

POLICY AND PRACTICE

Tackling the rising tide of noncommunicable diseases: the German perspective

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ABSTRACT

When it comes to the prevention and control of noncommunicable diseases (NCDs) the global community is faced with the same big issues. The German Government and public health decision-makers have responded to these by initiating and implementing a wide spectrum of activities.

Prepared on the occasion of the third United Nations High-Level Meeting on NCDs to be held in September 2018, this paper presents selected disease-specific and disease-unspecific health policy examples to outline Germany's approach to the prevention and control of NCDs. Motivated by the assumption that illustration of a country's political commitment and relevant initiatives to

combat NCDs will stimulate dialogue among a broad readership, i.e. country representatives, policy-makers, health departments, scientists and those involved in health-care delivery, this paper aims to reiterate the seriousness of the global burden of NCDs. Furthermore, its intention is to contribute to the debate on effective action in the national context and beyond.

To attain these objectives, this policy paper 1) presents key policies and programmes, and 2) reflects on Germany's experiences with regard to NCD control and prevention. However, it is not an exhaustive review of policy activities in this area in Germany.

Keywords: CHRONIC DISEASES, DEVELOPED NATIONS, NONCOMMUNICABLE DISEASES, NCDs, HEALTH PROMOTION, DISEASE PREVENTION, RISK FACTORS, NCD POLICIES

“In the middle of every difficulty lies opportunity.”

Albert Einstein

INTRODUCTION AND SCOPE

Countries differ considerably in the way they set up and run their health-care systems. Despite this heterogeneity, ultimately we, the global community, are all in the same boat when it comes to the big issues in the prevention and control of noncommunicable diseases (NCDs): how do we implement prevention strategies effectively, keeping up the momentum with long-term benefits both at the individual and the population levels, and at the same time tackle health inequalities? How do we deal with the challenges that are becoming ever more complex when treating and caring for patients with NCDs and their comorbidities (1–3)? The affordability of therapy and care, including innovative therapies, will be one of the key public health priorities in the years to come. What is more, the concepts of survivorship, quality of life and fostering health literacy in patients have to be an integral part of the provision of comprehensive care (4, 5).

By way of presenting selected examples, this policy paper outlines the approach Germany has taken to prevent and control NCDs. The strategic decisions guiding public health policy to tackle these issues are complex and not easy to take. Many of them, inevitably, have to be based on value judgements that we have to agree on as a society.

GOVERNANCE AND CORE PRINCIPLES OF THE GERMAN HEALTH-CARE SYSTEM

Germany's health system has a long and proud history of guaranteeing access to high-quality treatment through universal health-care coverage. Roughly 90% of the population in Germany are covered by the statutory health insurance system, and premiums are adjusted individually according to the income of the insured (6). Through their membership, people are entitled to preventive and curative treatment

services to maintain and restore their health, as well as long-term follow up. Since the introduction of the health insurance system in 1883, its guiding principle has been solidarity among insured members (7). The solidarity principle guarantees that each insured person receives service cover from the statutory health insurance, free at the point of access, without upfront payments on the part of the insured. Care is provided regardless of income, premiums paid or place of residence, and the disease risk profile of the insured person.

KEY CHALLENGES FOR THE GERMAN HEALTH-CARE SYSTEM

Like in many other countries, general life expectancy has been increasing steadily in Germany. Currently, the average life expectancy is 83 and 79 years in women and men, respectively (8). According to conservative projections, by 2060 women will live up to the age of 89 years and men 85 years (9). This is a positive trend. The other side of the coin is that population ageing is strongly associated with a growing burden of disease from NCDs (3). Already over 70% of all deaths in Germany are caused by the four disease entities singled out by the 2011 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases – cardiovascular disease, cancer, chronic respiratory disease and diabetes (2, 3). These diseases share four common risk factors: smoking, alcohol abuse, lack of physical activity and being overweight (1, 3, 10, 11). At the same time, more and more people become long-term survivors of disease due to improved therapy and care (3). By now, for example, an estimated 4 million people in Germany have been diagnosed with cancer at some point in their lives (12, 13).

Despite this positive trend in survival, public health research and clinical outcome studies have shown that there is room for improvement in the provision of routine care in Germany: uptake of preventive services varies across different population groups (3). In the case of illness, the chances of surviving cancer, for example, are not the same for everybody. Survival depends on where patients were treated and whether treatment followed the national clinical guidelines (12, 13). Health-care research has also shown that intersectoral care, i.e. between general practitioners and specialist doctors in the community as well as at the hospital level, is liable to some fragmentation due to the structural set-up of the system (2, 7). In sum, the key challenges for the German health system, in general and in the context of NCD prevention and control, are overcoming fragmentation

between the primary, secondary and tertiary sectors, and tackling outcome inequalities across the country (2, 14, 15).

SELECTED EXAMPLES OF POLICIES AND FRAMEWORK APPROACHES TO LOWER THE BURDEN OF DISEASE FROM NCDs AND TACKLE PREMATURE DEATHS

EXAMPLE 1: THE PREVENTIVE HEALTH CARE ACT

In July 2015, the Preventive Health Care Act came into force in Germany (15). This piece of legislation is dedicated almost exclusively to the area of primary prevention. Its overarching aim is to prevent NCDs before they manifest themselves by strengthening prevention and health promotion in different settings, in particular where people live, learn and work, focusing strongly on common risk factors and health inequalities. The Act takes a disease-unspecific approach and aims to strengthen people's health resources and potential. The Preventive Health Care Act relies on the cooperation of those involved in prevention and health promotion (3, 15). The statutory pension insurance and statutory accident insurance, statutory long-term care insurance and private health insurance will also be involved alongside the statutory health insurance. Within the context of a National Prevention Conference, social security institutions are identifying joint goals and agreeing on a joint approach, with the participation especially of the Federal Government, Federal States ("Laender"), local authorities, the Federal Employment Agency and social partners. Since 2016, the health insurance and the long-term care insurance funds have invested a total of €500 million in disease prevention and health promotion (15).

Furthermore, on the basis of the Preventive Health Care Act, early detection of disease among children, young persons and adults will continue to be improved and important measures will be taken to close the vaccination gaps that exist in all age groups (3, 15).

EXAMPLE 2: THE NATIONAL INITIATIVE TO PROMOTE HEALTHY DIETS AND PHYSICAL ACTIVITY

Since 2008, the National Action Plan IN FORM – German National Initiative to promote healthy diets and physical activity has been an important framework for various activities

in Germany aimed at sustainably improving people's behaviour with regard to healthy diets and physical activity. The Action Plan also intends to reduce significantly illnesses and diseases that are influenced by unhealthy lifestyles, unbalanced diets and a lack of physical activity (16).

In 2016, the national Recommendations for Physical Activity and the Promotion of Physical Activity were published (17). These apply to all age groups as well as to adults with chronic diseases. They are novel; firstly, at the national level, they provide the first evidence-based recommendations for Germany by applying a rigorous scientific methodology, and secondly, at an international level, they systematically link recommendations for physical activity and promotion of physical activity.

The Federal Ministry of Health established a funding initiative for the prevention of childhood obesity in order to promote research in this field (18). The key objective is to transfer knowledge about the prevention of childhood obesity into practice.

EXAMPLE 3: THE ALLIANCE FOR HEALTH LITERACY

In June 2017, an Alliance for Health Literacy was set up in Germany. All the important players in the field – health-care providers, policy-makers, health insurance funds and patient representatives – are participating in this initiative. A Joint Declaration to Promote Health Literacy was issued, committing all 15 Alliance members to developing and implementing projects that further health literacy nationwide. It comprises strengthening of health education and improving access to quality-assured health information, particularly over the Internet (4).

The activities focus on different settings, e.g. day-care centres, schools, workplace and recreational environments, adult education, and health facilities or facilities for the elderly. One of the key objectives is the establishment of a national Internet platform with evidence-based, independent and unbiased information. Importantly, information will be presented in a language that is easily understood, complemented by supporting media such as pictures and films. Further important areas for action are the development of decision aids and making doctor–patient communication more transparent.

Alliance members have already begun to develop new initiatives in their individual fields of action. The common goal is to increase knowledge and communication, set within a culture of participation and cooperation. Health literacy has to be an integral part of everyday practice.

BOX 1: DIABETES AS AN EXAMPLE OF THE IMPORTANCE OF HEALTH LITERACY AND KNOWLEDGE ABOUT THE DISEASE

Diabetes is an increasingly common health condition that is associated with disabling and potentially fatal health complications such as kidney failure, cardiovascular disease, blindness and lower limb amputation (3, 19). Globally, the number of people living with diabetes has doubled in the past 20 years and it comprises an important share of the NCD burden in many countries worldwide. In Germany, 7.2% of the adult population aged between 18 and 79 years has diabetes.

Health literacy and knowledge about the disease are key determinants of the prevention of diabetes. Good self-management skills are also crucial for good long-term outcome measures among those with diabetes (3, 4).

In 2017, the German Government initiated the development of a national information and communication strategy for diabetes. This includes the establishment of a central Internet portal for diabetes and several short explanatory films on different aspects of the disease in several languages. The communication strategy and public health policy for the prevention and control of diabetes are informed by a comprehensive diabetes surveillance system that is being developed at the Robert Koch Institute in Berlin (19).

EXAMPLE 4: THE CANCER SCREENING AND REGISTRIES ACT

Cancer screening and cancer registration are national priorities. In 2013, the Cancer Screening and Registries Act came into force, which is one of the milestones in the implementation of the National Cancer Plan of Germany (Box 2) (5, 12, 13). With this Act, two key areas of the Cancer Plan recommendations that required legislative action are being implemented.

The Cancer Screening and Registries Act creates a succinct legal framework for transferring the existing opportunistic screening programmes for cervical and bowel cancer into organized quality-assured cancer screening programmes (13). It makes explicit reference to the European Union (EU) Screening Guidelines.

The second priority area addressed by the Cancer Screening and Registries Act is the creation of the legal and financial framework necessary to set up clinical cancer registries on a nationwide scale in Germany. It stipulates that the Federal States ("Laender") set up an interlinked network of clinical cancer registries alongside the already existing epidemiological cancer registries. In Germany, there are 11 epidemiological cancer registries. They cover the entire German population and collect key epidemiological data such as incidence, survival and mortality. However, these data do not allow

analyses on the quality of care. With the Cancer Screening and Registries Act, the Federal Ministry of Health has taken the necessary action of drawing up a regulatory framework for the introduction of nationwide, standardized clinical cancer registries in Germany. The registries will be able to provide comprehensive and valid data on treatment, from diagnosis through therapy, follow up and recurrence, up to the death of the patient. Thus, the clinical registries allow for evidence-based and scientific evaluation of routine care and are a key element of the quality assurance system in oncology (12, 14).

BOX 2: THE NATIONAL CANCER PLAN

The complexity of cancer and the demands on oncological care require special efforts. In 2014, around 223 000 people died of some form of cancer and its complications in Germany (12). According to the current figures from the Robert Koch Institute, around 476 000 people developed cancer for the first time in 2014.

In Germany, there has been considerable progress in tackling the disease due to improved cancer screening and therapy. To intensify efforts towards the prevention and control of cancer even further, the National Cancer Plan was initiated in 2008 by the Federal Ministry of Health, the German Cancer Society, the German Cancer Aid and the Joint Working Group of German Tumour Centres. The National Cancer Plan is generally referred to as a cooperation plan because an executive top-down approach is not possible in Germany due to its federal system. At the outset of the National Cancer Plan, a thorough needs assessment was conducted. There are three priority areas for action within the Cancer Plan: 1) early detection of cancer; 2) structures and quality assurance in oncological care; and 3) patient orientation (5, 13).

The Cancer Plan involved all relevant stakeholders and national experts in cancer control. The experts of the Cancer Plan put forward over 100 recommendations for action. Germany is now implementing these recommendations. One important milestone of the National Cancer Plan was the Cancer Screening and Registries Act.

EXAMPLE 5: DISEASE MANAGEMENT PROGRAMMES

In 2002, Disease Management Programmes (DMPs) were introduced for chronic diseases. The primary policy objective of this initiative was to improve the quality of care across different sectors and health-care providers. There are programmes for diabetes, coronary heart disease, asthma, breast cancer and chronic obstructive pulmonary disease (COPD) (2). DMPs for heart failure, chronic back pain, depression, osteoporosis and rheumatoid arthritis are currently being developed. Treatment and care within these programmes are based on the best available scientific evidence. The DMPs contain specific

regulations for coordination of care to overcome barriers between the different health-care sectors. Another important element of the DMPs is the active participation of patients in the programme, supported by education and training programmes for patients as well as care providers (4).

EXAMPLE 6: THE ACT ON THE REFORM OF THE MARKET FOR MEDICINAL PRODUCTS

With a view to improving access to innovative drugs, German legislators passed the Act on the Reform of the Market for Medicinal Products (Gesetz zur Neuordnung des Arzneimittelmärktes – AMNOG) (20). This important piece of legislation, which came into force in 2011, focuses on ensuring that high-quality medicinal products are supplied efficiently. Through AMNOG, the National Association of Statutory Health Insurance Funds was legally assigned to negotiate prices with pharmaceutical producers and thus ensure that new patented medicinal products are supplied at an appropriate cost to the statutory health insurance funds. “Appropriate” or, in other words, “fair”, means that the prices of the new medicinal products are based on the additional benefit of these drugs for patients.

The Act also stipulates that pharmaceutical companies subject their new products to an evaluation with regard to the additional benefit of the drugs after being launched on the market. The quantification of the additional benefit is one of the central factors in the ensuing pricing negotiations between the National Association of Statutory Health Insurance Funds and pharmaceutical companies. In short, for the first time, AMNOG has seriously tackled the price monopoly of the pharmaceutical industry in Germany. It is an important instrument for providing access to innovative drugs. It is also a tool to control spending in a transparent and meaningful way. Medicines of little economic impact (below €1 million turnover per year with statutory health insurance) and medicines for hospital use only are excluded from the assessment of additional benefit.

EXAMPLE 7: PURSUING A PERSON-CENTRED APPROACH IN MENTAL HEALTH CARE

Germany has a high-quality psychiatric-psychotherapeutic care system. In addition to specialist psychiatric care, for decades psychotherapy has complemented therapy options for mental illness. In 1999, the Psychotherapists Act established the legal basis for ensuring the provision of high-quality psychotherapeutic care. Due to improved diagnostics, increasing societal awareness of mental illness as well as

sustained public health policy efforts to remove stigma, more and more people seek access to appropriate treatment (21, 22).

Challenges lie ahead; they include the need to improve the integration and coordination of care, dovetailing across sectors and occupational groups as well as medical specialties. A “person-centred” approach is needed instead of a “facility-centred” approach, especially for people with serious illnesses, and often long and recurring disease episodes. This means that the services to be provided should be based primarily on individual need and not on the availability of services offered by the respective health-care facility. To address these issues, the Federal Ministry of Health has continuously been extending the legal framework to further strengthen the psychiatric–psychotherapeutic care system. For example, in 2017, legislation came into force regulating the provision of comprehensive community care for patients with mental illness in their home environment, equivalent to inpatient care (PsychVVG).

The Preventive Health Care Act¹ considerably strengthened the promotion of mental health and prevention of mental illness (15). A particularly vulnerable group are people in psychiatric crises. In order to scientifically evaluate existing support and counselling approaches to prevent suicide attempts or suicides, and to develop new measures and concepts, the Federal Ministry of Health has provided more than €5 million until 2020 as part of a funding initiative called “suicide prevention”.

EXAMPLE 8: STRENGTHENING TRANSLATIONAL RESEARCH INFRASTRUCTURE TO DRIVE PROGRESS

Traditionally, Germany’s research activities have been particularly strong in the area of basic research and there are many outstanding cancer research centres in Germany. However, if we do not make sure that scientific progress finds its way into clinical practice, the most outstanding basic research is a theoretical exercise. It is only in recent years that clinical and translational research in Germany has caught up with international standards in terms of the necessary infrastructure.

To redress these issues, in 2011, the German Government and the Federal States launched an initiative to build new research structures, known as the German Centres for Health Research.

These six centres of excellence have been established to concentrate the national research expertise in a bid to tackle

¹ see also Example 1: The Preventive Health Care Act

the high prevalence of NCDs, such as cancer, cardiovascular disease, diabetes or neurodegenerative and chronic lung diseases (23). The guiding principle of the German Centres for Health Research is that research findings should be translated more quickly and effectively into medical care – from the research laboratory to the patient.

Another outstanding translational research infrastructure is the Berlin Institute of Health, which was founded in March 2013 by Charité – Universitätsmedizin Berlin and the Max Delbrück Center for Molecular Medicine in the Helmholtz Association (MDC) in Berlin (14). It brings together the synergetic scientific research competence of the two institutions, intensifying their long-standing project-based collaboration and creating a novel structure for translational research in one institution.

CONCLUSION AND OUTLOOK: GERMANY’S INTERNATIONAL POLITICAL COMMITMENT

This paper presents selected “flagship” policy initiatives that are instrumental in strengthening the prevention and control of NCDs. The evaluation of their outcomes will underpin health-care policy in a consistent and sustainable effort in the years to come, nationally and in the global context.

In 2013, the first global health strategy of the Federal Government (Shaping global health – taking joint action – embracing responsibility) set out Germany’s vision of engagement in addressing crucial challenges in global health. The strategy honours the fact that health is the basis of economic prosperity and social stability. In line with this commitment, Germany put global health high on the political agenda during its G7- and G20-Presidency in 2015 and 2017.

With the adoption of the Sustainable Development Goals in 2015, Germany and 192 other United Nations (UN) Member States committed themselves to target 3.4 to reduce premature death from NCDs by one third. It is very encouraging that the WHO European Region appears to be on track to reaching this target by 2030.

The third UN High-level Meeting on NCDs is scheduled to be held during the first week of the UN General Assembly on 27 September 2018. Germany welcomes the prioritization of NCDs on the UN agenda, which sends out a strong signal to the heads of states and governments worldwide. The German Government is set to contribute to the summit as a political

landmark event that will map out the future direction of our joint efforts in combating NCDs.

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