Maddy Mafrici

Germany

World Health Organization

**Topic 1: Non-Communicable Diseases**

In Germany, NCD’s are estimated to account for 91% of all deaths within the nation with a population of 82,000,000. The leading NCD cause of death is cardiovascular diseases, (41%) followed by cancers (26%). In Germany, the probability of dying between the ages of 30 and 70 from the four main NCD’s is only 12%, though the number is higher for males than it is females. This is low compared to the 23% in certain developing nations. 30% of the population smoked tobacco at that point in 2011, while the obesity percentage was only 25% in 2008. Germany has made many efforts to fix this issue. For example, in 2013, Germany dedicated 11.3% of their GDP to healthcare, which was about 411.5 billion dollars. Germany has strongly focused on NCD prevention, supporting WHO and its strategic approach to combat the issue. Germany, in 2009, paired with the Southeast Asian Ministers of Education Organization to create the “fit for school course” that promoted school health programmes throughout the world. Germany also, with Bola Pra Frente, developed “TrentoSocial,” using sports activities to promote social skills in health, education, violence protection, the environment, and climate change.

Germany has many research centers, such as the German Cancer Research Center. There, cell and tumor biology, cancer risk factors and preventions, and immunology, as research will help eventually cure the disease. The German Cancer Society is the expert oncology society in Germany, with oncology experts actively researching and working in medical care. GCS supports “interdisciplinary cooperation and training and education in the fields of oncologic research, clinical treatment and medical care, develops evidence based treatment guidelines for different cancer diagnoses and prevention, and improves the quality of treatment in clinics by certification.”

Germany has a dual-healthcare system. When working or studying in Germany, it is obligated to be insured. The system involves compulsory insurance and private insurance. The compulsory aspect means that Germans pay money into the system and those that are sick receive money from the system. The more you earn, the more you pay for this insurance and even if you do not get sick, you cannot get your money back. The other aspect is private insurance. You pay depending on age and health and officials self-employed and those making over 52,000 euros a year are insured privately.

**Topic 2: Global Pharmaceutical Development and Universal Access to Medication**

In Germany 46% of the population reported using one or more prescription medications. Additionally, 13% of the German population reported using four or more pharmaceutical medications. Although so many people are reliant on medications in Germany, studied have shown that income and wealth does not affect German citizens’ wealth. This is likely because of Germany’s many contributions to healthcare. They spend more than almost any other European country on health.

There are many German pharmaceutical companies. The top ones include: Boehringer Ingelheim, Bayer HealthCare, Roche, Noxxon Pharma, and many others. There are more than thirty companies operating in Berlin, Germany and about 870 pharmaceutical companies based in Germany in total. Germany is the third largest pharmaceutical market in the world and the largest in Europe. It is also the largest generic drugs market in Europe. The current pharmaceutical market size is about 55.16 billion USD, and the German pharmaceutical industry is one of the top performing high yield sectors in Europe.

The German government has introduced several restrictions regarding drug pricing. A law was recently passed that restricts pharmaceutical companies from basing patient co-payments and wholesaler and pharmacy margins in the list prices of products. Instead, they must be set according to the lower discounted prices. Many nations such as Japan and other EU countries base their prices off of Germany’s model, so this could result in a chain reaction of additional nations switching to discount prices.

**Topic 3: Gender Inequities in Health**

Germany had mediocre gender equality. While they are above the EU average in gender equality in time, money, and work, Germany’s overall gender equality index rate is lower than the EU average. We have been making many efforts in employment and family policies. With regards to family policies, Germany increased the number of child care facilities and all day schools. At a federal level, gender mainstreaming was implemented. While in Germany, education attainment is equal between men and women, the women’s labor market consists of low wages and little working hours.The gender pay gap in Germany is about 22%. We have established an action plan regarding sexual and domestic violence. The German Criminal Code only declares sexual and domestic violence only punishable if physical abuse, therefor sexual violence is not prosecuted often. From 2005 to 2010, the number of women trafficked into Germany for sexual exploitation increased by 70%. We have made many efforts to reduce this, such as adopting a draft law that aims towards better protecting women and children from trafficking. We created the Prostitution Act of 2002 that was designed to improve the legal and social stigmas towards prostitutes in Germany. In Germany, prostitution is recognized as a legal profession. Healthcare is extremely strong in Germany, as we provide equal services to men and women. In Germany, abortion is illegal though we do not punish women who chose to abort as long as they are willing to participate in counselling. The Federal Anti-Discrimination Agency in Germany provides legal guidelines and procedures which makes taking legal action against discrimination easier.

The percentage of elected women at the German Bundestag and at the federal level is about 33%. Currently the chancellor, Angela Merkel, is a female. At the public sector, more than 50% of the employees are female. Gender quotas have shown to have a positive effect on the proportion of women on election ballots. Certain German laws require more women on German business boards, stating that all supervisory boards must give at least 30% of the seats to women. While this does not directly correlate with health equity, by giving women more power and say gender norms will change, making men and women more equal, furthering gender equity in health.

Bibliography:

Burger, Ludwig, and Thorsten Severin. "Germany's Stance on Pricing Threatens Drug Firm Profits." *Reuters*. Thomson Reuters, 18 Feb. 2014. Web. 09 Nov. 2016.

"Deutsches Krebsforschungszentrum." *German Cancer Research Center*. N.p., n.d. Web. 09 Nov. 2016.

"German Health Care System – an Overview - Germany Health Insurance System." *Germany Health Insurance System*. N.p., n.d. Web. 09 Nov. 2016.

"German Pharmaceutical Companies." *World Finance*. Finance Maps of World, 23 June 2015. Web. 09 Nov. 2016.

"Germany Country Profile." (n.d.): n. pag. 2014. Web.

"The Policy on Gender Equality in Germany." 36.2 (2000): n. pag. *Directorate-General for Internal Policies*. Policy Department of Citizens' Rights and Constitutional Affairs, 2015. Web. 9 Nov. 2016.

"1-0 to Development." *1-0 to Development*. Deutsche Gesellschaft Fur Internationale Zusammenarbeit, n.d. Web. 09 Nov. 2016.

Wesorick, Bonnie, and Steve Shaha. "Guiding Health Care Transformation: A Next-generation, Diagnostic Remediation Tool for Leveraging Polarities." *Nursing Outlook* 63.6 (2015): 691-702. *German Health Care Outlook*. Web.