



# **Cardiovascular Disease Scorecards – Germany**

#### **GERMANY – MARCH 2022**

# Status of Cardiovascular Disease (CVD) and Non-communicable diseases (NCD)

### **Country Demographics**

**World Bank** Classification High income



**Life expectancy** at birth (in years):





of population living in **urban** areas

Premature mortality due to CVD (death during 30-70 years of age) (% of deaths):

Total mortality due to CVD (% of deaths):

male: 9,6% female: 11,2%

male: 18% **female: 20%** 

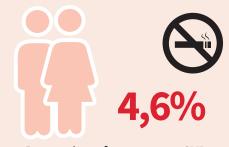
Percentage of adult population with raised total **cholesterol** (≥5.0 mmol/L)

Global data: 38.9%

Percentage of adult population (age-stand-

ardized) with raised blood pressure (SBP ≥140 or DBP ≥90) Global data: 24.1% (male) **20.1%** (female)

**Prevalence** of tobacco use age ≥15 Global data: 36.1% (male) 6.8% (female)



Proportion of premature CVD mortality attributable to tobacco (%)

Percentage of adults (age-standardized estimate) who are insufficiently active (less than **150 minutes** of moderate intensity physical activity per week, or less than 75 minutes of vigorous-intensity

male: 40,2%







**FEMALE MALE** physical activity per week):

female: 36,9%



Prevalence of diabetes in

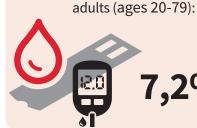


Percentage of adolescents (ages 11-17) who are insufficiently active (less than **60 minutes** of moderate- to vigorous intensity physical activity daily):

male: 79,7% female: 87,9%

Percentage of adults who are overweight (body mass index (BMI) of 25 kg/m2 or higher):

male: 49,2% 48,5%







# Cardiovascular Disease Scorecards – Germany

Heart Failure in Germany

Annual costs of Heart failure in 2017:

€5,723 billion+

Patients living with heart failure in 2019: around 4 million#

Hospitalisations due to heart failure in 2019: **around** 

500,000

Heart Failure Mortality in 2019:

35,297

# **GERMANY**

# Health System Capacity



Number of physicians (per 10,000 population)



Number of nurses (per 10,000 population)



Number of hospital beds (per 10,000 population)

KEY:

No data



Not in place



In process/ partially implemented



In place



### **Essential Medicines and Interventions**

Following essential medicines generally available in primary care facilities in the public health sector:

ACE inhibitors:	Metformin:
Aspirin:	Insulin:
Beta blockers:	Warfarin:
Statins:	Clopidrogrel:

### **Clinical Practice and Guidelines**

Locally-relevant (national or subnational level):

Clinical tool to assess CVD risk:
CVD prevention (within the last 5 years):
Treatment of tobacco dependence:
Detection and management of Atrial Fibrillation:

### **Cardiovascular Disease Governance**

A National stratogy or plan that addresses:

CVDs and their risk factors specifically:	
A national tobacco control plan:	
A national multisectoral coordination mechanism for tobacco control:	
A national surveillance system that includes  CVDs and their risk factors:	
Policies that ensure screening of individuals at high risk of CVDs:	
Sustainable funding for CVDs (e.g. from taxation of tobacco and/or other 'sin' products):	

## **Stakeholder action**

NGO advocacy for CVD policies and programmes:
Active involvement of patients' organizations in advocacy for CVD prevention and management:
Involvement of civil society in the development and implementation of a national CVD prevention and control plan:
Involvement of civil society in the national multisectoral coordination mechanism for

Specific activities by cardiology professional associations aimed at 25% reduction in premature CVD mortality by 2025: . . . . . . . .



For more information, please email info@worldheart.org

Taxes on unhealthy foods or sugar

sweetened beverages:....