insurance system.³ In 1883, statutory health insurance (SHI) funds were established, followed by accident funds in 1885 and pension funds in 1891. Regulations between health funds and health providers were established in 1892, and the coverage of the working population expanded continuously over the next 70 years, including, for example, students and retirees. The Krankenkasse is a health fund, and by its nature is the amount of monthly paid fees for the insurance depends on the income of the client and not on the degree of insurance that he/she

Download English Version:

<https://daneshyari.com/en/article/4164349>

Download Persian Version:

<https://daneshyari.com/article/4164349>

[Daneshyari.com](https://daneshyari.com)