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Health at a Glance 2011 - OECD Indicators

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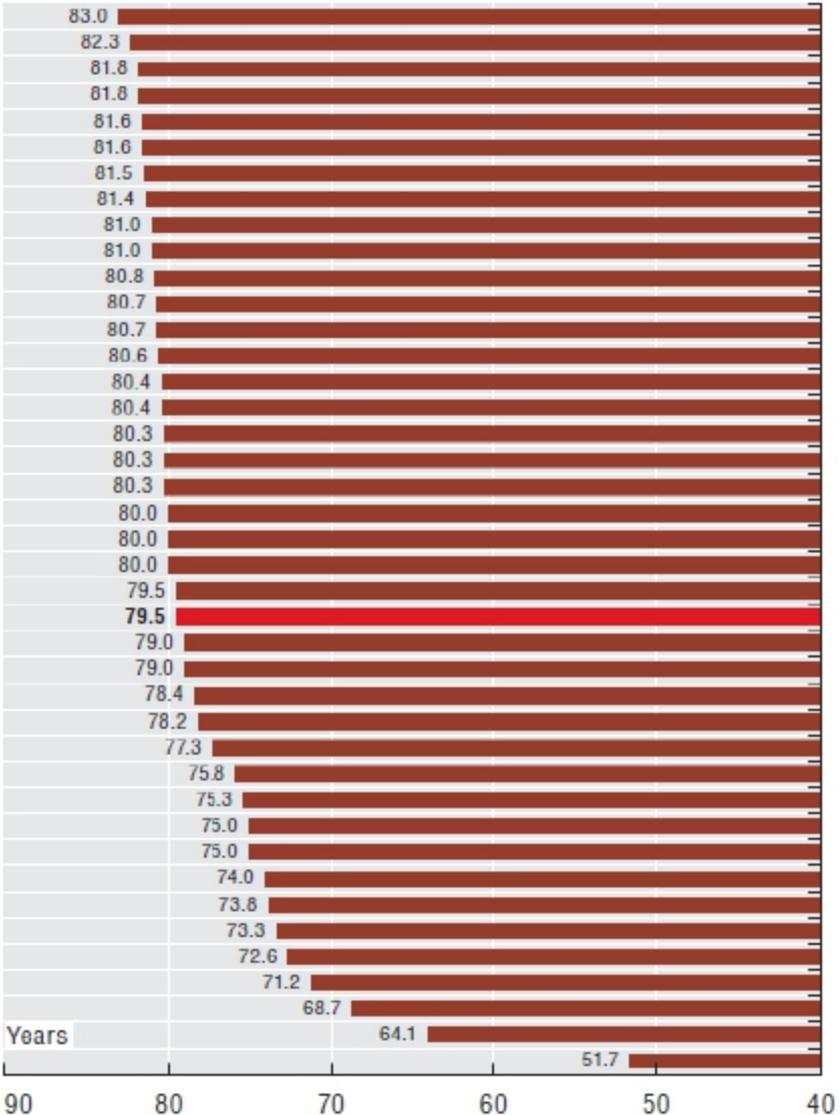


1. HEALTH STATUS

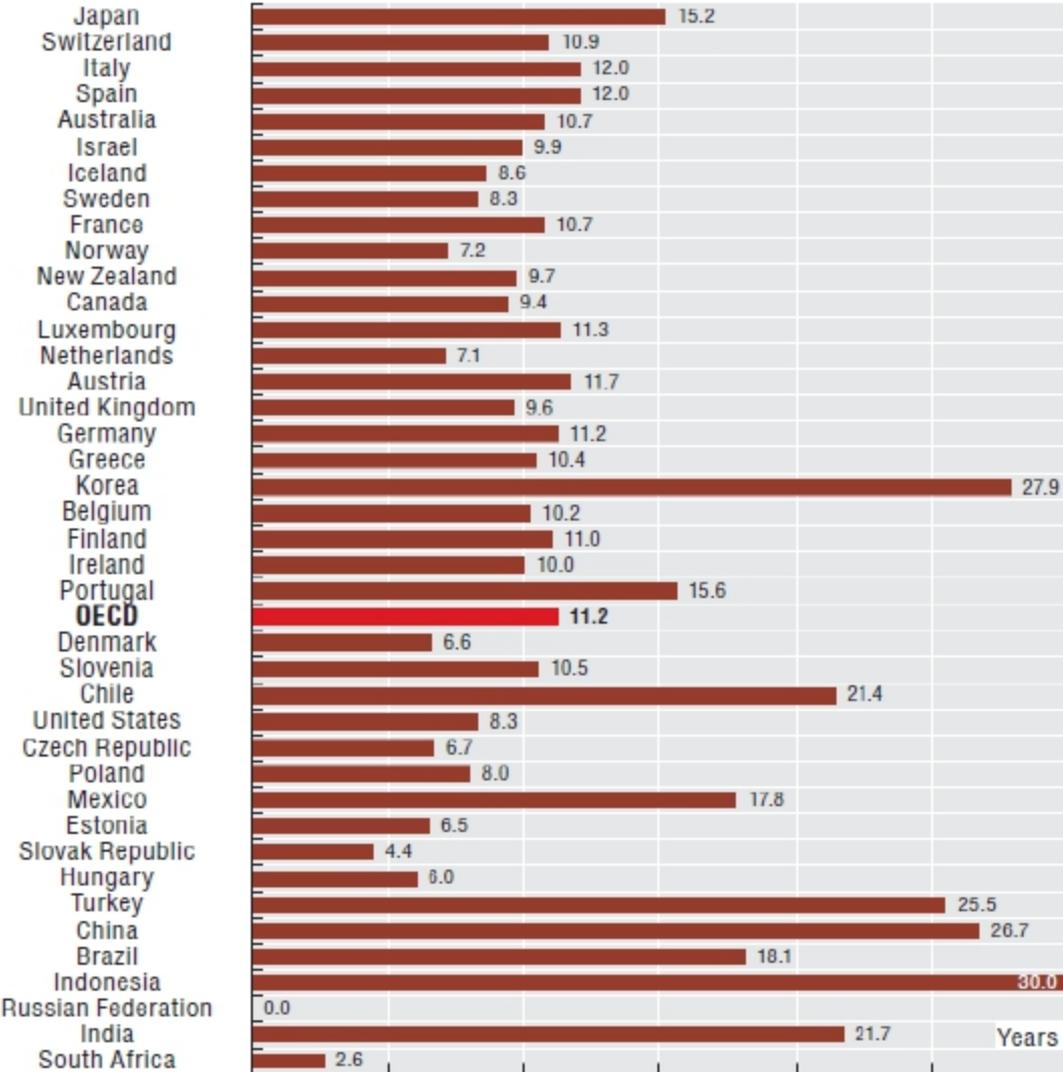
- Life expectancy and mortality
- Chronic diseases

Life expectancy at birth has increased by 11 years in OECD countries since 1960, reflecting declines in mortality at all ages

Life expectancy at birth, 2009



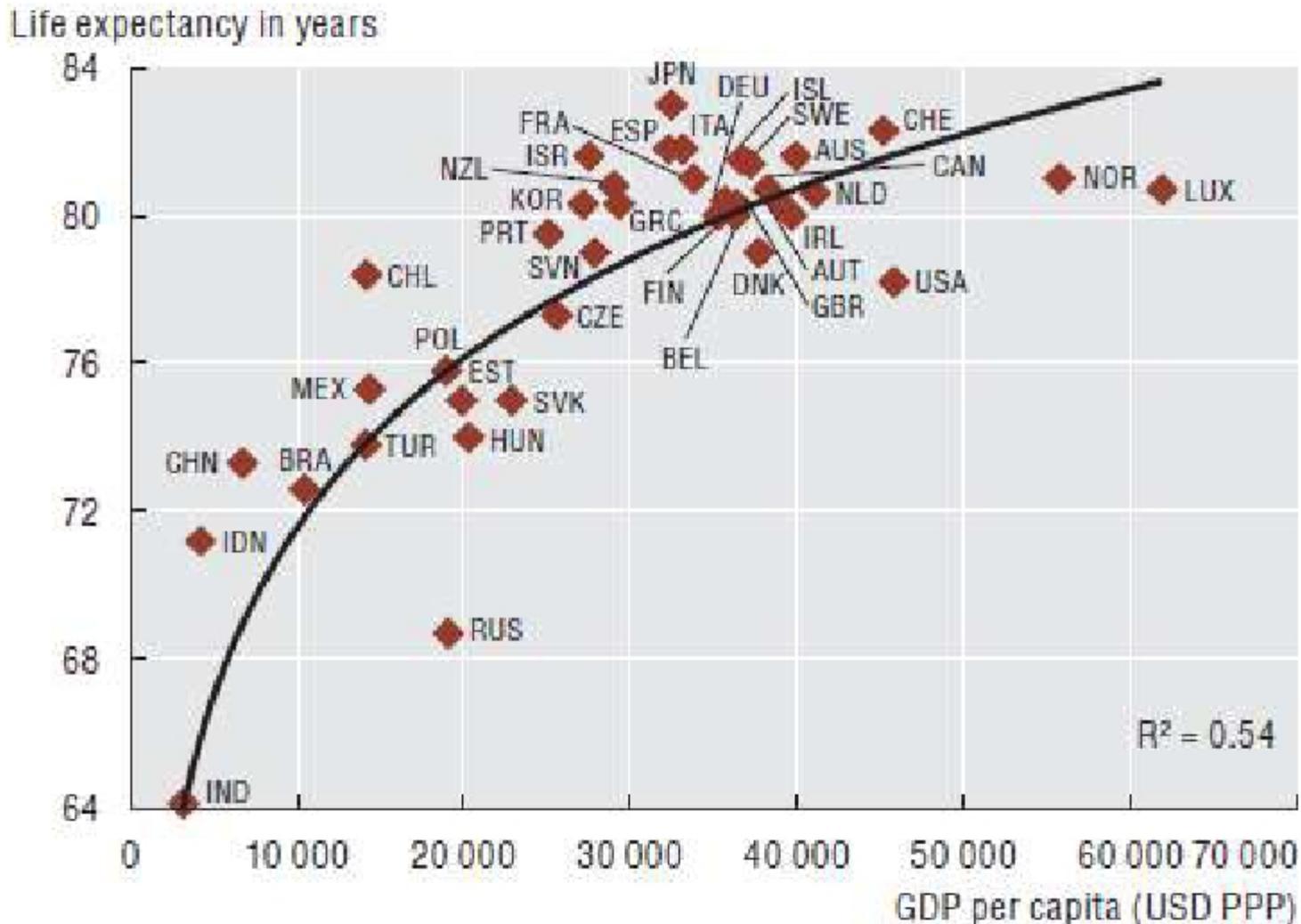
Years gained, 1960-2009



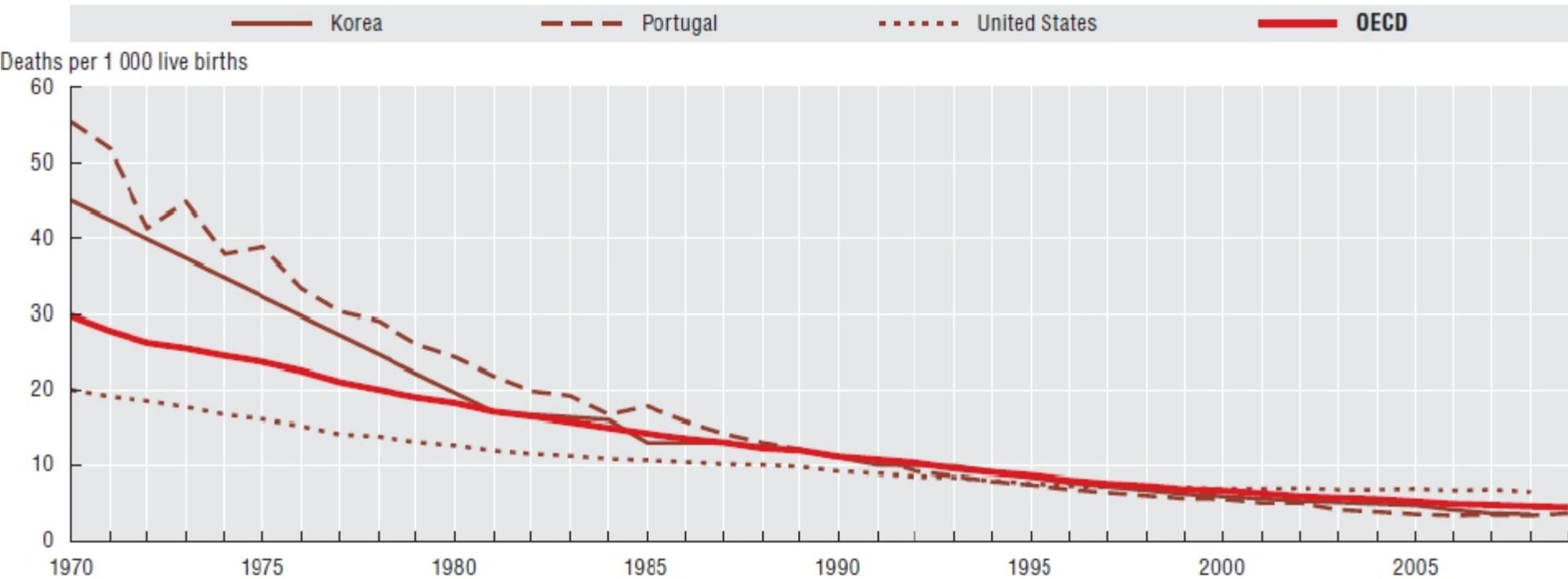
Source: OECD Health Data 2011, OECD (<http://www.oecd.org/health/healthdata>)

High GDP per capita is associated with high life expectancy, although in the most well-off countries other factors play a role

2009 (or latest year available)

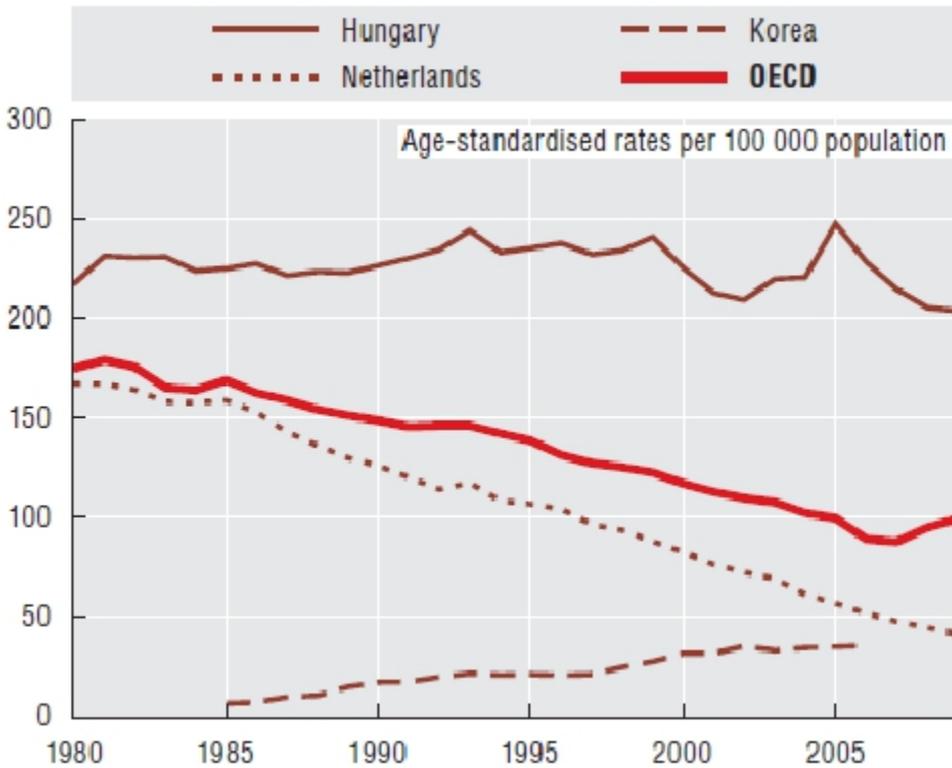


Infant mortality has declined sharply in OECD countries, linked to improved socio-economic status and health care

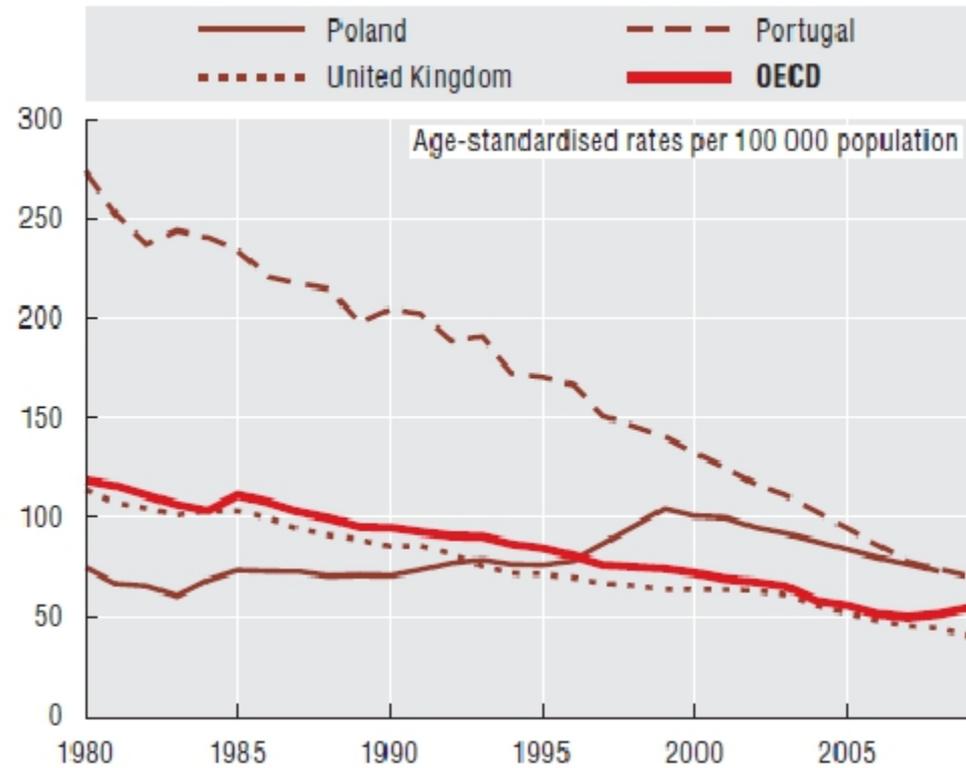


Cardiovascular mortality, the main cause of death in OECD countries, has also declined, but rates still vary considerably

Ischemic heart disease mortality rates, 1980-2009

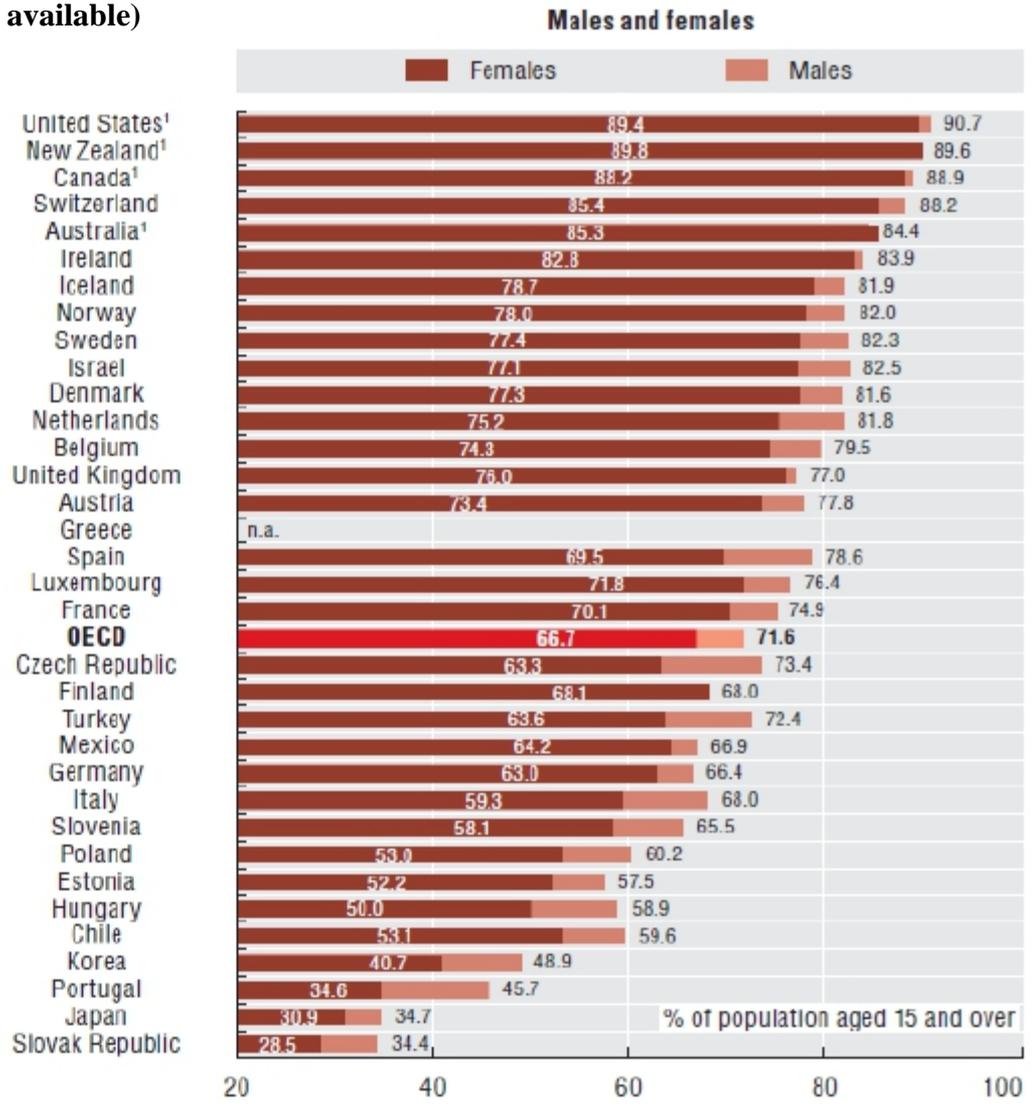
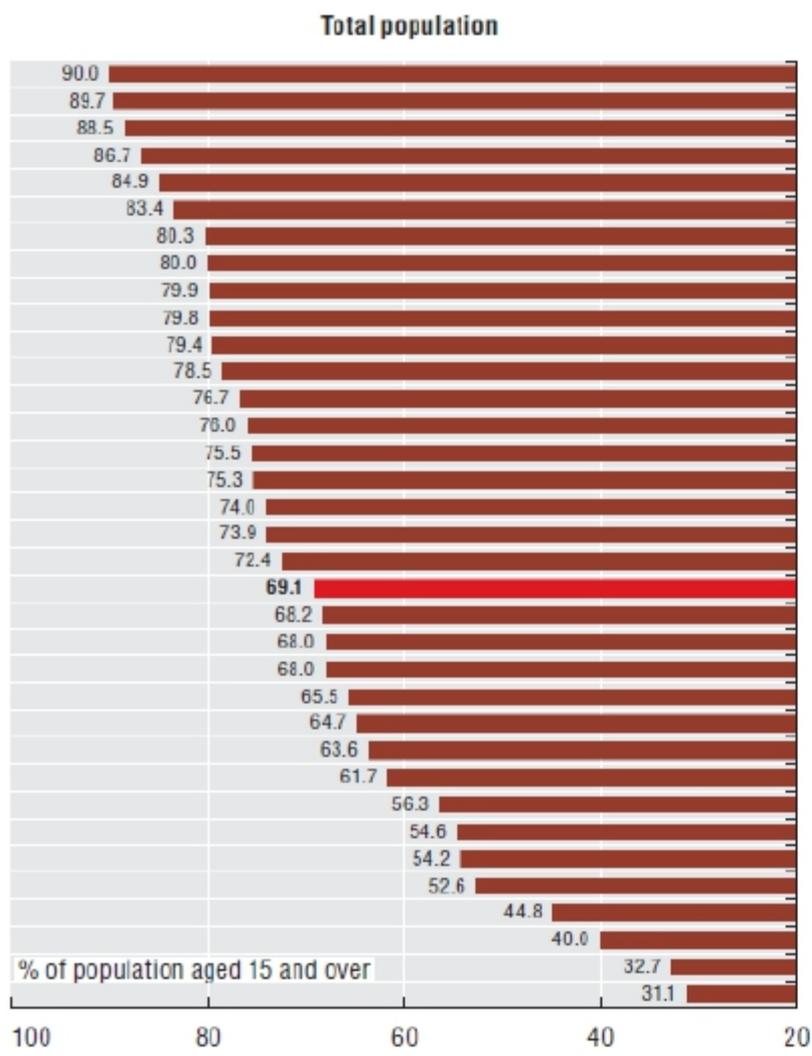


Stroke mortality rates, 1980-2009



Most people in OECD countries report being in good health ...

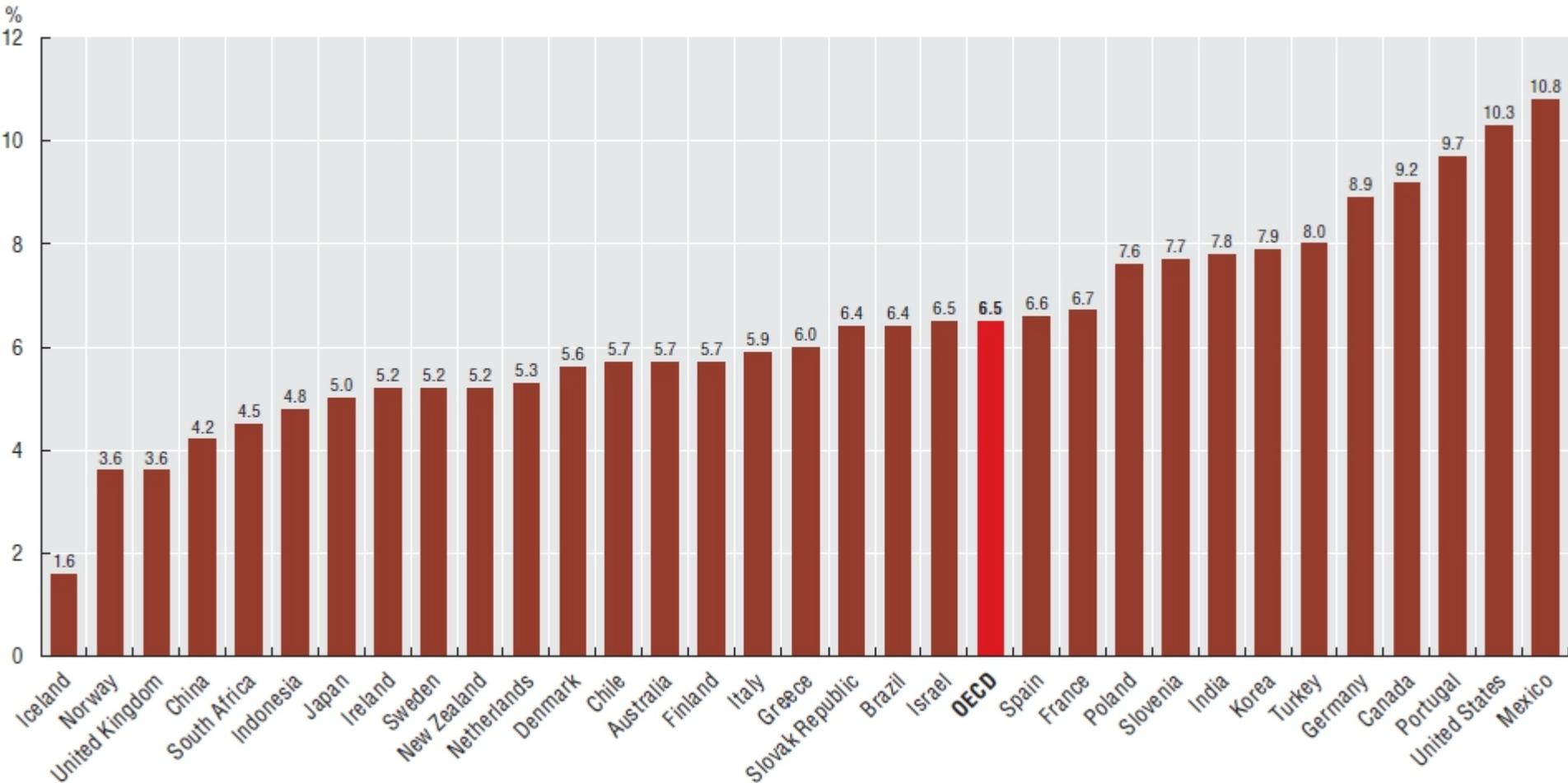
2009 (or latest year available)



1. Results for these countries are not directly comparable with those for other countries, due to methodological differences in the survey questionnaire resulting in an upward bias.

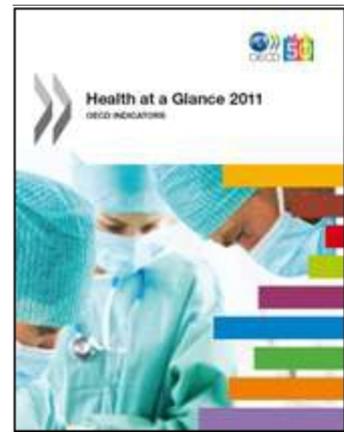
... but the prevalence of chronic diseases such as diabetes is rising, due to changes in lifestyle and population ageing

Prevalence estimates of diabetes, adults aged 20-79 years, 2010



Note: The data are age-standardised to the World Standard Population.

Source: International Diabetes Federation (IDF) (2009), "Diabetes Atlas, 4th edition"

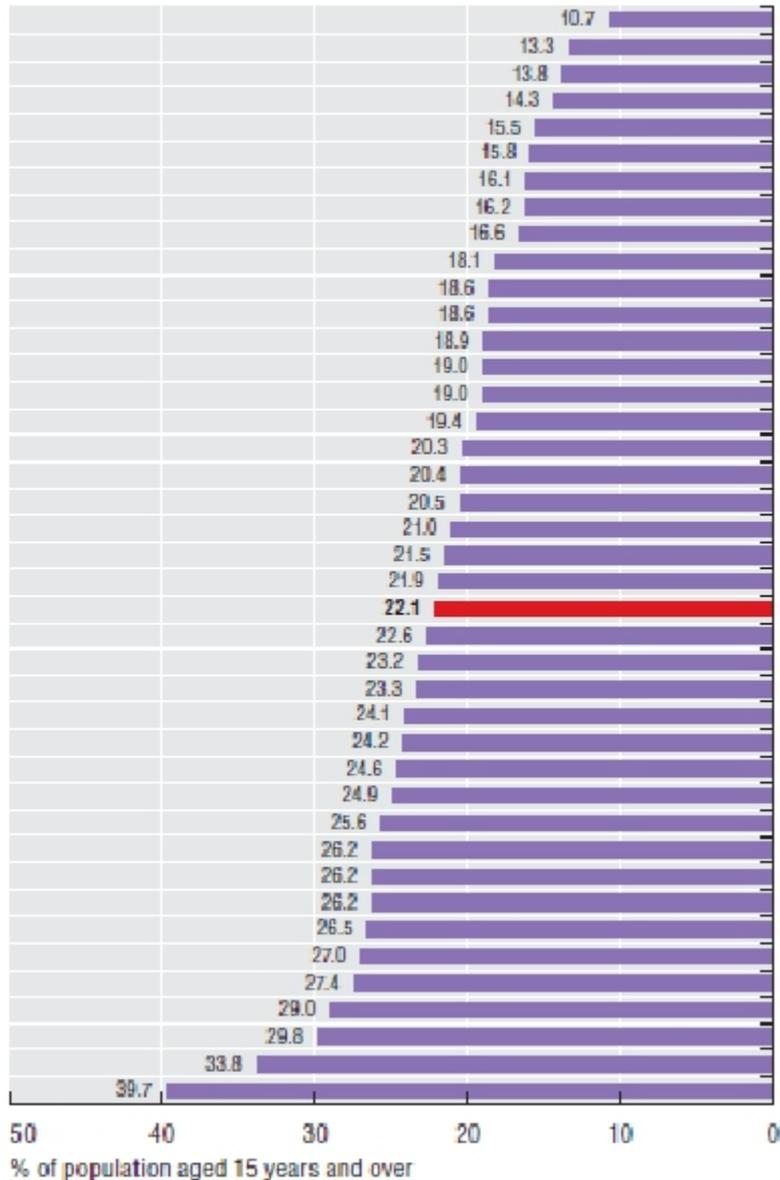


2. RISK FACTORS FOR HEALTH

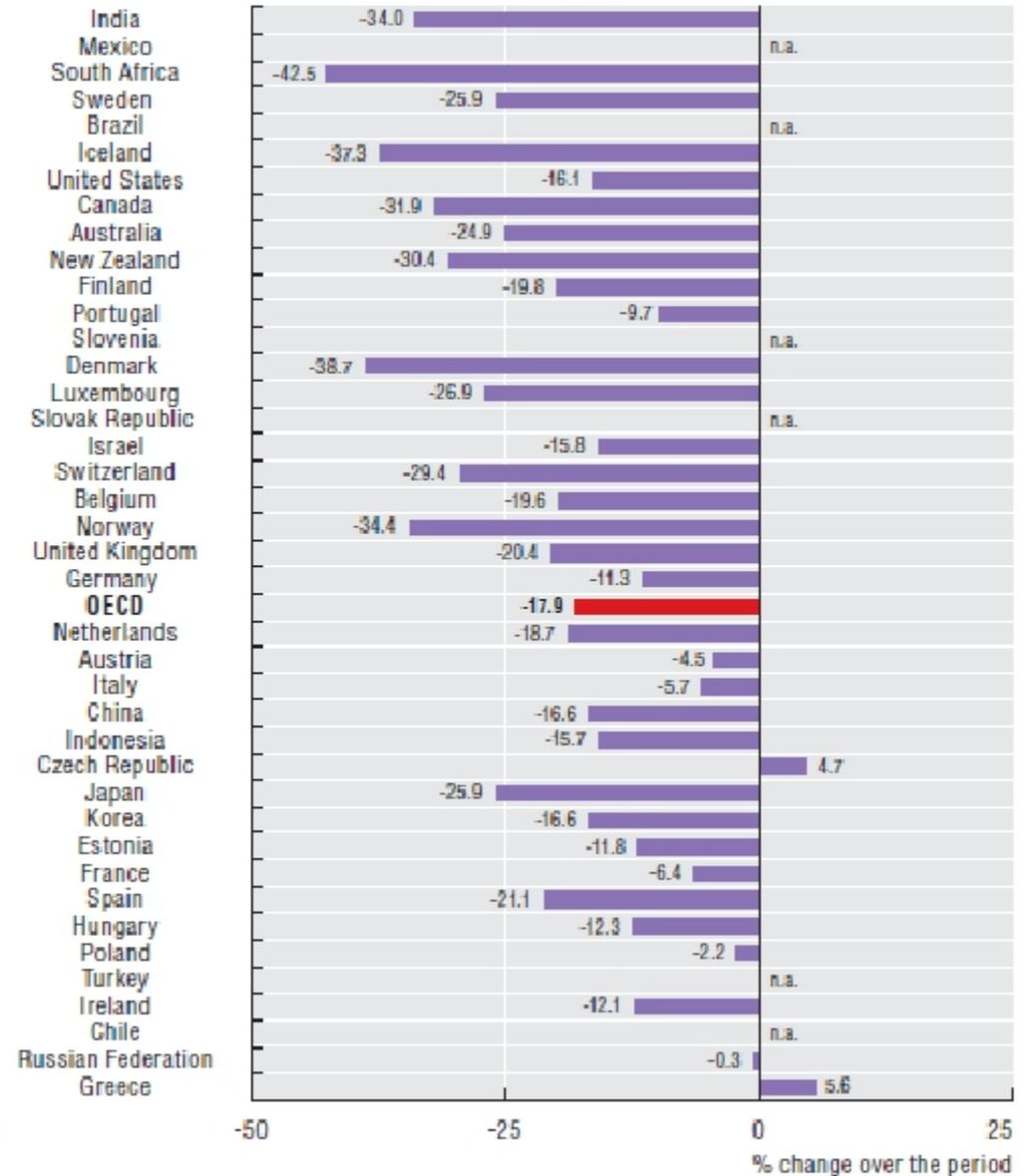
- Smoking
- Alcohol consumption
- Overweight and obesity among adults and children

Although rates have declined, more than one-fifth of adults still smoke ...

2009



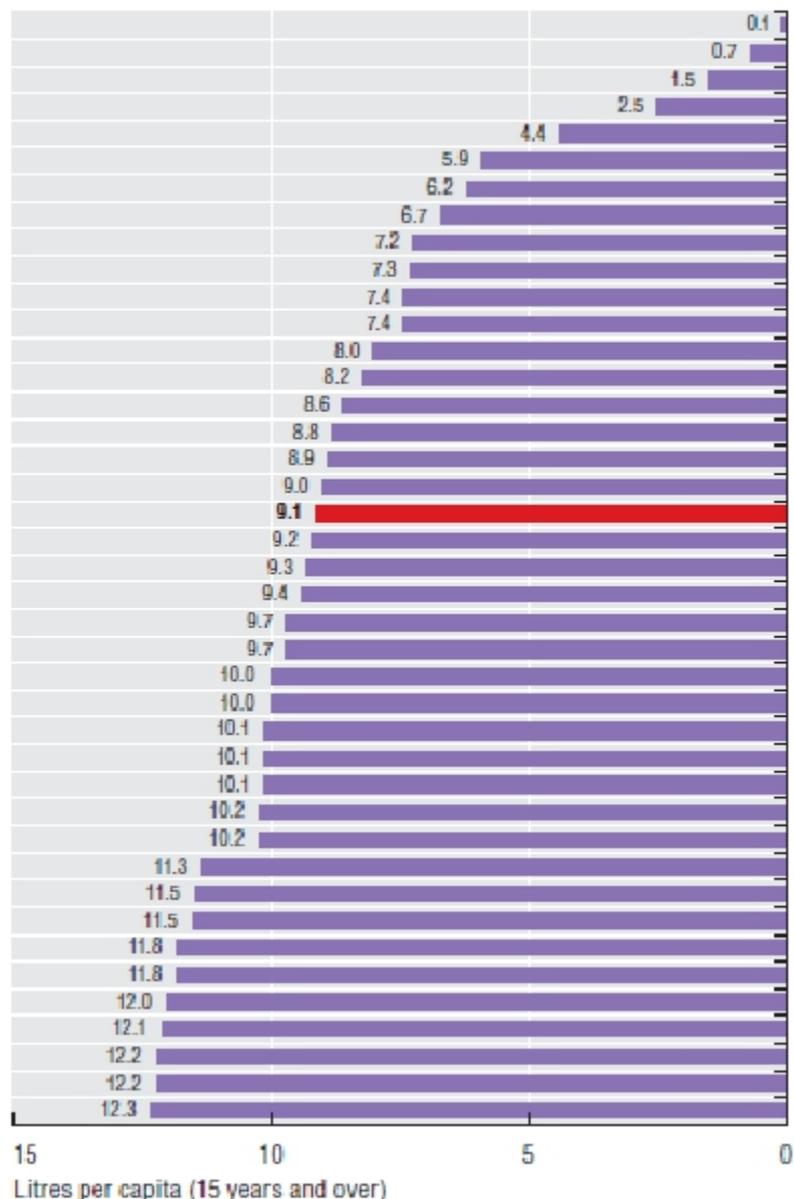
Change 1999-2009



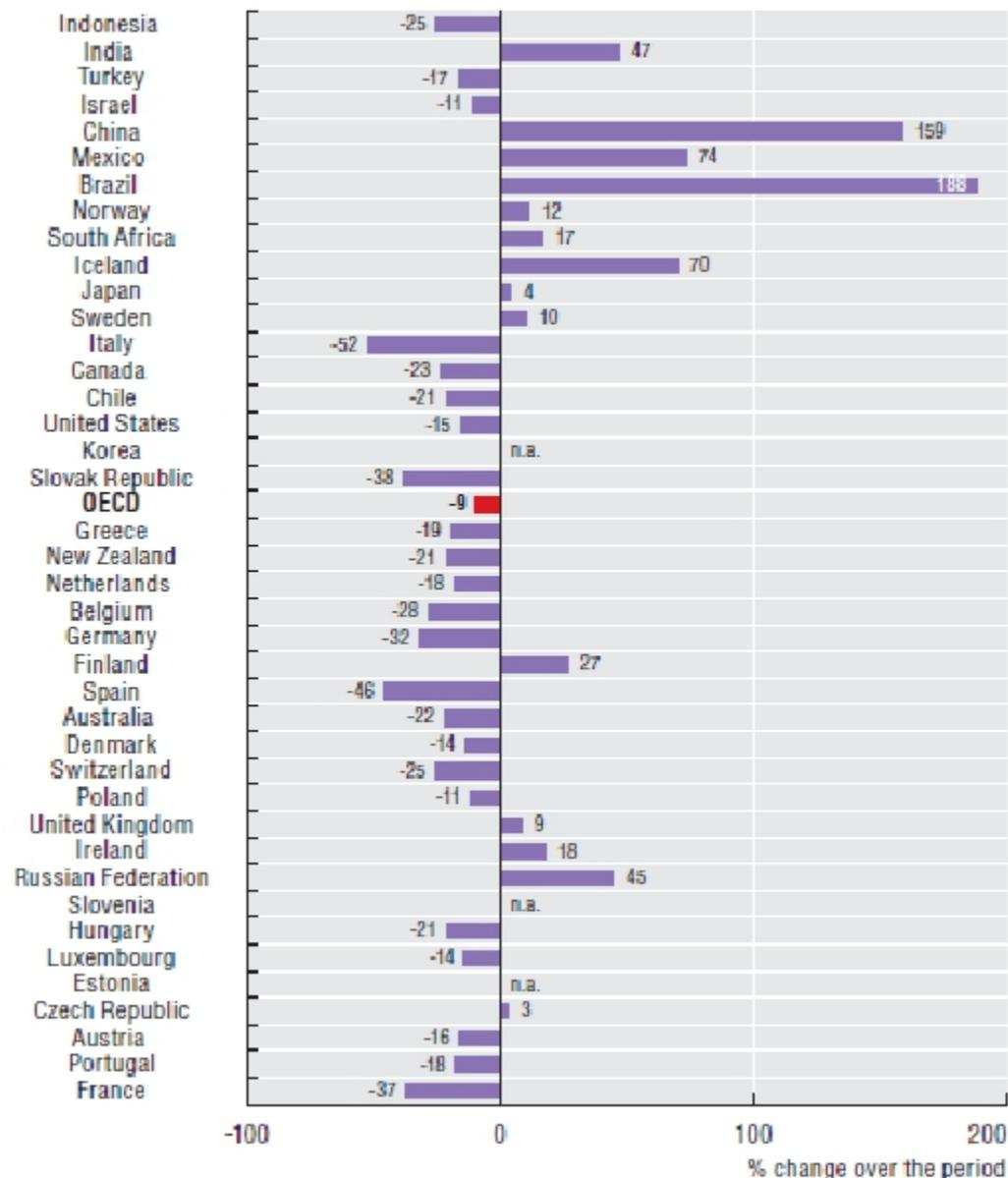
Source: OECD Health Data 2011, OECD ; national sources for non-OECD countries

... and alcohol consumption remains high in certain countries

2009

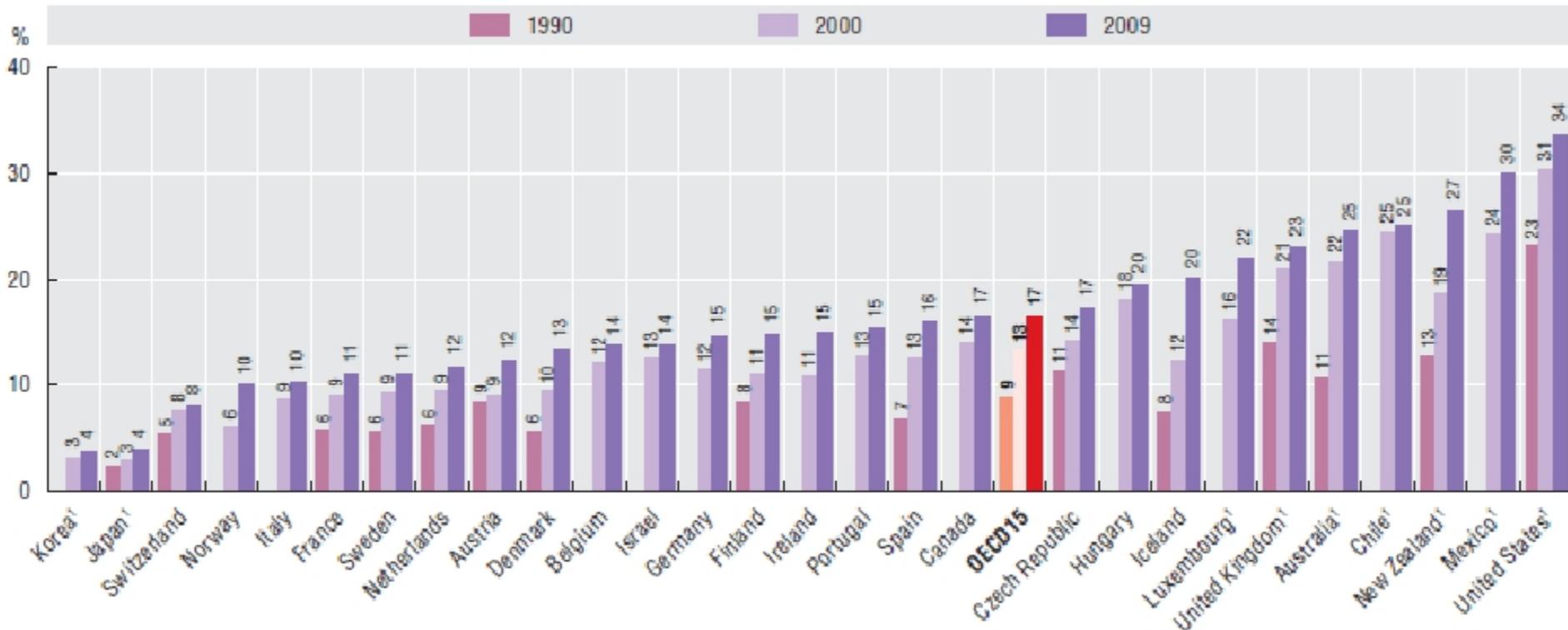


Change 1980-2009



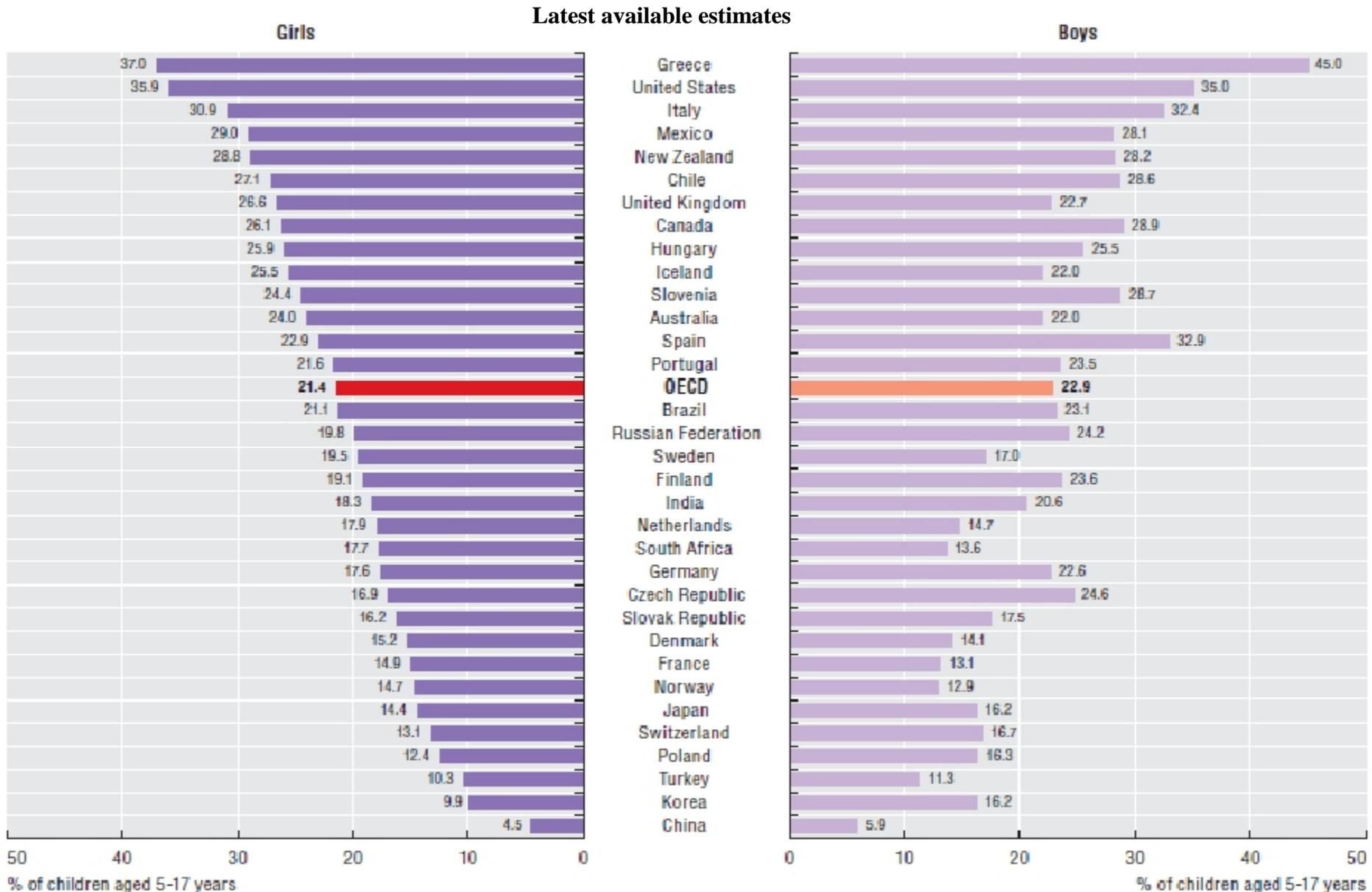
Source: OECD Health Data 2011, OECD ; WHO (2011a)

Obesity among adults is increasing in all OECD countries, presenting increased risks of chronic diseases ...



1. Data are based on measurements rather than self-reported height and weight.

... and one in five children are now overweight or obese



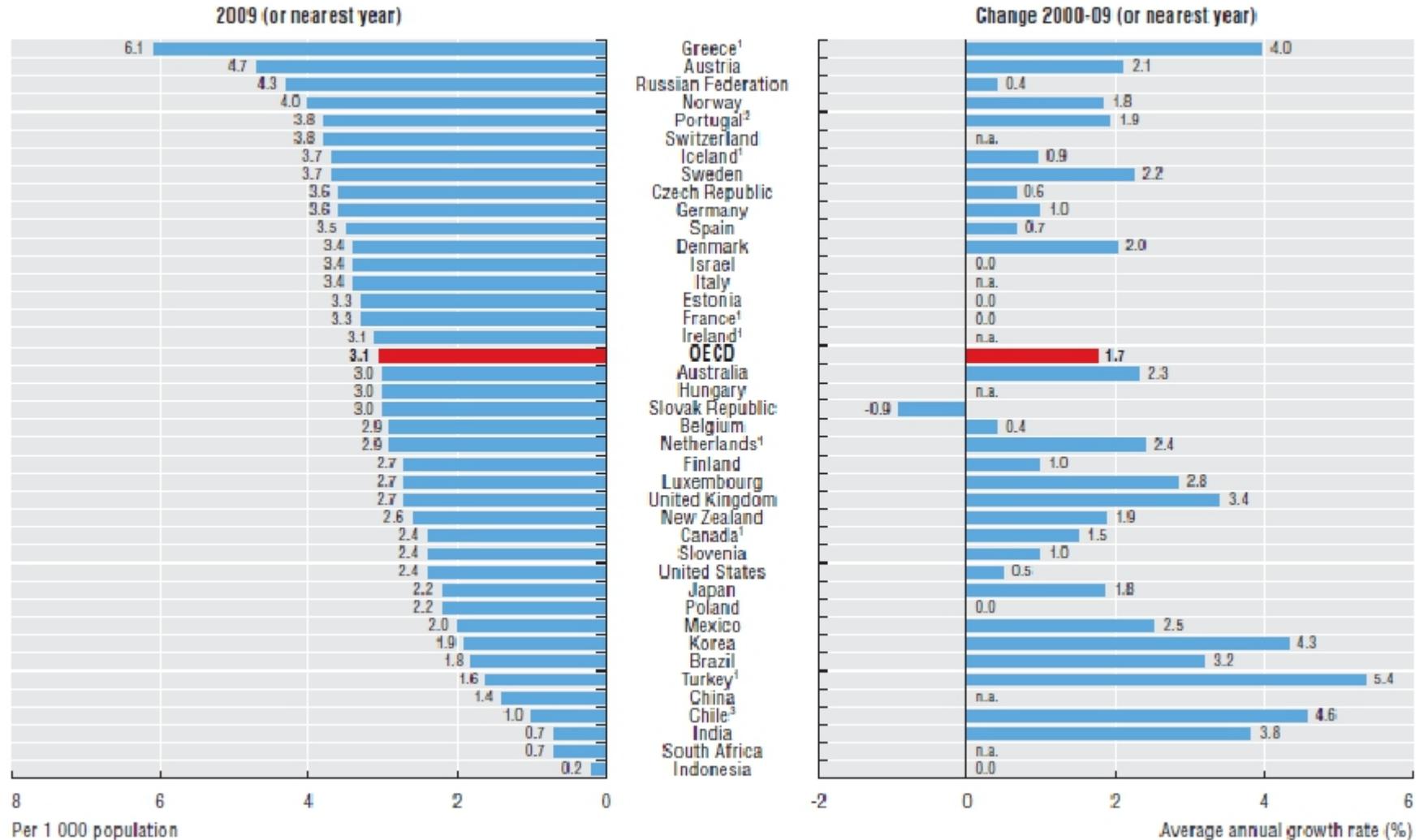
Source: International Association for the Study of Obesity (2011)



3. HEALTH WORKFORCE

- Number of physicians and nurses
- Remuneration of physicians and nurses

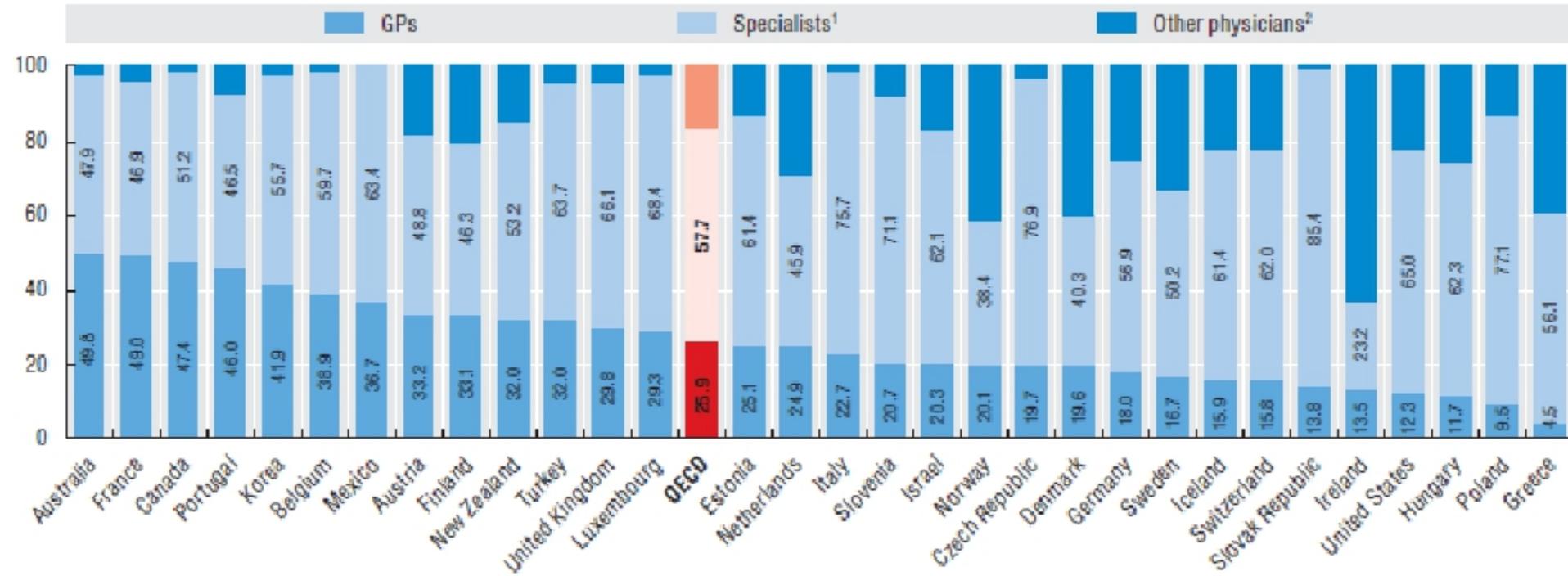
The number of physicians per capita has increased in all OECD countries since 2000, except in the Slovak Republic



1. Data include not only doctors providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors).
2. Data refer to all doctors who are licensed to practice.
3. Data for Chile include only doctors working in the public sector.

The number of medical specialists is greatly outnumbering general practitioners in most countries

2009 (or latest year available)



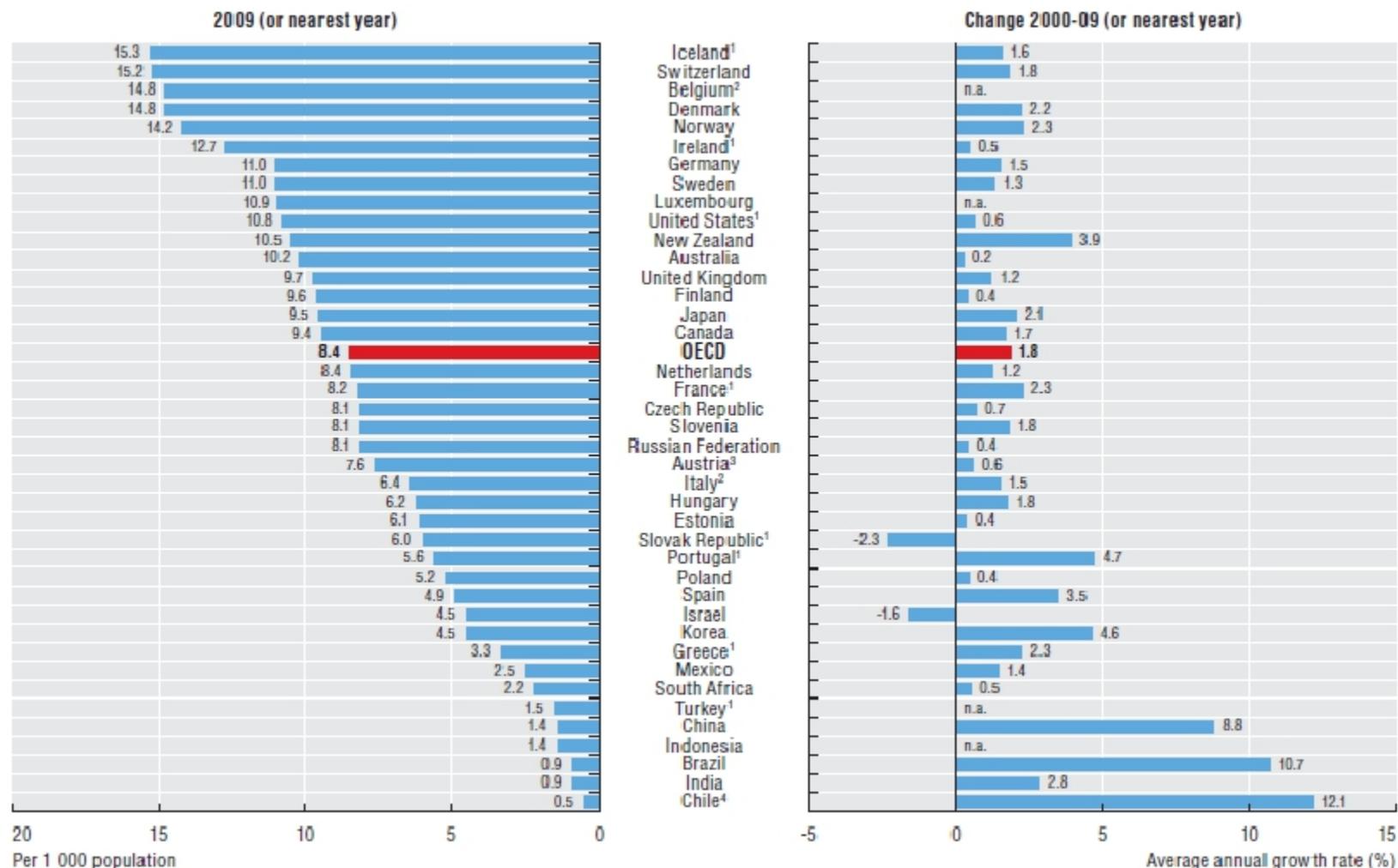
1. Specialists include paediatricians, obstetricians/gynaecologists, psychiatrists, medical specialists and surgical specialists.
2. Other doctors include interns/residents if not reported in the field in which they train, and doctors not elsewhere classified.

The remuneration of specialists has grown more rapidly than that of generalists in most countries

2000-2009 (or nearest year)



The number of nurses per capita has increased in all OECD countries since 2000, except in Israel and the Slovak Republic



1. Data include not only nurses providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc.

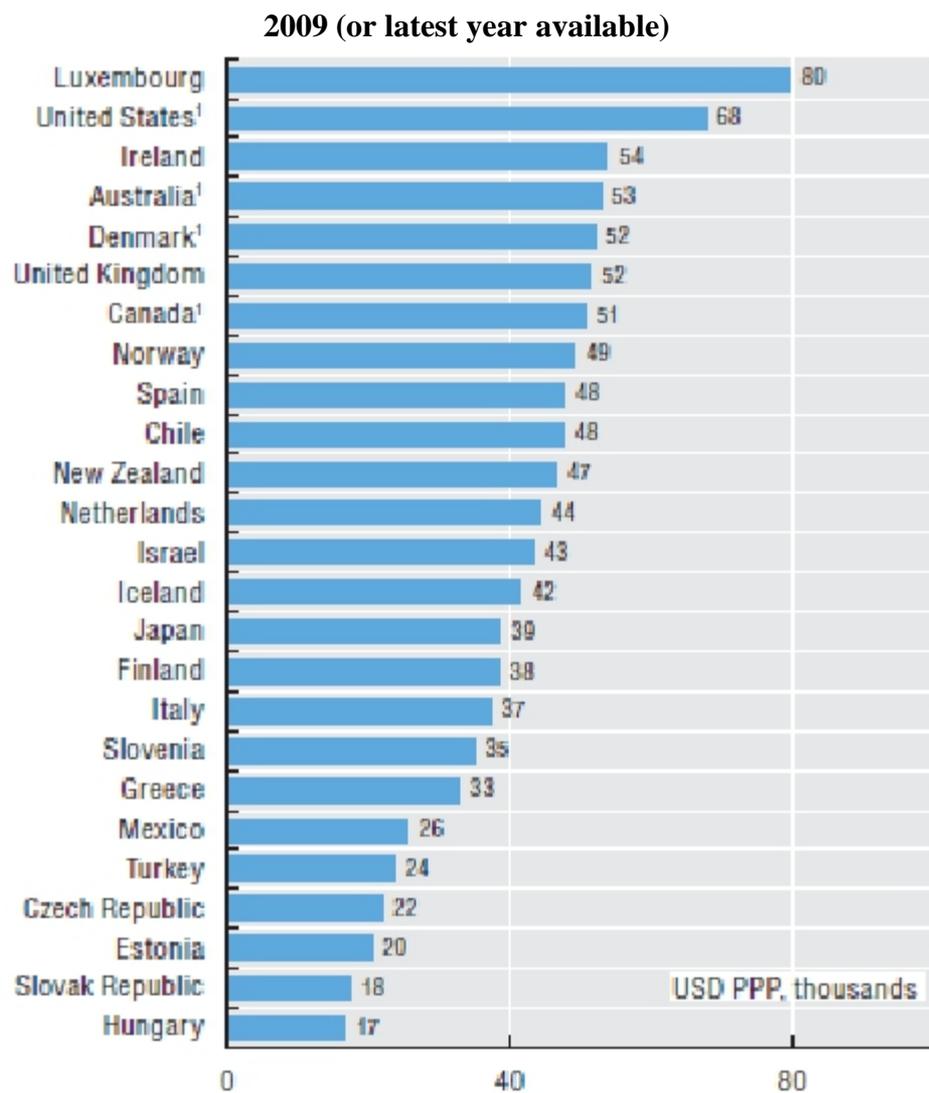
2. Data refer to all nurses who are licensed to practice.

3. Austria reports only nurses employed in hospitals.

4. Chile includes only nurses working in the public sector.

Source: OECD Health Data 2011; WHO-Europe for the Russian Federation and national sources for other non-OECD countries

The remuneration of nurses in Luxembourg and the United States is 4 to 5 times higher than in Hungary and the Slovak Republic

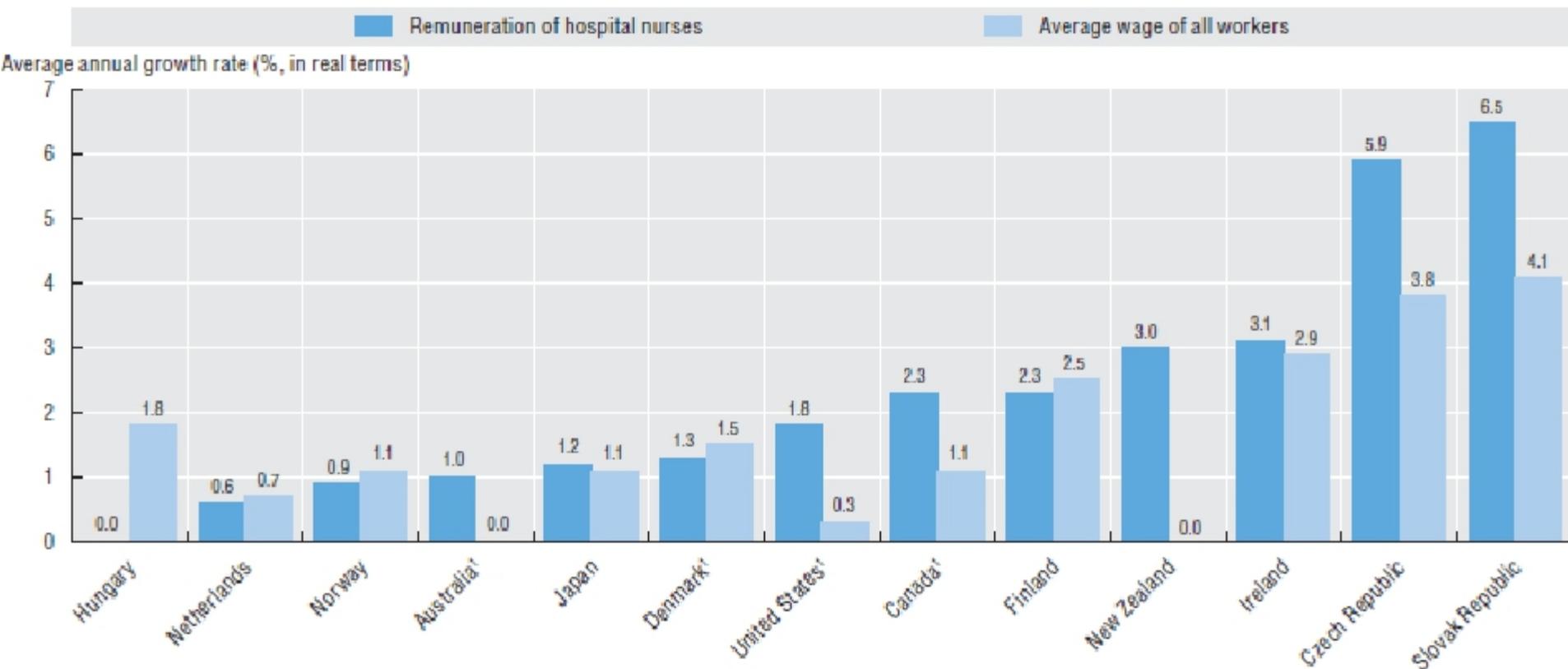


1. Data refer to registered (“professional”) nurses in the United States, Canada, Australia and Denmark resulting in an over-estimation.

Source: OECD Health Data 2011, OECD (<http://www.oecd.org/health/healthdata>)

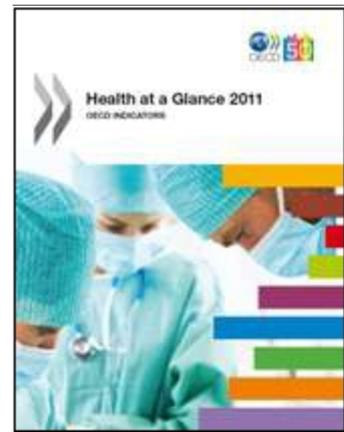
The remuneration of nurses has increased in nearly all OECD countries over the past decade, often exceeding the average wage growth in the economy

2000-2009 (or latest year available)



1. Data refer to registered (“professional”) nurses in the United States, Canada, Australia and Denmark.

Source: OECD Health Data 2011, OECD (<http://www.oecd.org/health/healthdata>)



4. CONSUMPTION OF HEALTH GOODS AND SERVICES

- Diagnostics and treatments
- Pharmaceuticals

The number of MRI and CT scanners is increasing in all OECD countries. Japan has by far the highest number per capita

2009 (or latest year available)

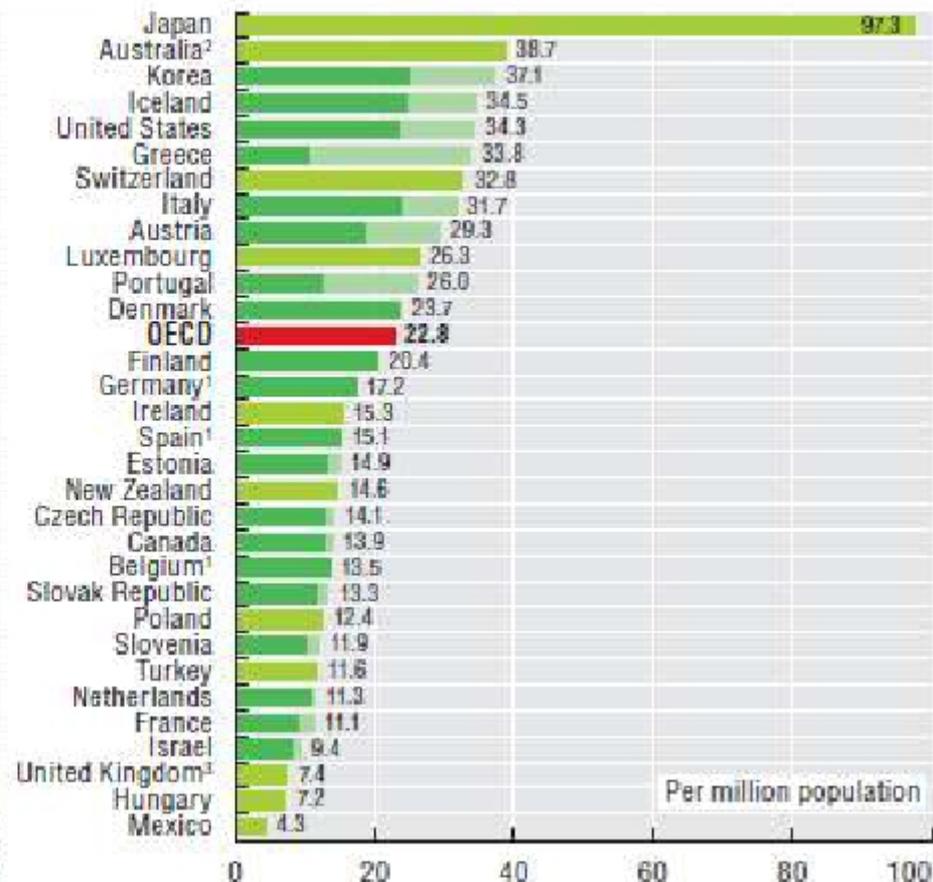
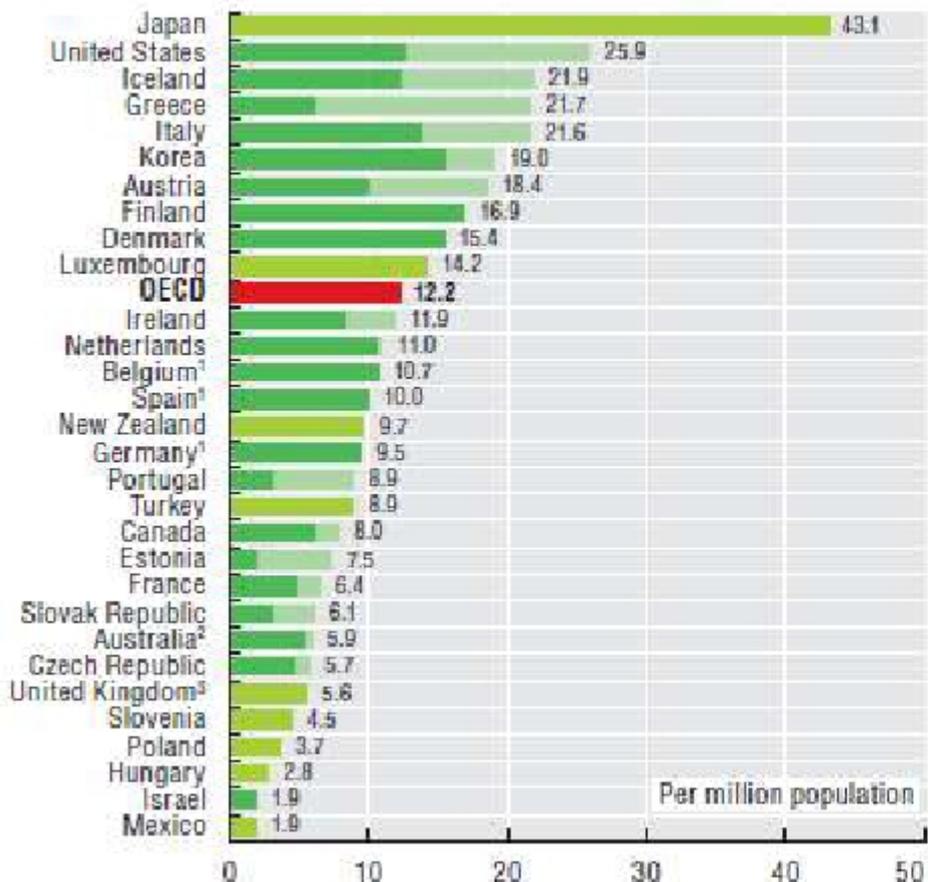
MRI units

Hospital

Outside hospital

Total

CT scanners



Note: The OECD average does not include countries which only report equipment in hospital (Belgium, Germany and Spain).

1. Equipment outside hospital not included.

2. Only equipment eligible for reimbursement under Medicare.

3. Any equipment in the private sector not included.

Source: OECD Health Data 2011, OECD (<http://www.oecd.org/health/healthdata>)

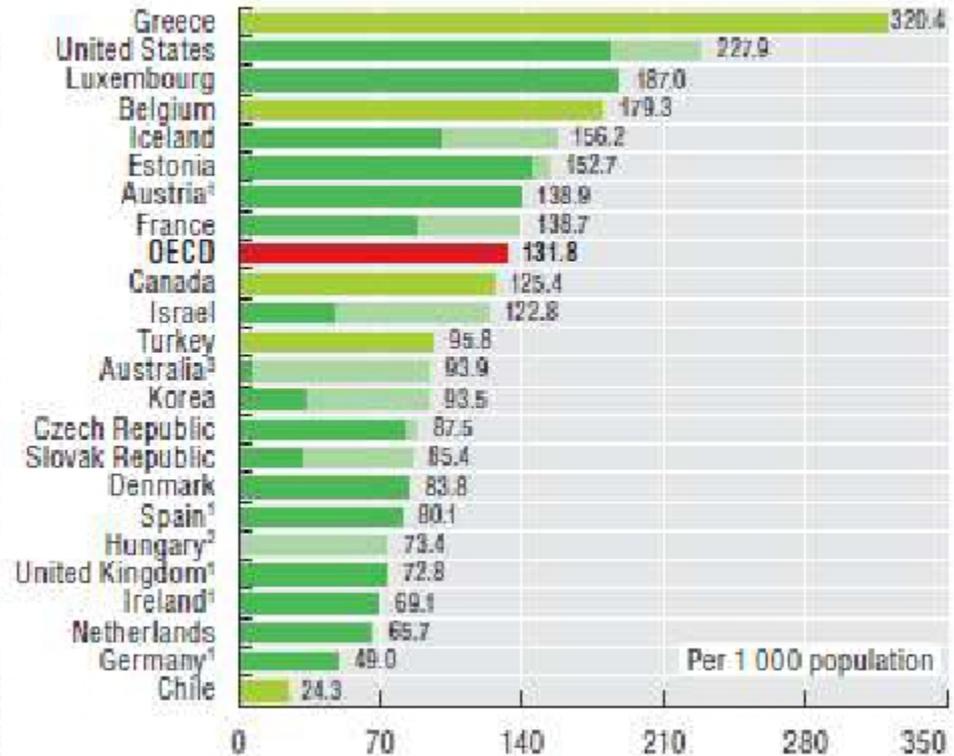
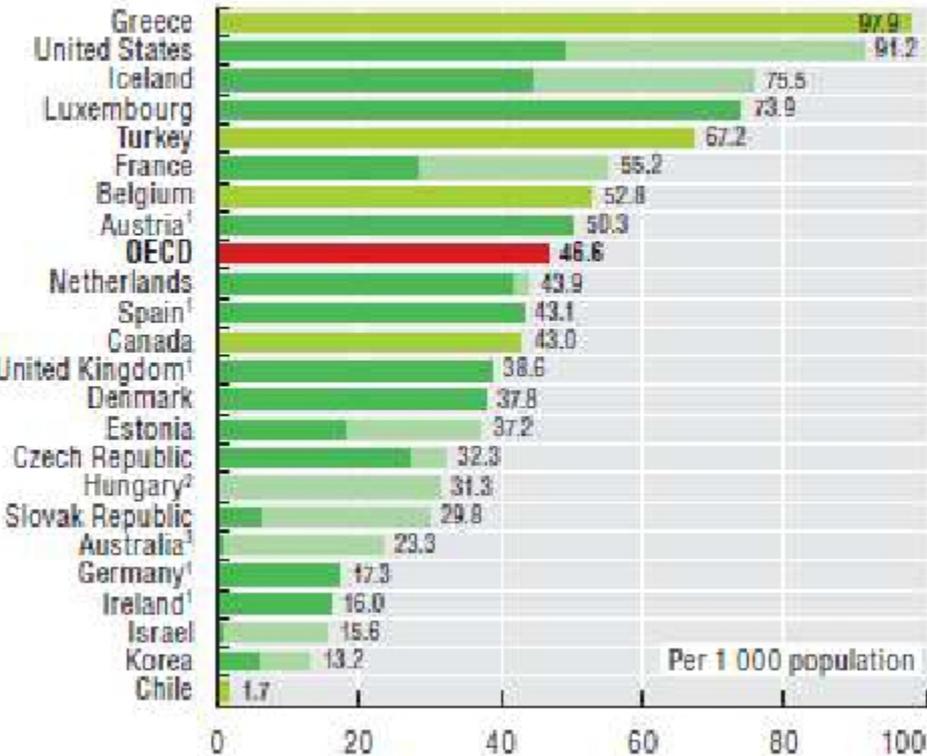
Greece and the United States perform more MRI and CT exams per capita than any other countries

2009 (or latest year available)

■ Hospital
 ■ Outside hospital
 ■ Total

CT exams

MRI exams



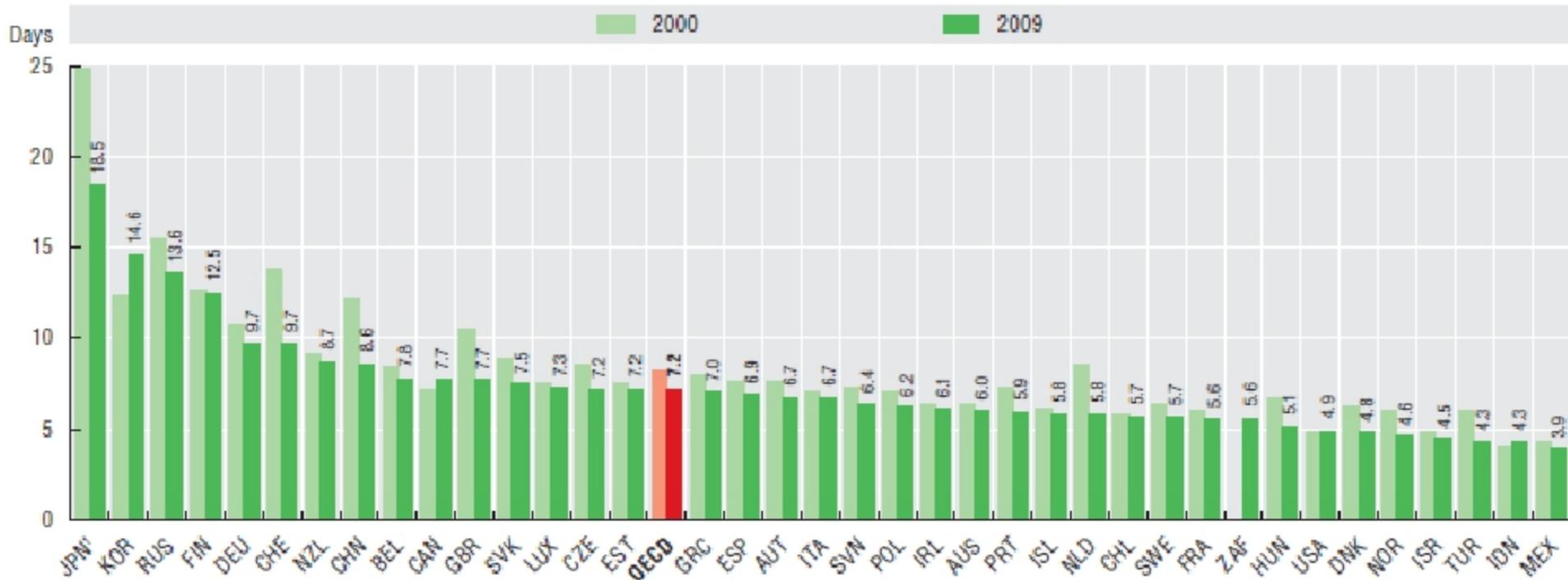
Note: The OECD average does not include countries which only report exams in or outside hospital.

- 1. Data for exams outside hospital are not available.
- 2. Data for exams in hospital are not available.
- 3. Only include exams for outpatients and private inpatients (excluding exams in public hospitals).

Source: OECD Health Data 2011. OECD (<http://www.oecd.org/health/healthdata>)

The average length of stay in hospitals has fallen in nearly all OECD countries, reflecting efficiency gains

Average length of stay in hospital for all causes

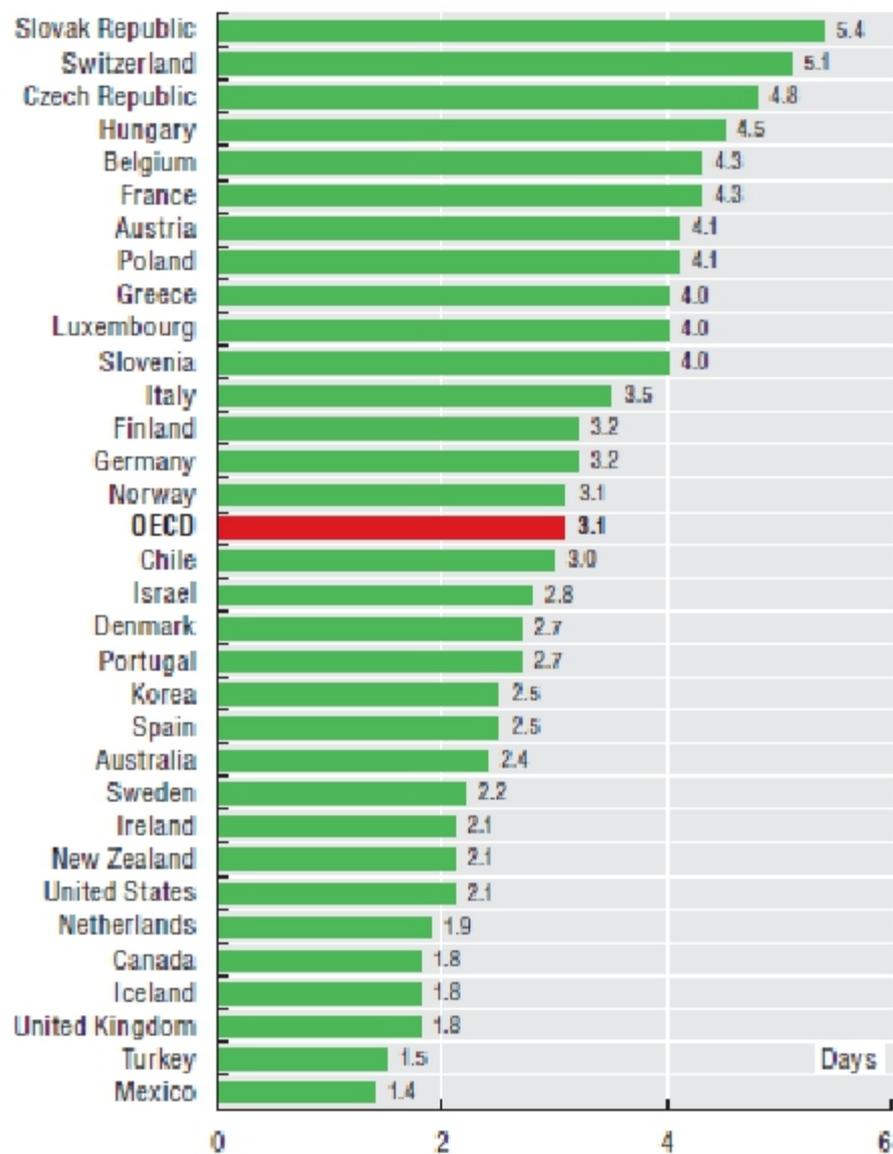


1. The data for Japan refer to average length of stay for acute care (excluding long-term care beds in hospitals).

Source: OECD Health Data 2011; WHO-Europe for the Russian Federation and national sources for other non-OECD countries

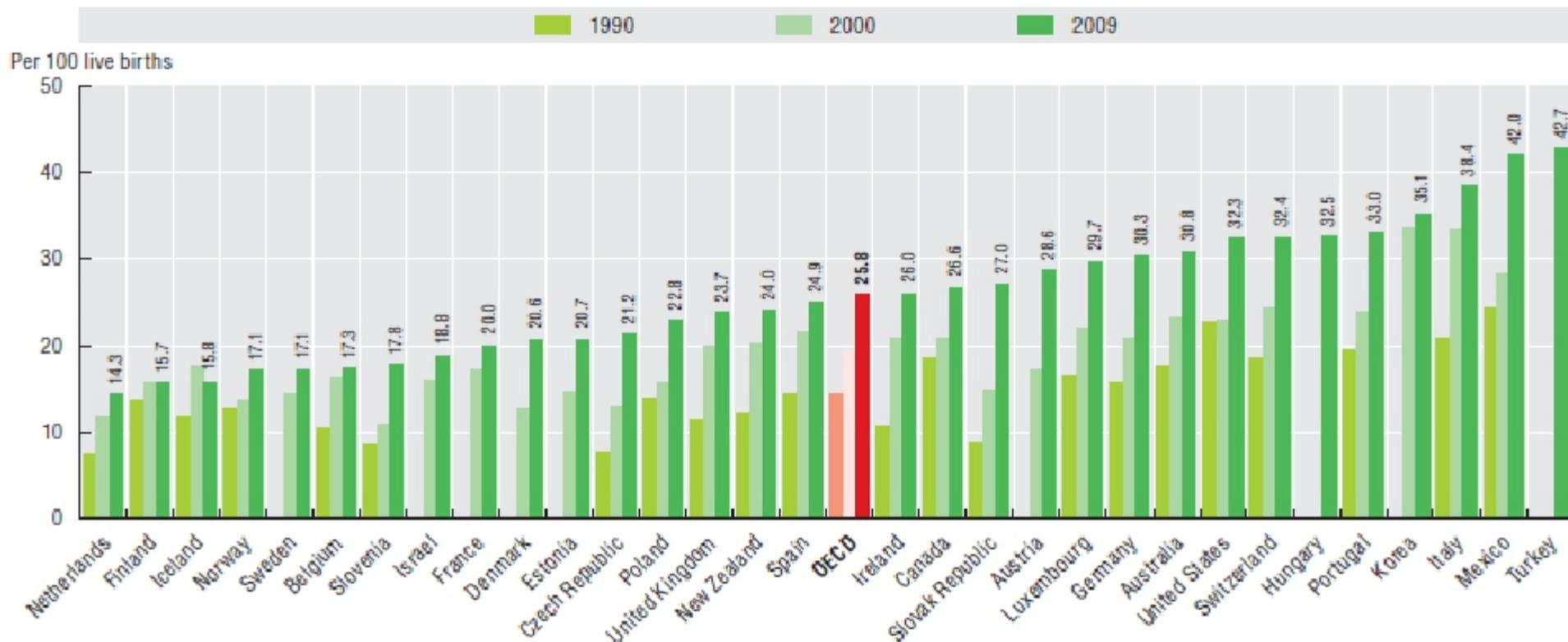
The average length of stay for normal delivery has become shorter in all OECD countries, but large variations still exist

2009 (or latest year available)



Source: OECD Health Data 2011, OECD (<http://www.oecd.org/health/healthdata>)

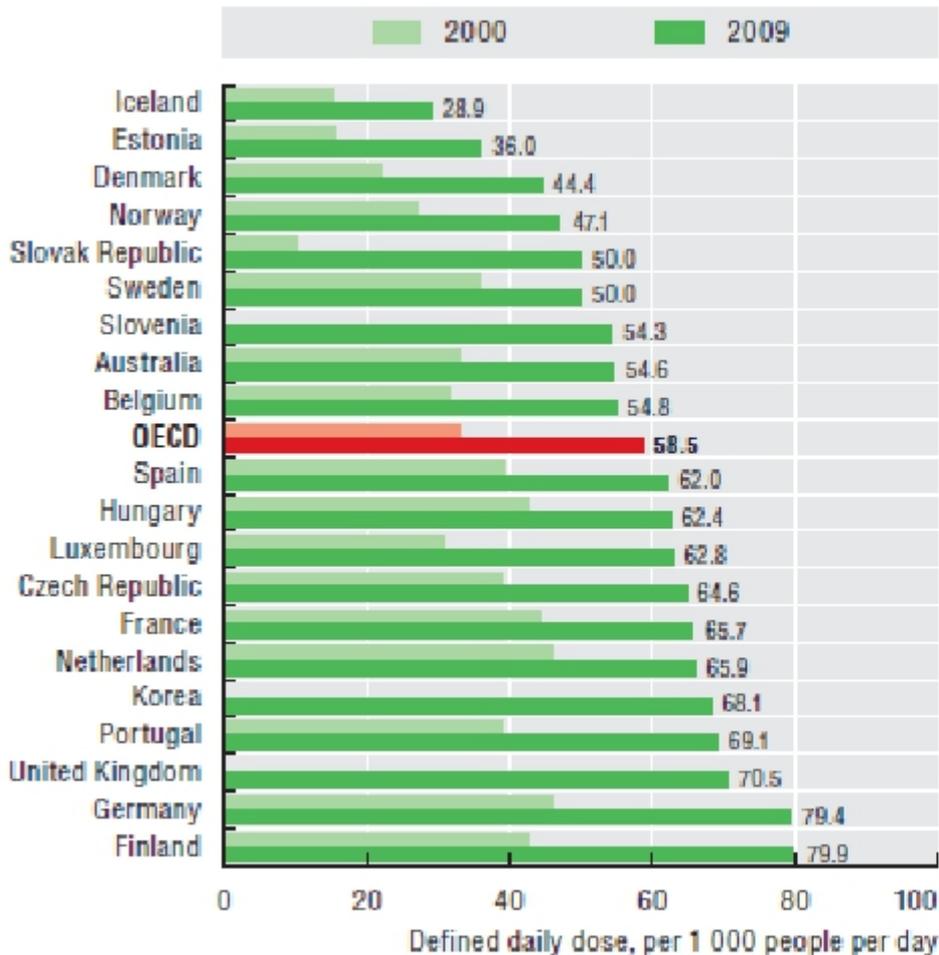
Rates of caesarean delivery have increased in all OECD countries. On average, more than 1 birth out of 4 involved a C-section in 2009, against 1 out of 7 in 1990



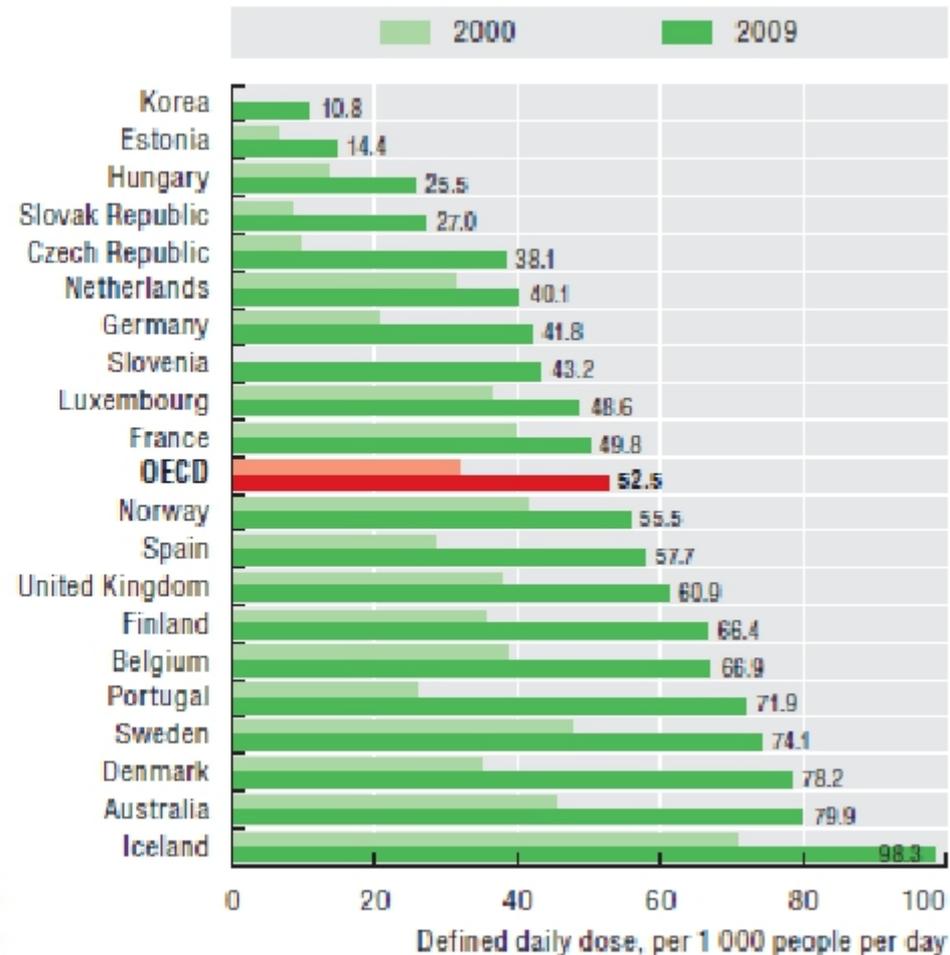
Source: OECD Health Data 2011, OECD (<http://www.oecd.org/health/healthdata>)

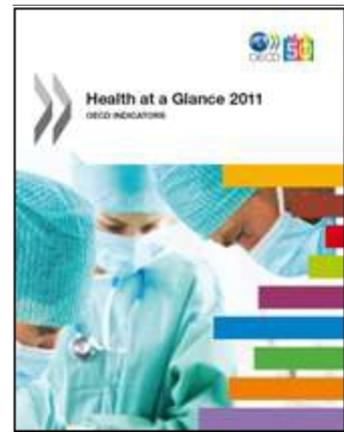
The consumption of pharmaceuticals is increasing across OECD countries, particularly for antidiabetics and antidepressants

Antidiabetics



Antidepressants

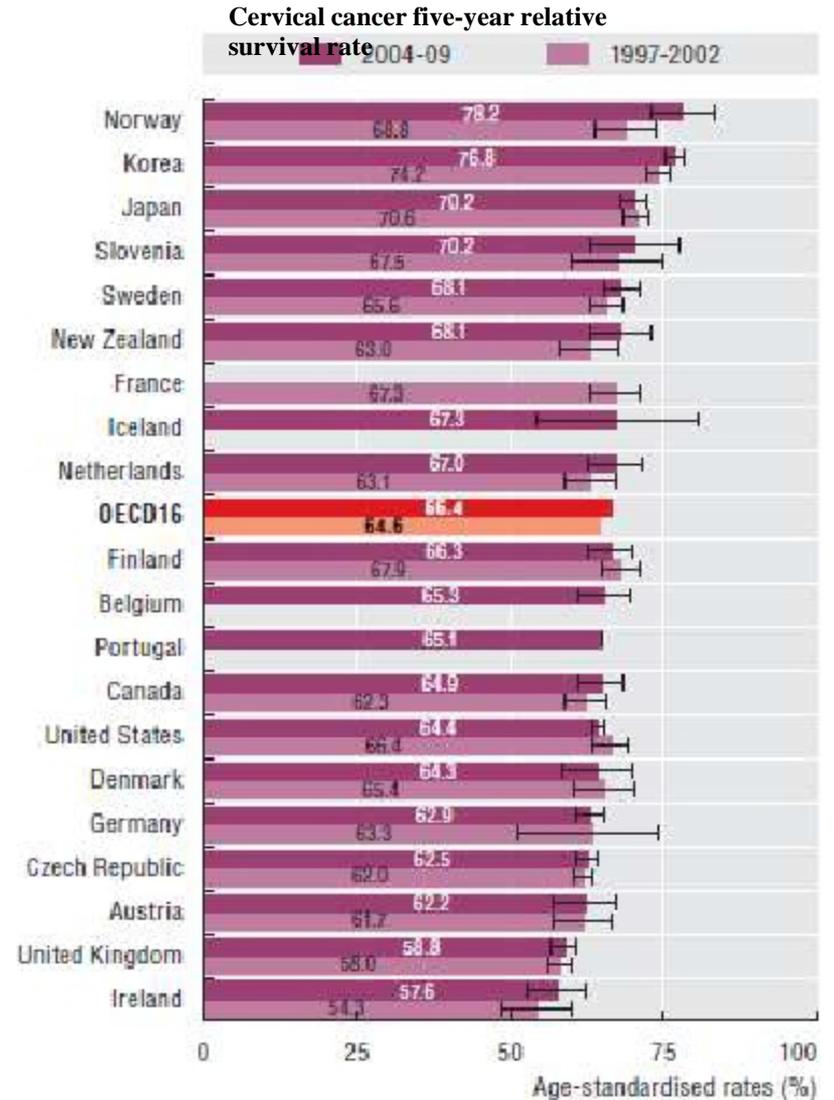
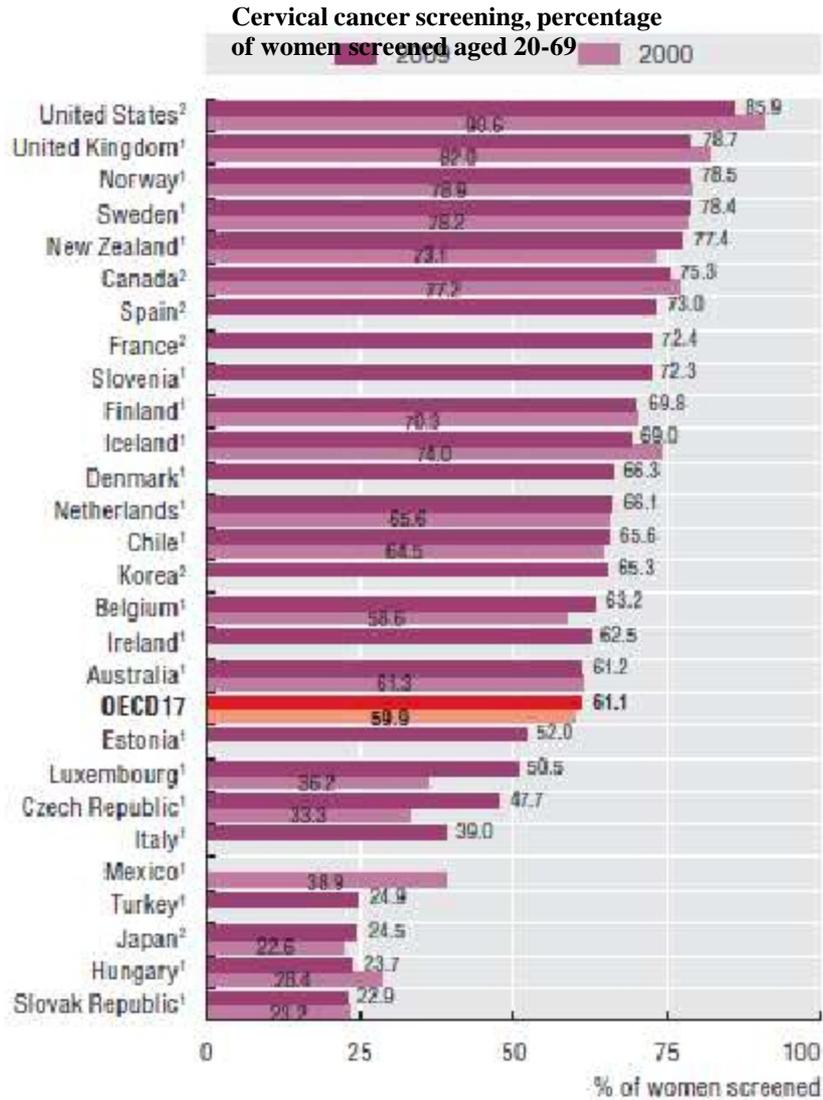




5. QUALITY OF CARE

- Life threatening conditions (cancers and heart attacks)
- Chronic diseases

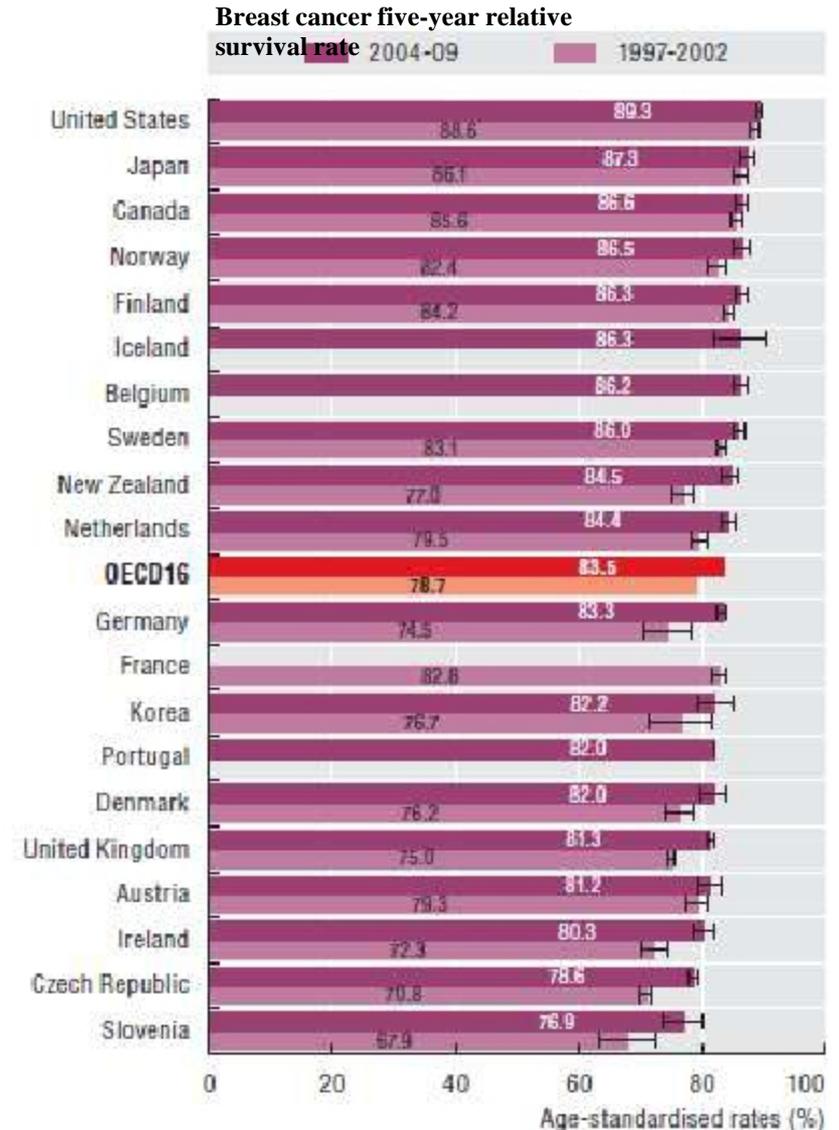
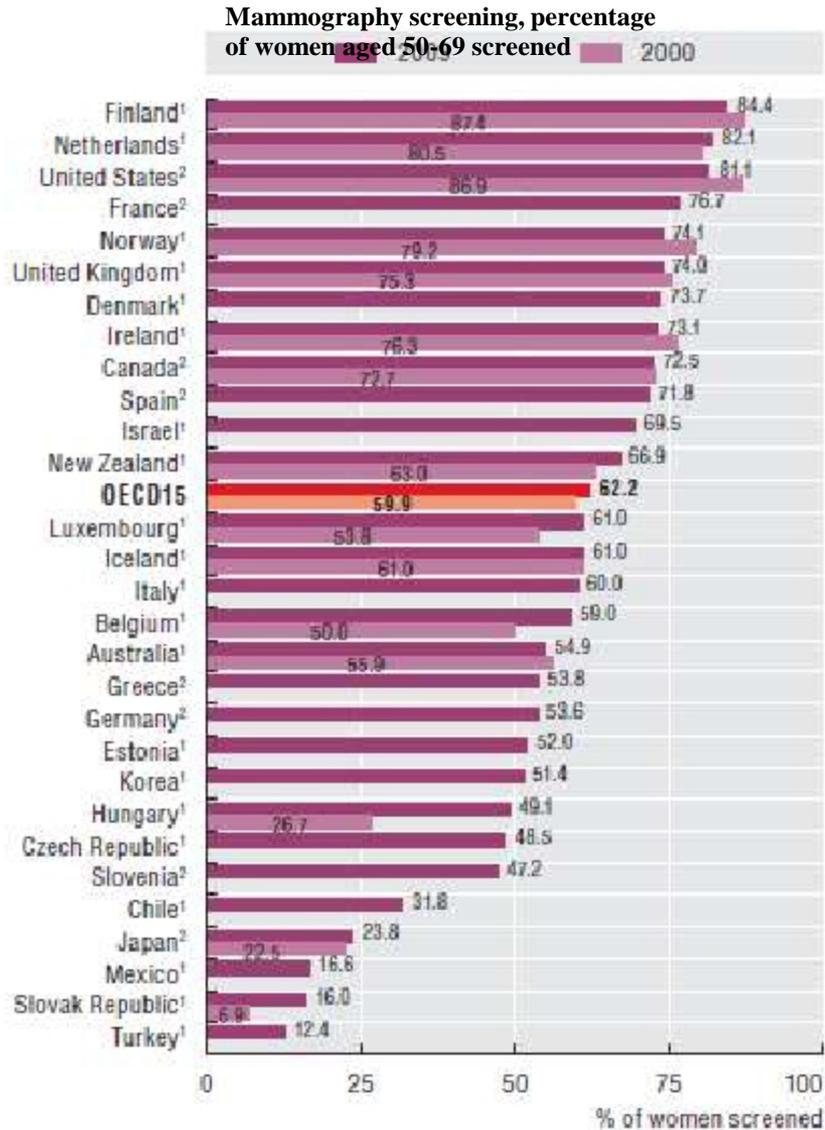
Screening and survival rates for cervical cancer have increased in most countries, but survival rates remain lower in Ireland and UK



1. Programme. 2. Survey.

Note: 95% confidence intervals represented by H.

Breast cancer screening and survival rates have also increased in most countries



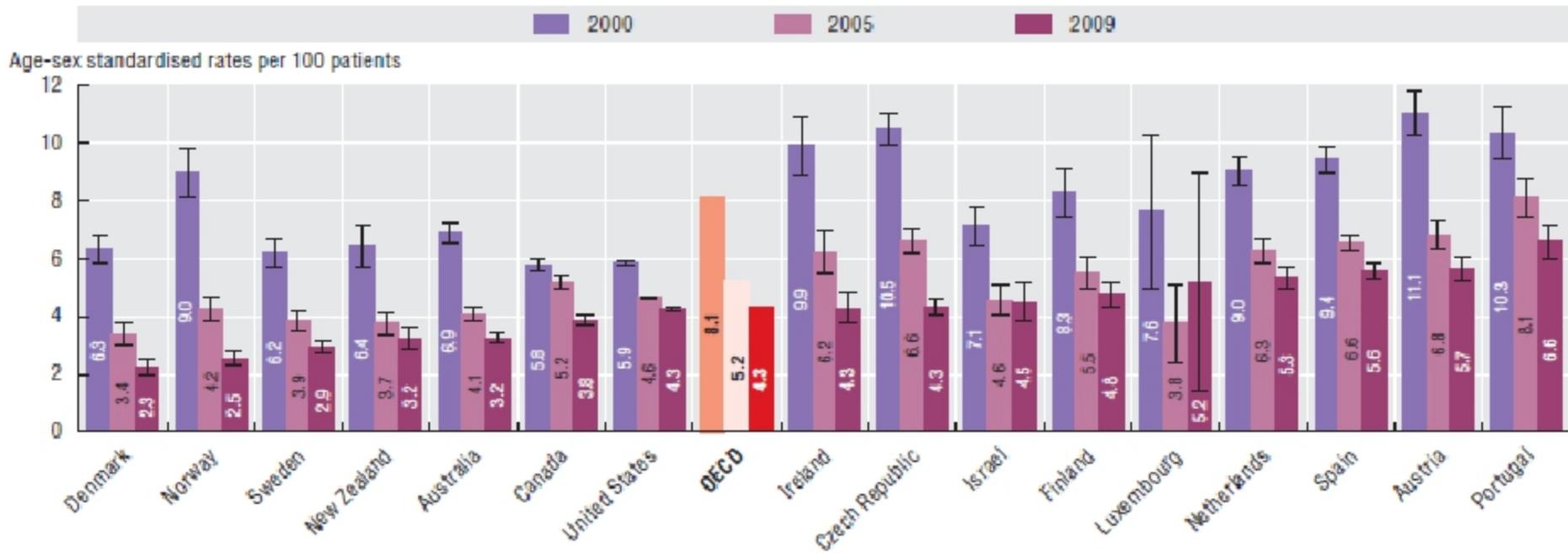
1. Programme, 2. Survey.

Source: OECD Health Data 2011, OECD (<http://www.oecd.org/health/healthdata>)

Note: 95% confidence intervals represented by H.

In-hospital mortality rates following heart attack have decreased in all OECD countries, indicating improvements in acute care

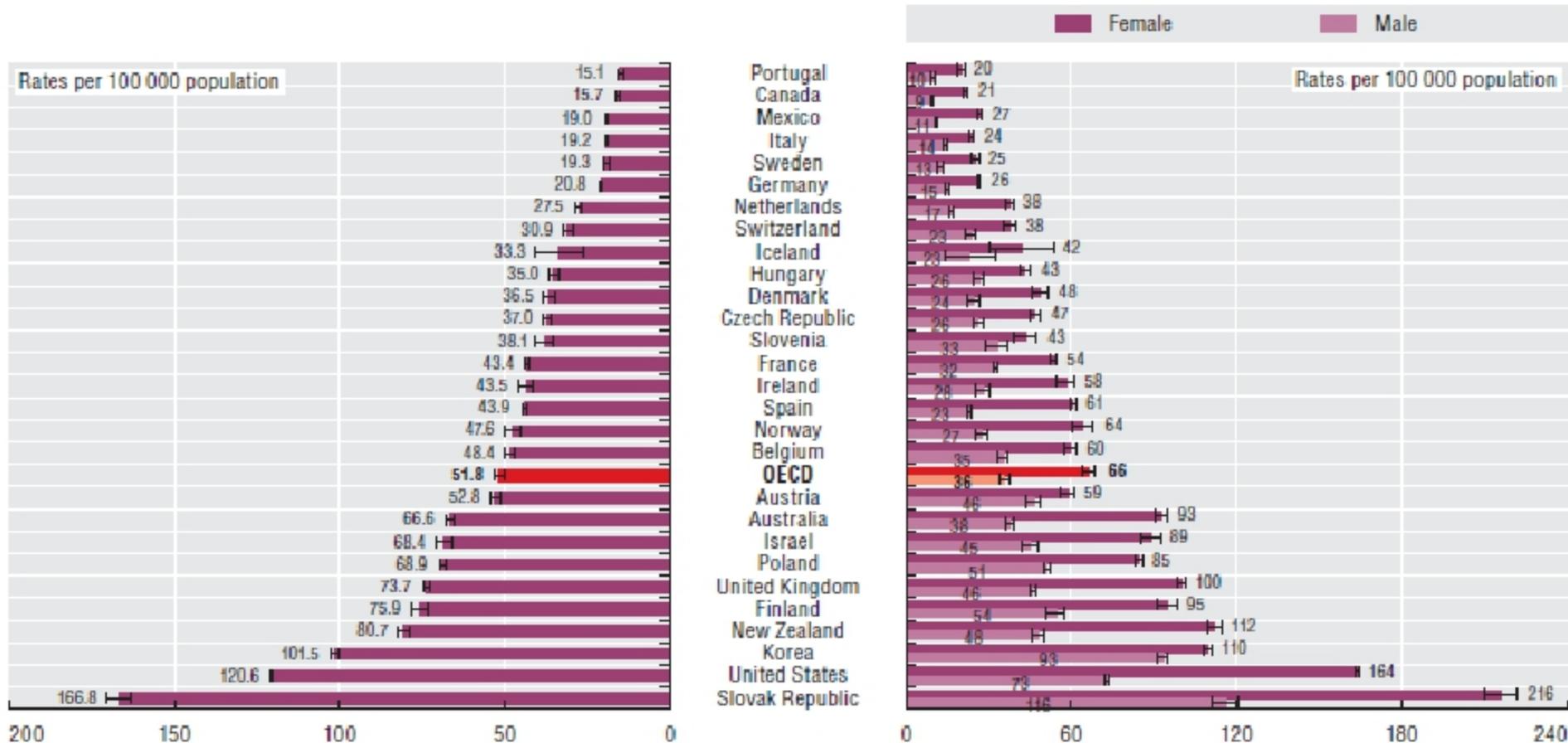
Reduction in in-hospital case-fatality rates within 30 days after admission for AMI



Note: Rates age-sex standardised to 2005 OECD population (45+). 95% confidence intervals represented by H.

Treatment for chronic diseases is not optimal. Too many persons are admitted to hospitals for asthma ...

Asthma admission rates, population aged 15 and over, 2009 (or latest year available)



Note: Rates age-sex standardised to 2005 OECD population. 95% confidence intervals represented by H.

Source: OECD Health Data 2011, OECD (<http://www.oecd.org/health/healthdata>)

... and too many persons are admitted to hospitals for uncontrolled diabetes, highlighting the need to improve primary care

Uncontrolled diabetes admission rates, population aged 15 and over, 2009 (or nearest year)



Note: Rates age-sex standardised to 2005 OECD population. 95% confidence intervals represented by H.

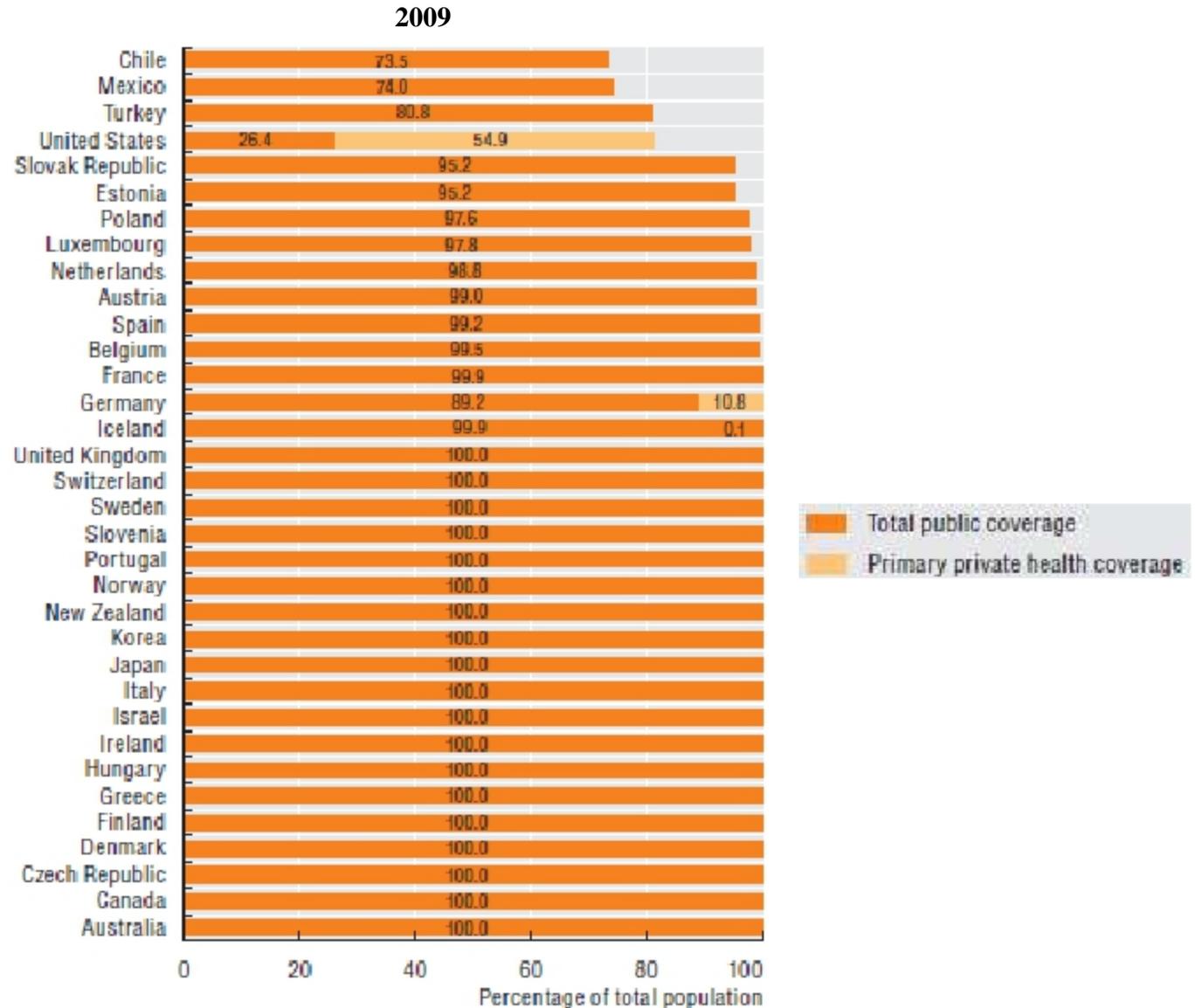
Source: OECD Health Data 2011, OECD (<http://www.oecd.org/health/healthdata>)



6. ACCESS TO CARE

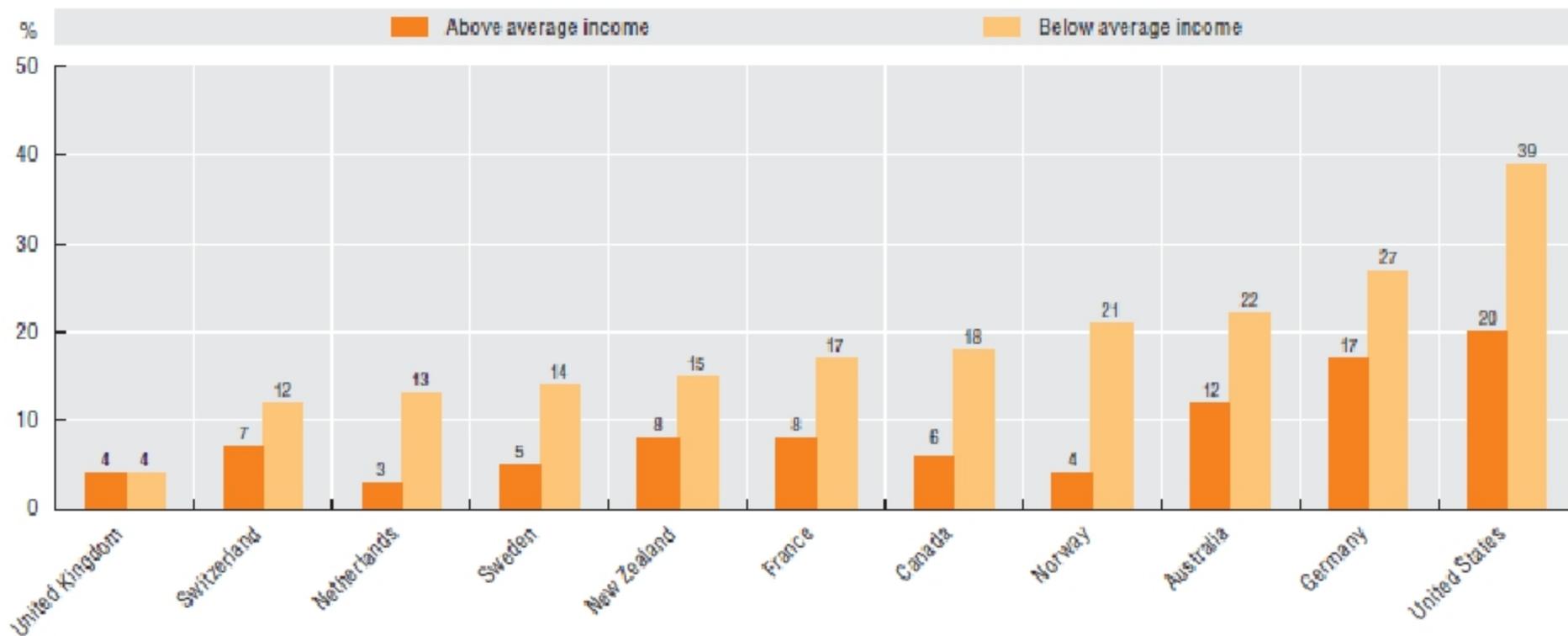
- Financial barriers
- Timely access

Health care coverage is universal in all OECD countries, except Chile, Mexico, Turkey and the United States ...



... but unmet health care needs are still reported, most commonly among low-income populations

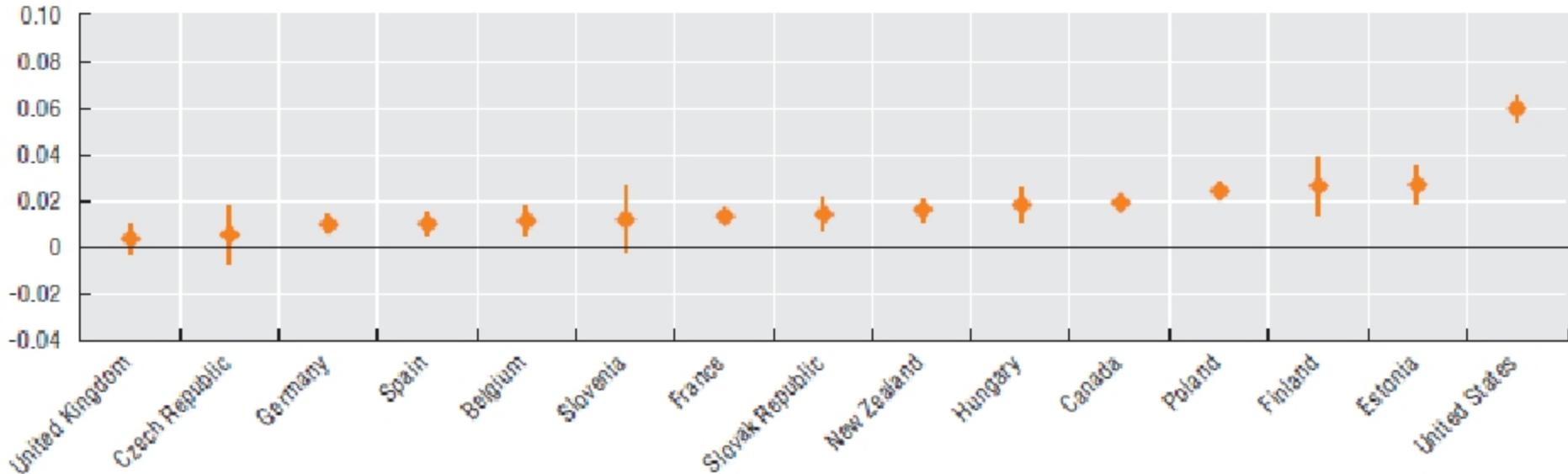
Unmet care need¹ due to costs in eleven OECD countries, by income group, 2010



1. Either did not visit doctor with medical problem, did not get recommended care or did not fill/skipped prescription.

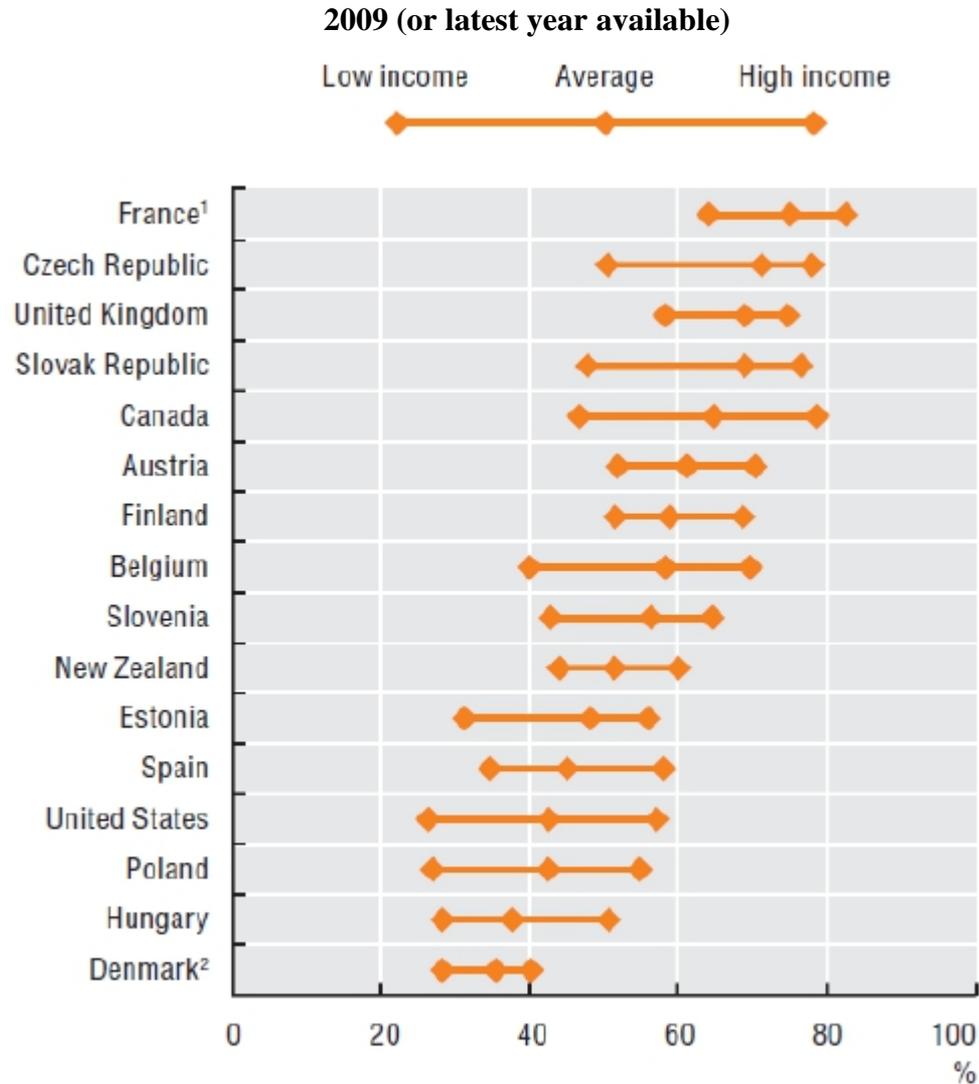
In the United States, high-income earners are more likely to see a doctor ...

2009 (or latest year available)



Note: The probability of a doctor, GP or specialist visit is inequitable if the horizontal inequity index is significantly different from zero. It favours low income groups when it is below zero, and high income groups when it is above zero. The index is adjusted for need.

... and in all countries the well-off are more likely to consult a dentist



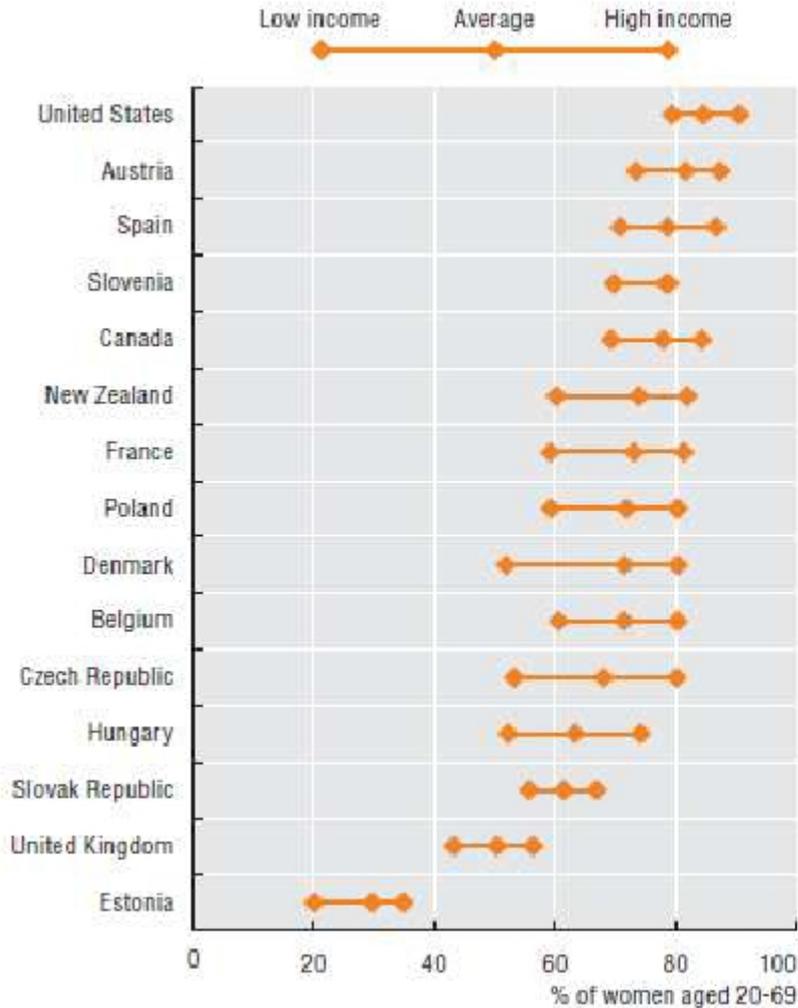
1. Visits in past two years.

2. Visits in past three months.

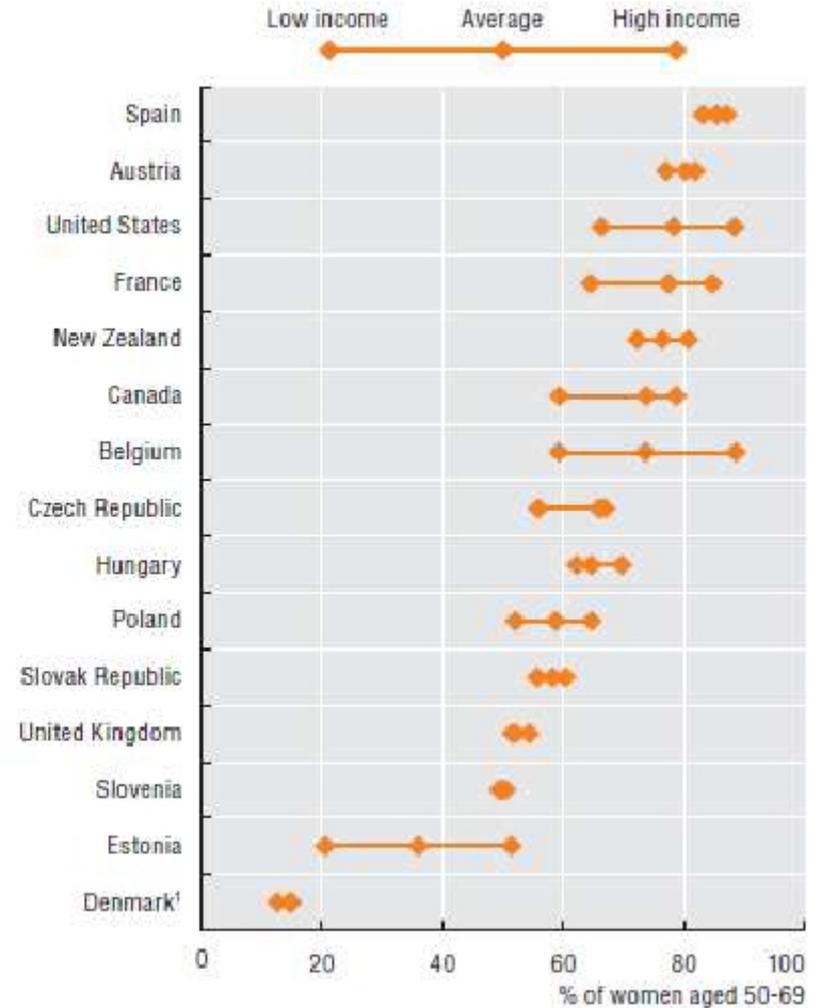
High-income women are more likely to participate in cancer screening

2009 (or latest year available)

Cervical cancer screening in past 3 years



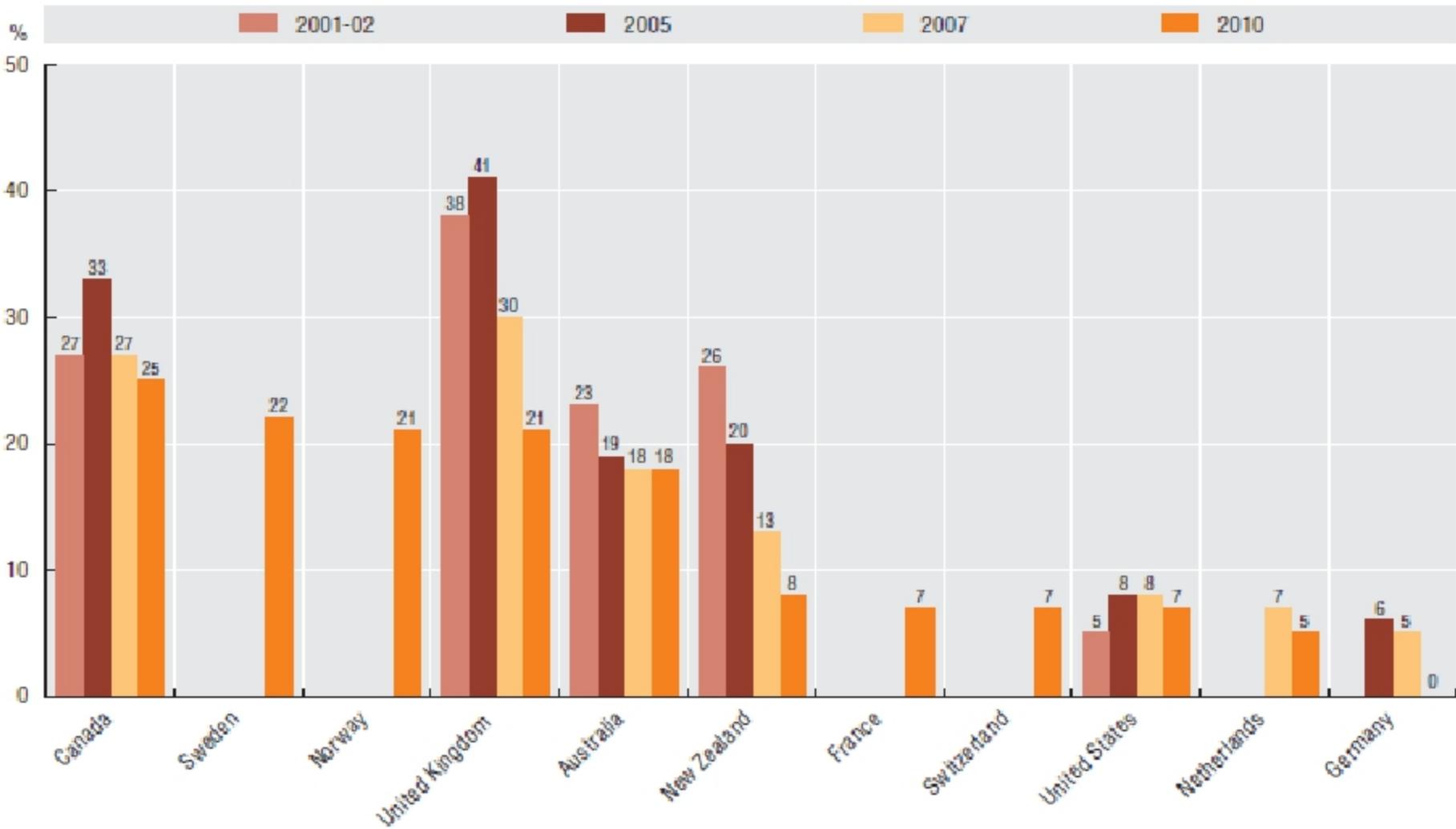
Breast cancer screening in past 2 years



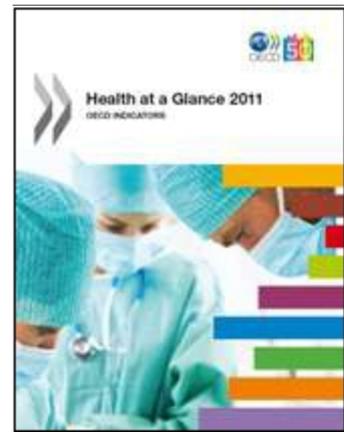
1. Visits in the past 12 months.

Waiting times for elective surgery are longest in Canada, Sweden, Norway and the UK, although they have declined sharply in the UK

Waiting time of four months or more for elective surgery



Source: Commonwealth Fund International Health Policy Surveys

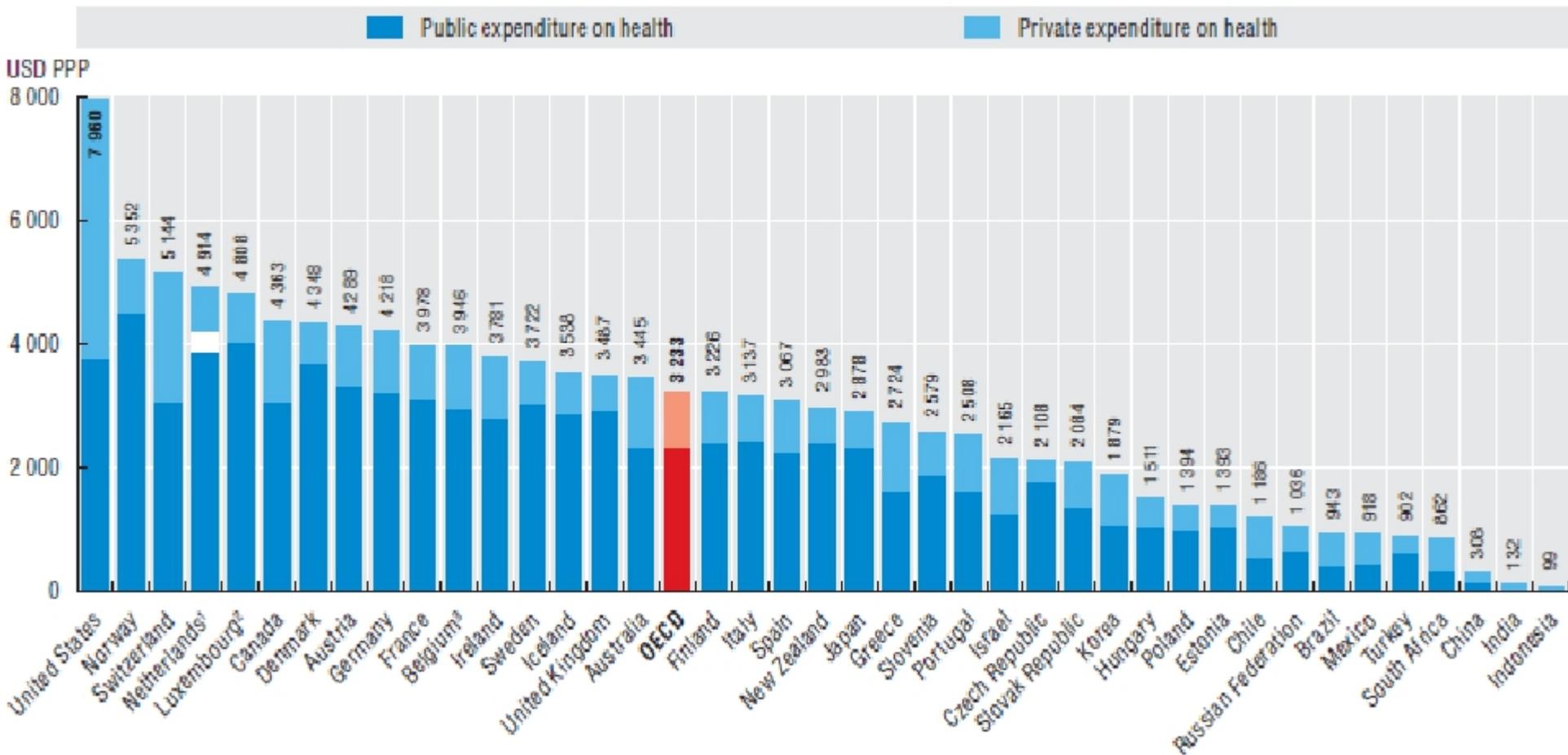


7. HEALTH EXPENDITURE

- Expenditure
- Financing

Health expenditure per capita varies widely across OECD countries. The United States spends two-and-a-half times the OECD average

2009 (or latest year available)



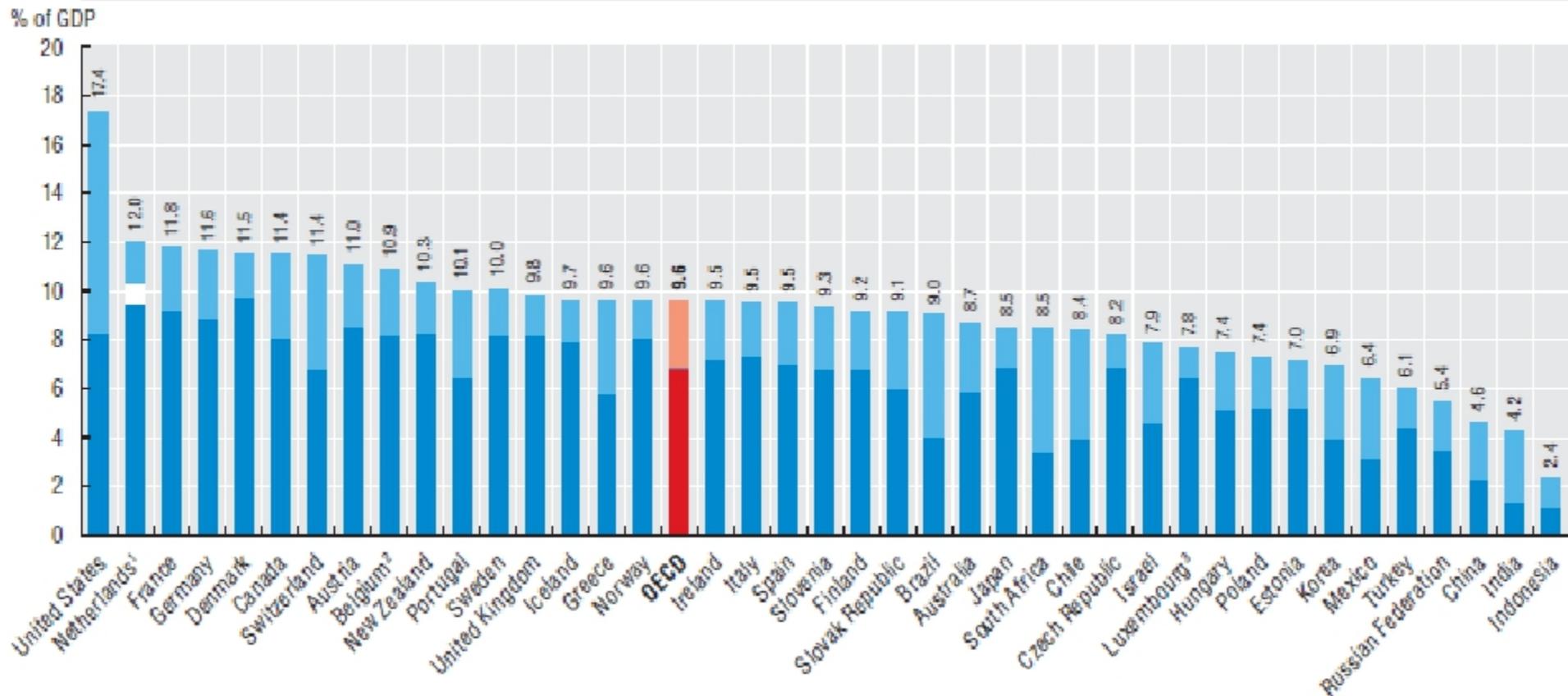
1. In the Netherlands, it is not possible to clearly distinguish the public and private share related to investments.
2. Health expenditure is for the insured population rather than the resident population.
3. Total expenditure excluding investments.

Source: OECD Health Data 2011; WHO Global Health Expenditure Database

OECD countries allocate 9.6% of their GDP to health, ranging from over 17% in the United States to just over 6% in Mexico and Turkey. Indonesia, India and China spend less than 5% of GDP on health

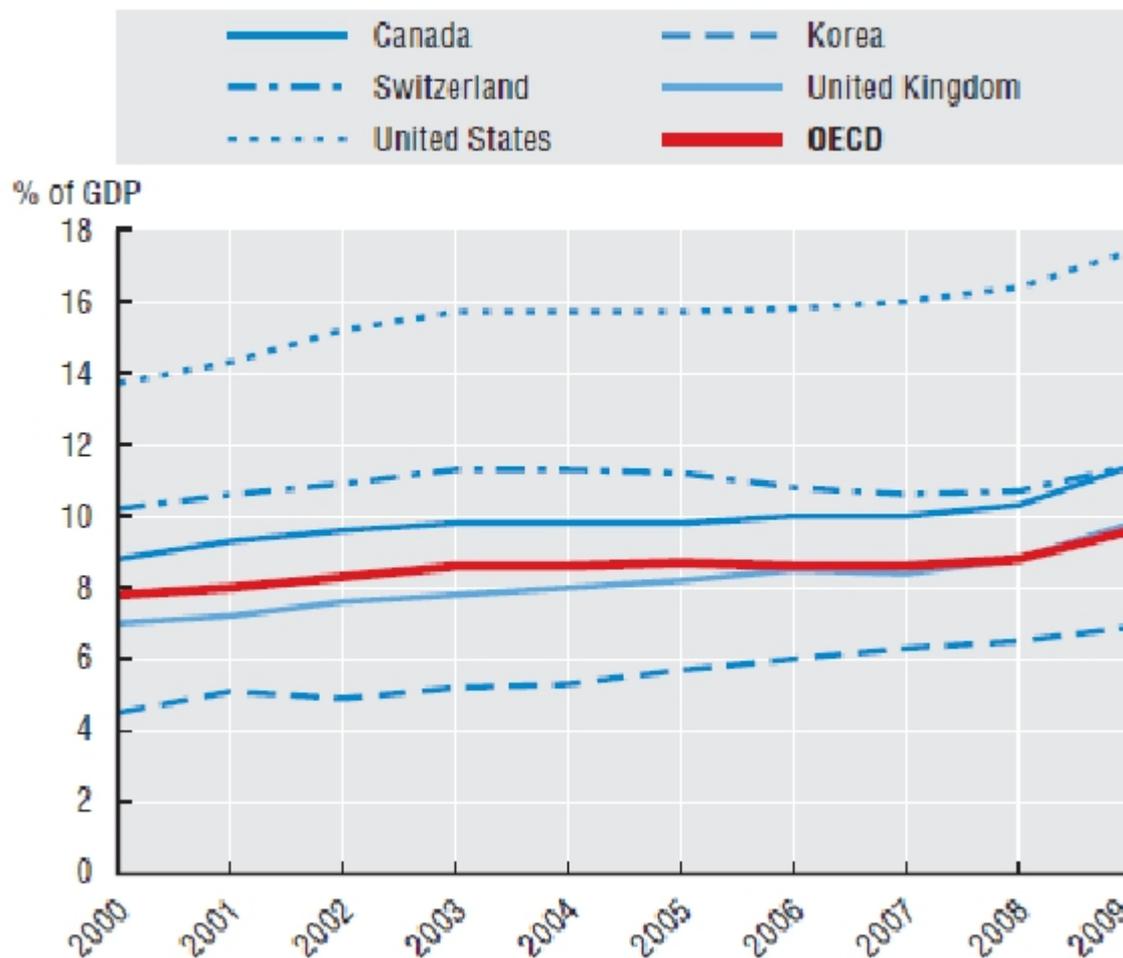
2009 (or latest year available)

Public Private



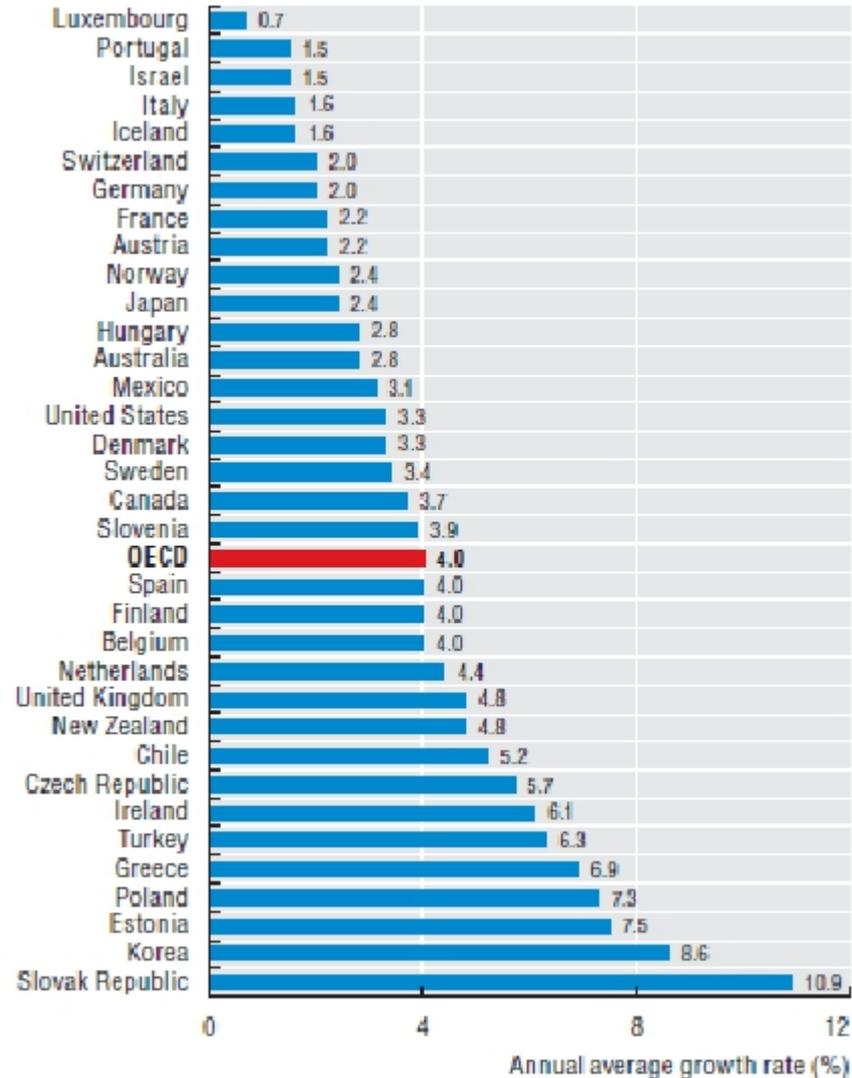
1. In the Netherlands, it is not possible to clearly distinguish the public and private share related to investments.
 2. Total expenditure excluding investments.
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- Source: OECD Health Data 2011; WHO Global Health Expenditure Database

The share of GDP allocated to health is increasing in all OECD countries, as health spending is growing much faster than GDP



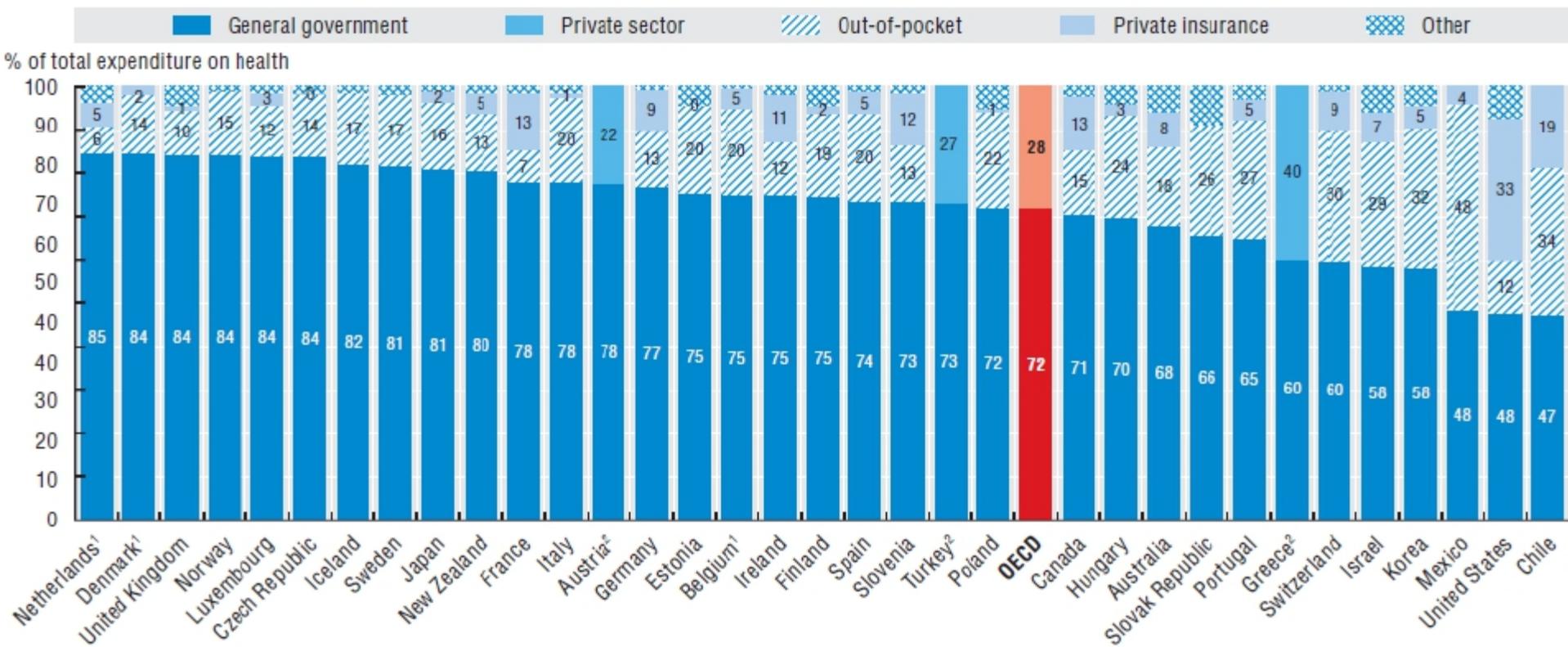
Across OECD countries, health expenditure has grown by 4% annually over the past decade, compared with 1.6% for GDP growth

Annual average growth rate in health expenditure per capita in real terms, 2000-09 (or nearest year)



The public sector is the main source of financing in most OECD countries. Only in Chile, the United States and Mexico do public sources account for less than 50% of health financing

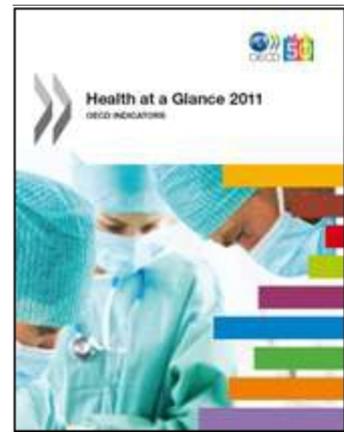
2009 (or latest year available)



1. Current expenditure.

2. No breakdown of private financing available for latest year.

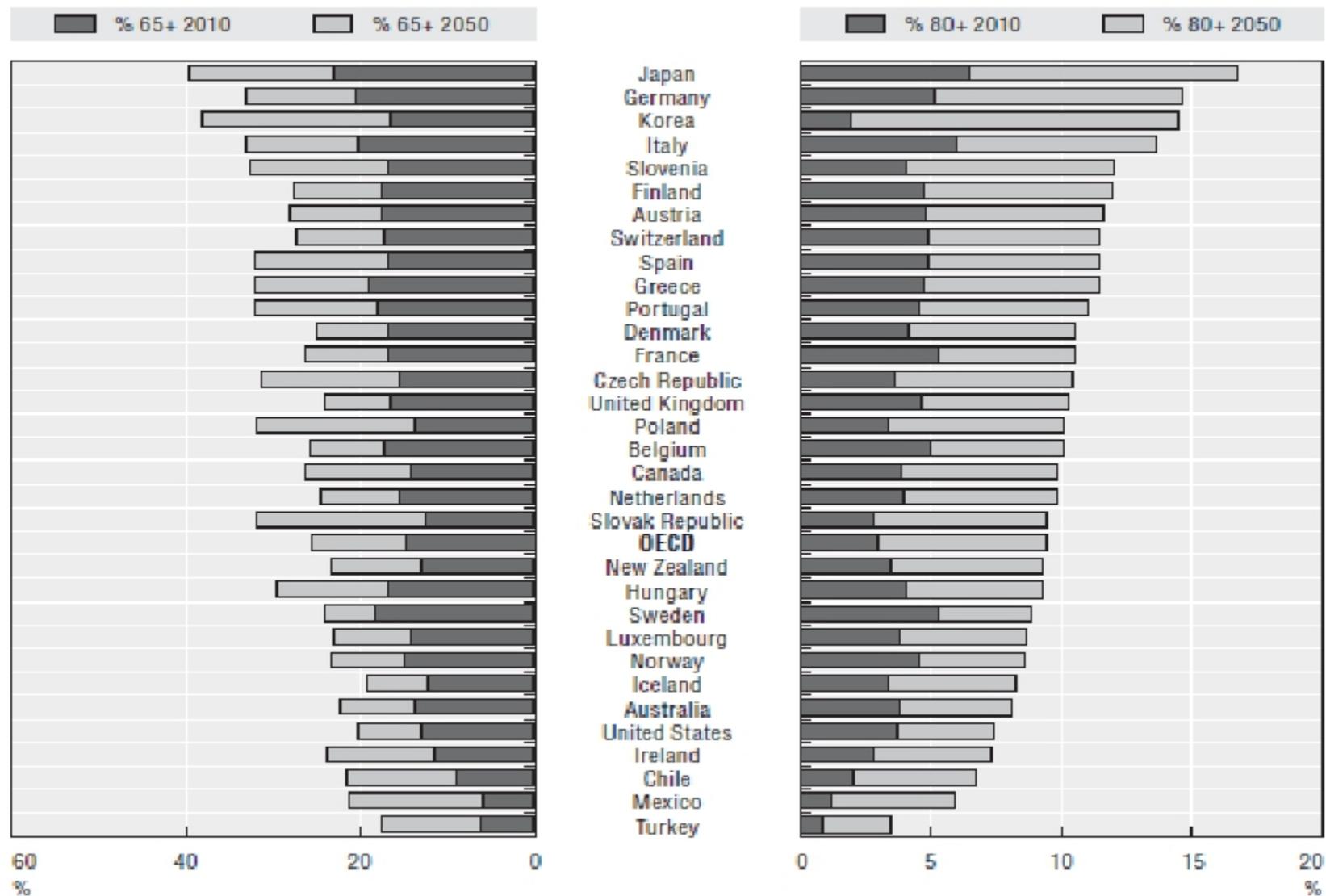
Source: OECD Health Data 2011, OECD (<http://www.oecd.org/health/healthdata>)



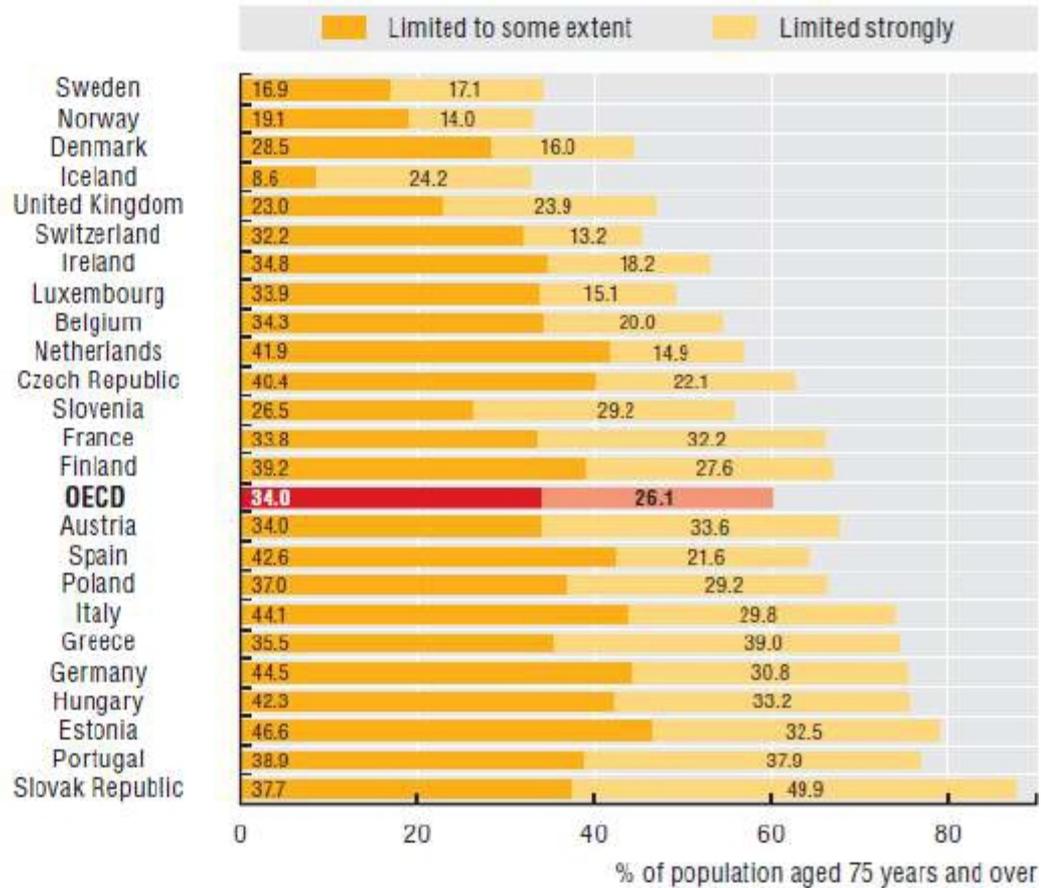
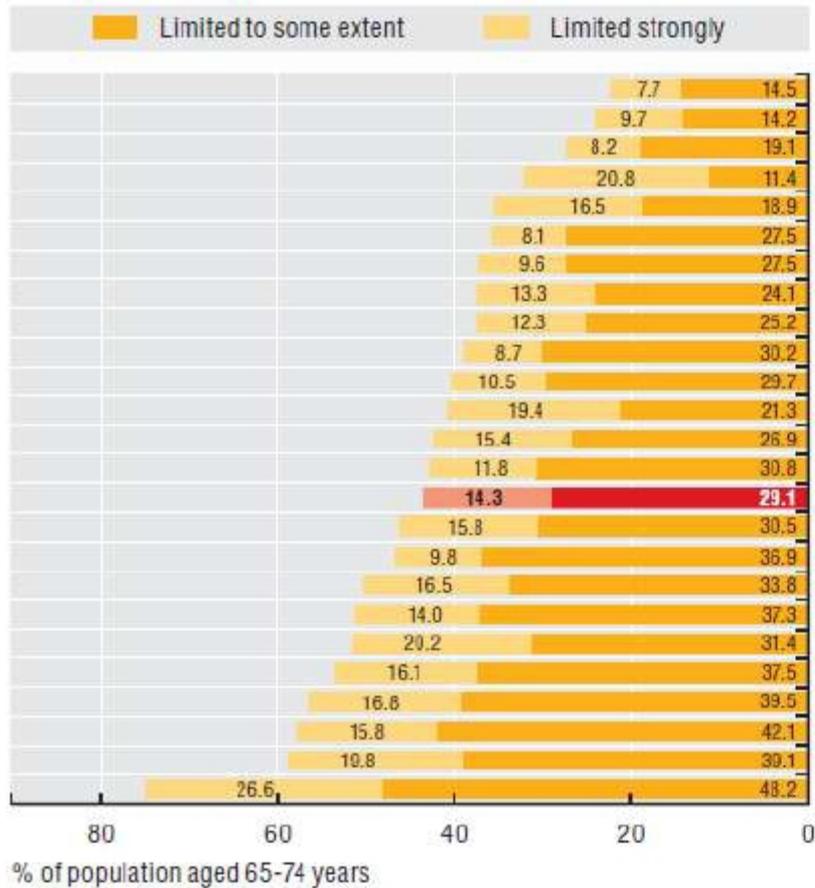
8. LONG-TERM CARE (special chapter)

- Rising share of elderly population
- Long-term care recipients and caregivers
- Long-term care expenditure

The share of population aged over 65 and 80 in OECD countries will increase sharply in the coming decades

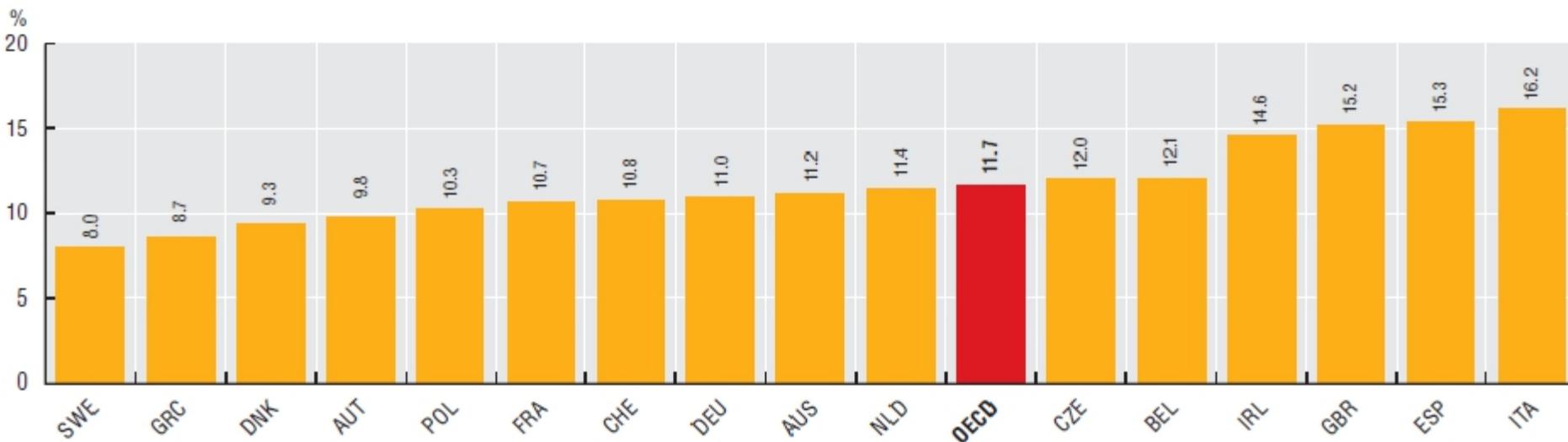


More or less severe disabilities increase with age



Most long-term care continue to be provided by informal caregivers, particularly in Southern Europe

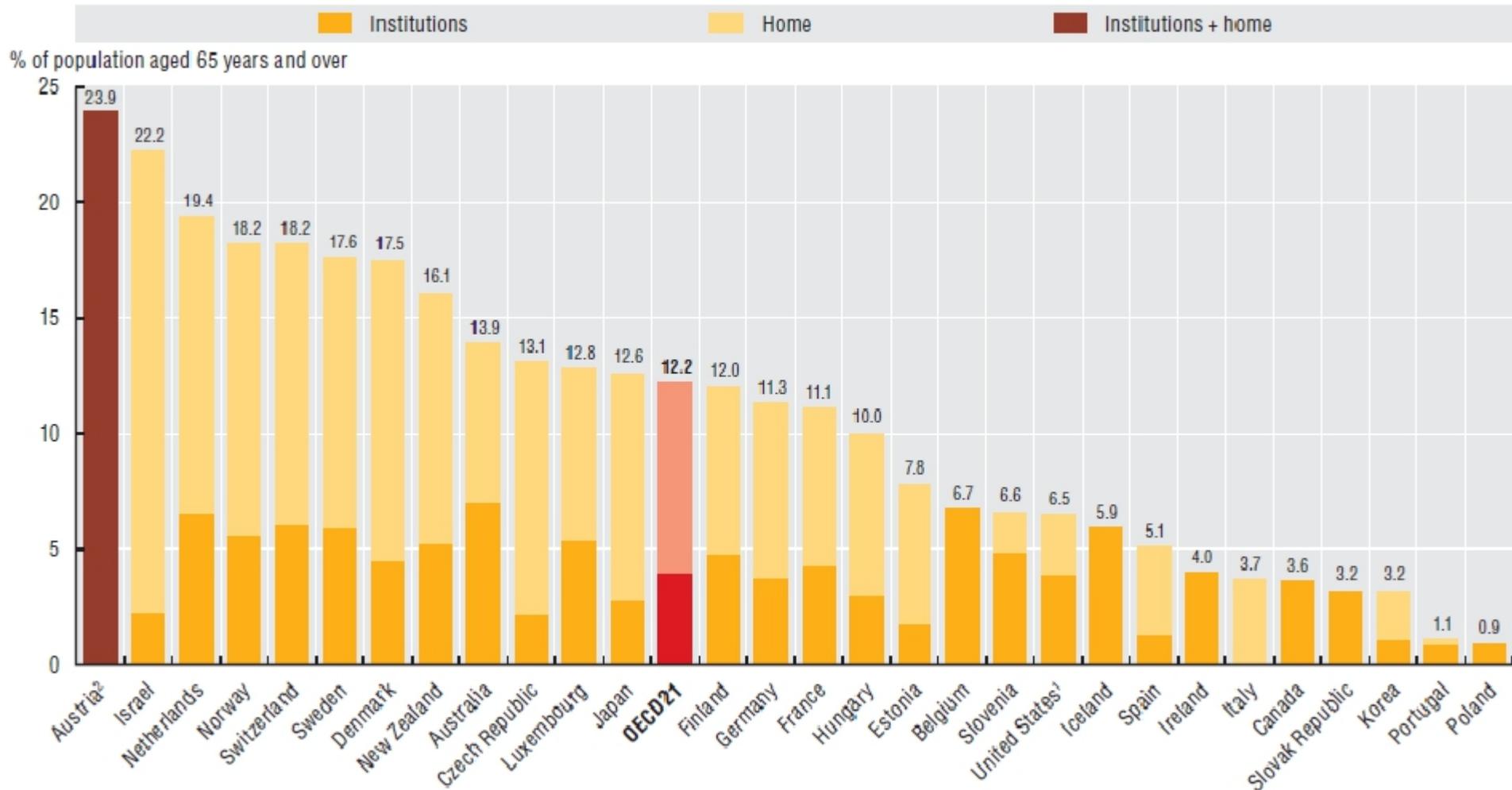
Population aged 50 and over reporting to be informal carers, around 2007



Source: OECD estimates based on the 2005-07 HILDA survey for Australia, the 2007 BHPS survey for the United Kingdom and the 2004-06 SHARE survey for other European countries

The number of people receiving long-term care varies greatly across countries

Population aged 65 years and over receiving long-term care, 2009 (or nearest year)

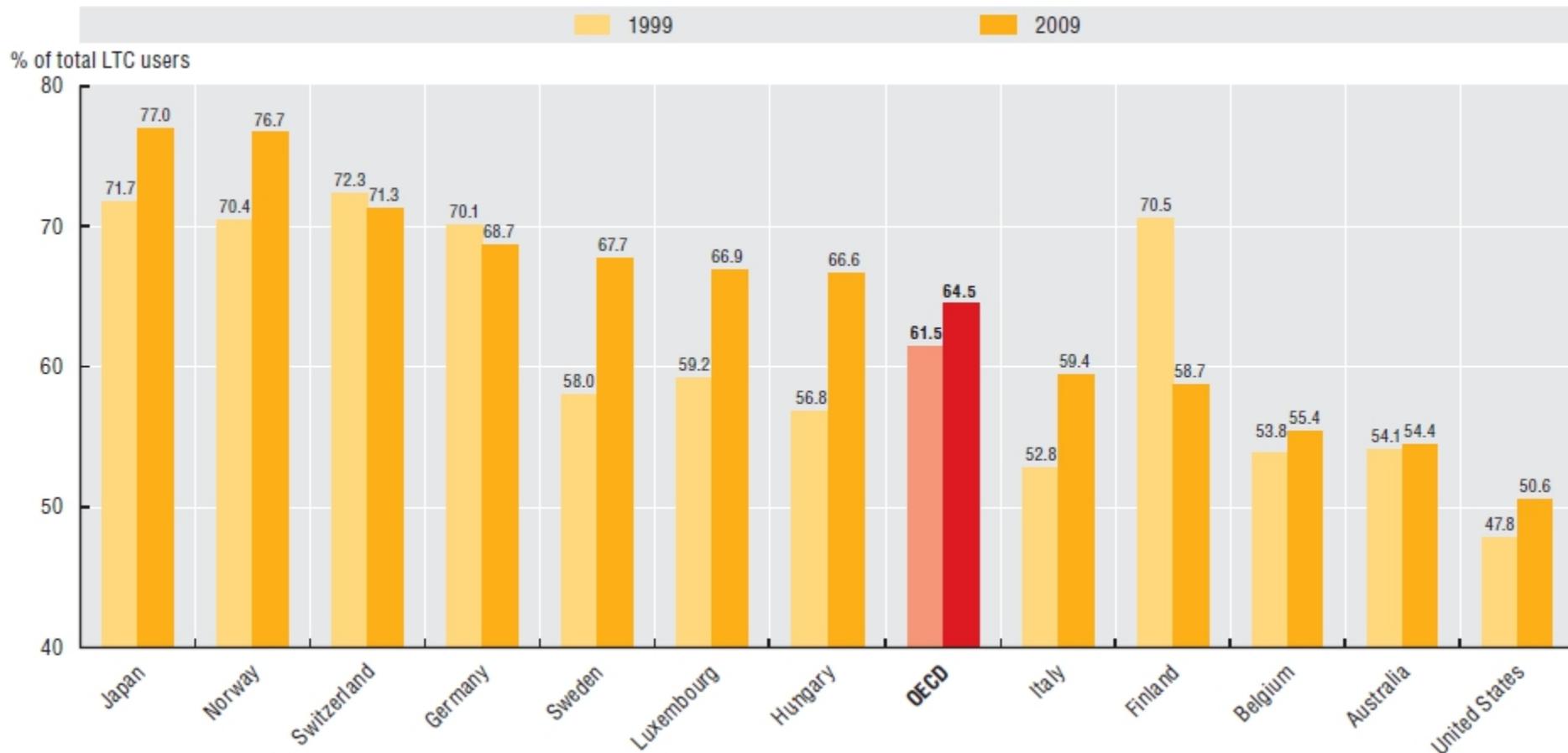


1. In the United States, data for home care recipients refer to 2007 and data for recipients in institutions refer to 2004.
2. In Austria, it is not possible to distinguish LTC recipients at home or in institutions. The data refer to people receiving an allowance for LTC, regardless of whether the care is provided at home or in institutions.

Source: OECD Health Data 2011, OECD (<http://www.oecd.org/health/healthdata>)

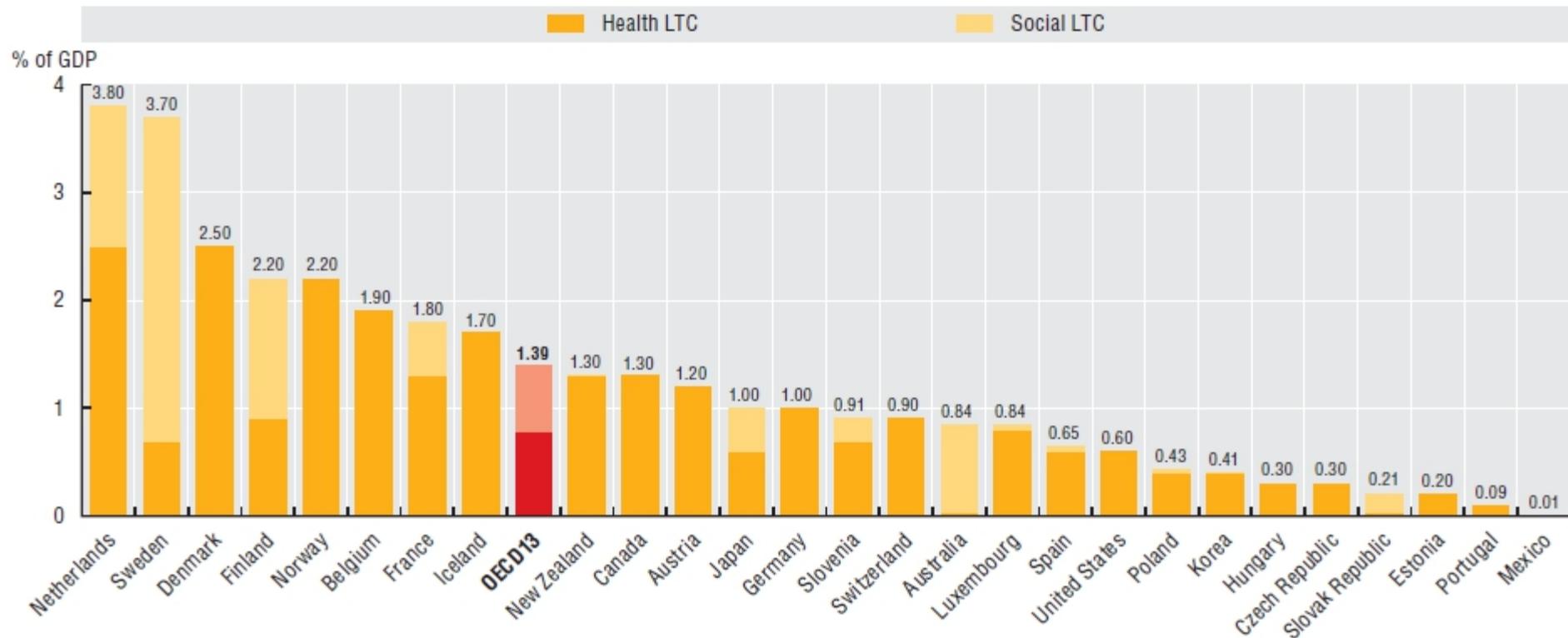
A growing share of people is receiving long-term care at home, to respond to their preference and reduce cost

Share of long-term care recipients receiving care at home, 1999 and 2009 (or nearest year)



Public spending on long-term care varies a lot across countries, reflecting differences in the development of public programmes

2009 (or nearest year)



More information



www.oecd.org/health/healthataglance