

### **General overview**

The federal state of North Rhine-Westphalia (NRW) covers an area of more than 34 000 km<sup>2</sup> in the western part of Germany and has a population of approximately 18 million (1). Of the 16 federal states (Länder) in Germany, NRW is the most densely populated with more than 500 inhabitants/ km² (2). Situated in the heart of Europe, NRW has several neighbours: Lower Saxony to the north, the state of Hessen to the east, Rhineland-Palatinate to the south, and Belgium and the Netherlands to the west. Average life expectancy in NRW (2015) is 82.5 years for women and 77.9 years for men (3). The Rhine-Ruhr area belongs to the European Megalopolis, the corridor of urbanization in Western Europe. The City of Essen, located in the particularly densely populated Ruhr region with more than 2000 inhabitants/km², was designated by the European Union as a European Capital of Culture for 2010.

The German health-care system is characterized by its system of mandatory health-insurance coverage, either private or public (sickness funds). About 10% of the German population, mainly public officials and servants, have private health insurance (4). Employees' contributions to the sickness funds are 15% of their income, half of the amount being paid by their employers. For the

unemployed, the costs for health insurance are covered by the state and financed through taxes. In 2016, national health expenditure accounted for 11.3% of Germany's gross domestic product (5).

One of the fundamental aspects of the German health-care system is the sharing of decision-making powers among the federal states, the federal Government and legitimized civil-society organizations. In health care, governments traditionally delegate competencies to membership-based, self-regulated payer and provider organizations. These corporatist bodies constitute the structures that operate the financing and delivery of benefits covered by the statutory health insurance within the legal framework.

Two major responsibilities at state level are governmental regulation of capital investments, which are based on hospital plans, and public health services, which in NRW are regulated according to the Public Health Act of 1995. Other responsibilities are undergraduate medical, dental and pharmaceutical education and the supervision of the regional chambers of physicians, the regional associations of physicians, and the sickness funds operating in the state (6).

In NRW, responsibility for health lies with the Ministry of Labour, Health and Social Affairs, the focus of which is not on "structures" or "systems", but on helping people to preserve or regain their health through good medical care. The Ministry sees its remit as organizing the legal framework and social conditions in such as way to allow everyone to find their place in the community; it is committed to:

The Ministry cooperates with the five provincial governments and 53 institutions in NRW that are responsible for health in the counties and cities of the state. Its work is supported by the NRW Centre for Health (Landeszentrum Gesundheit Nordrhein-Westfalen), an agency falling under the Ministry.

- strengthening patients' rights;
- ensuring effective and efficient prevention measures; and
- providing area-wide, quality health-care coverage, appropriate to people's needs and accessible to all.



### **Strengths**

The strengths of NRW include:

- ✓ the presence of a high-level, modern, well-financed social health-care system;
- support provided to promote people's ownership of their health and their lives;
- ✓ a high level of health literacy in the population.



### **Aspirations**

NRW's is aiming to:

- ✓ safeguard sufficient human resources for health (particularly general practitioners and nursing staff);
- ✓ ensure good hospital care;
- strengthen disease prevention (through children's health programmes dealing with early recognition and control, vaccination, addiction, non-smokers' protection);
- ✓ implement the new Prevention Act (the NRW Centre for Health participates in and coordinates the national cooperation network, Equity in Health, at the federal level).

# Challenges

These are:

- an acute crisis with respect to human resources for health;
- ✓ a high density of hospitals in urban areas simultaneously with a decrease in the number of hospitals in rural areas;
- ✓ the possibility of ensuring medical treatment and health care in rural areas in general, and in the face of demographic ageing in particular.

### Potential areas of collaboration

NRW is interested in collaborating with other Regions for Health (RHN) (7) members on:

- √ health reporting;
- √ health impact assessment (8);
- ✓ urban health.

# Working groups

NRW is interested in participating in working groups on:

- ✓ the Sustainable Development Goals (SDGs) (9)/
  equity;
- √ participatory approaches/resilience;
- ✓ the all-of-government approach/intersectoral action.

### People active in the Regions for Health Network (RHN)

Political focal point:

#### **Helmut Watzlawik**

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Technical focal points:

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# North Rhine-Westphalia, Germany

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North Rhine-Westphalia, Germany