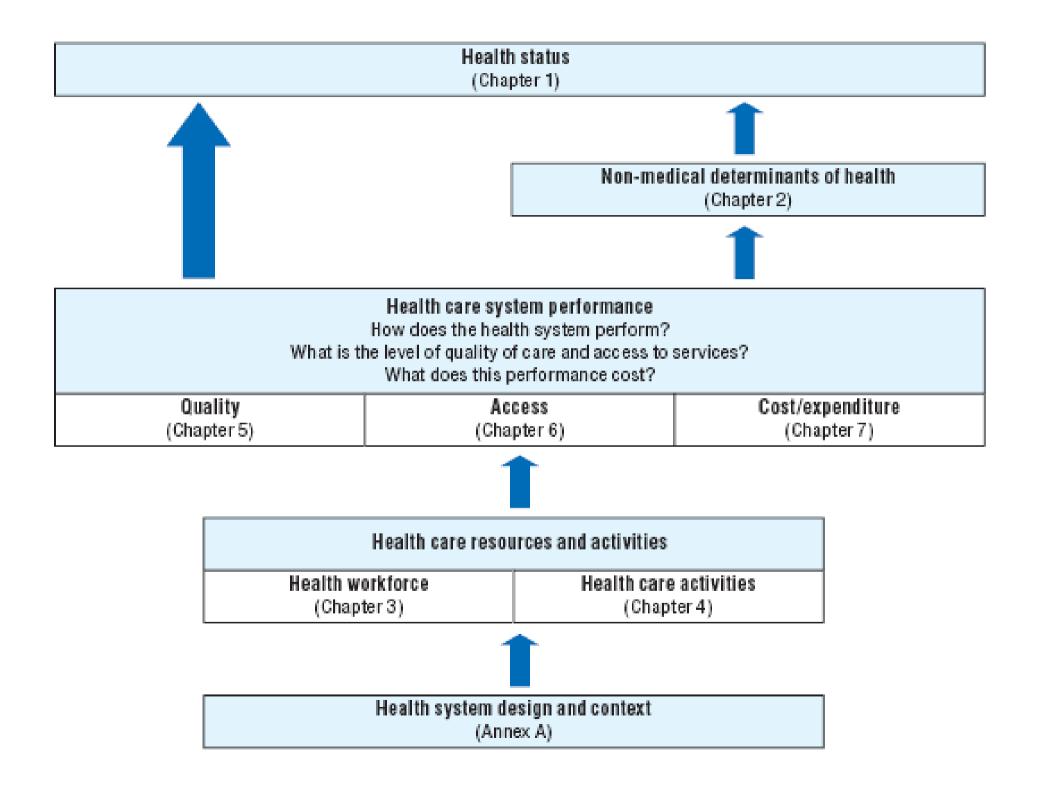




Health at a Glance 2009

OECD Indicators

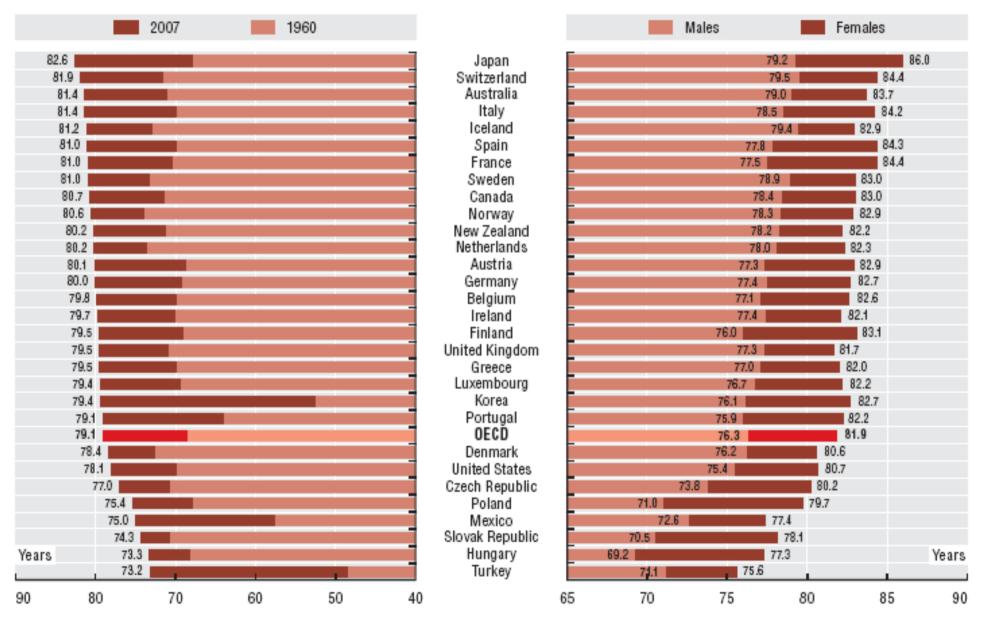




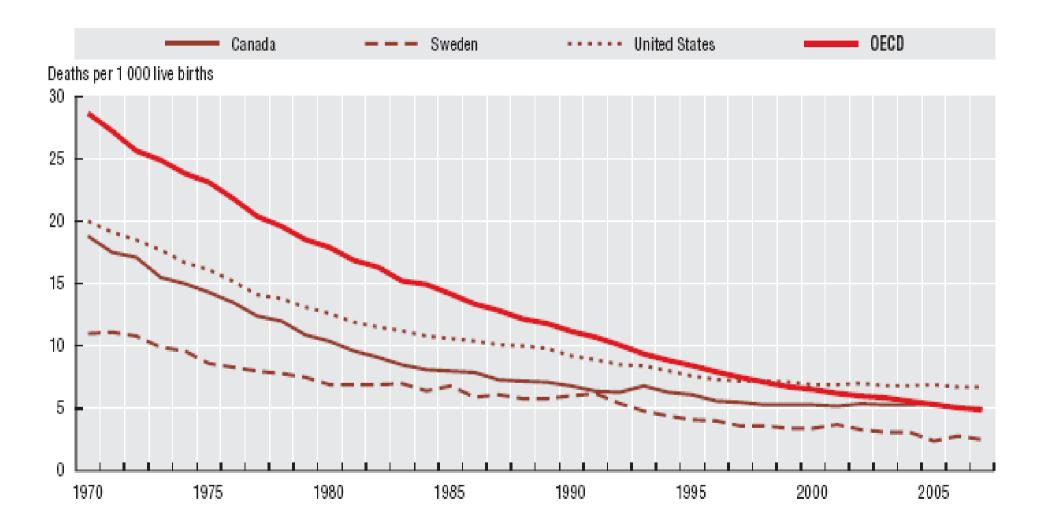
1. Health status

- Life expectancy and mortality
- Chronic diseases

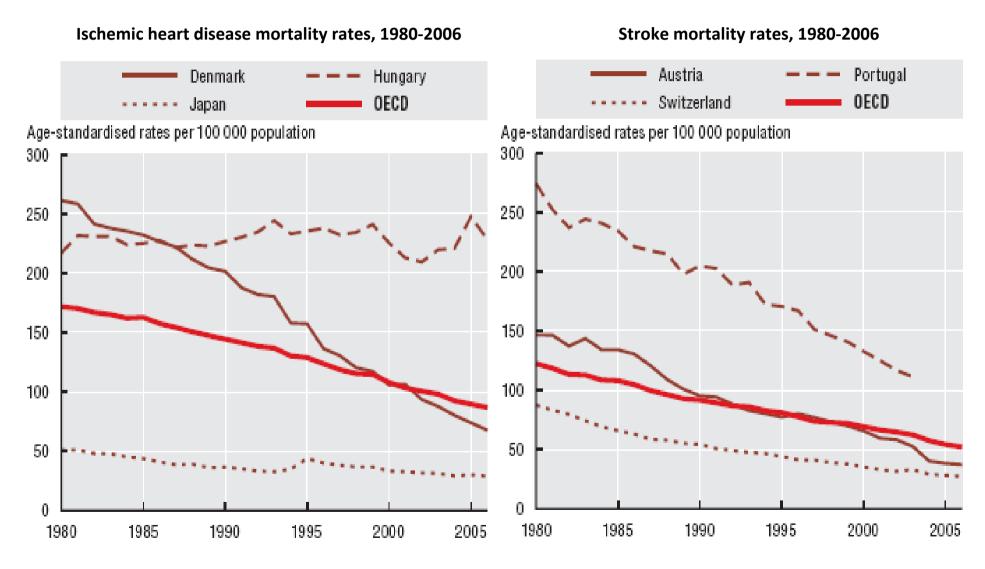
Life expectancy at birth has increased by more than 10 years in OECD countries since 1960, reflecting a sharp decrease in mortality rates at all ages



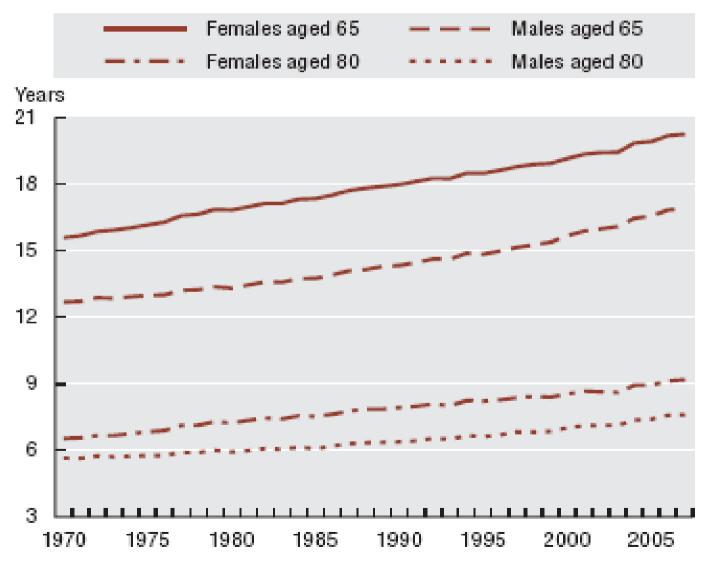
Infant mortality has decreased sharply in OECD countries, associated with improvements in socio-economic status and health care



Mortality rates from cardiovascular diseases have also declined, although they still vary considerably

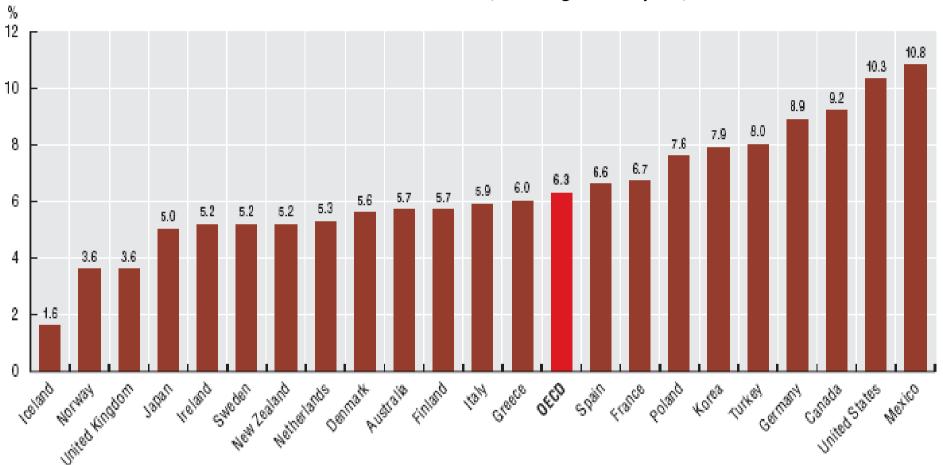


Life expectancy at age 65 in OECD countries stands, on average, at over 20 years for women and close to 17 years for men



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





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

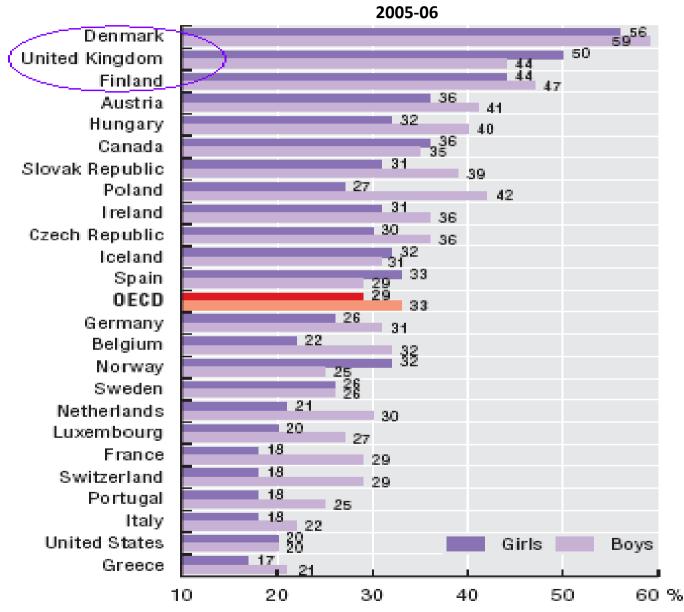
Source: International Diabetes Federation (IDF) (2009), "Diabetes Atlas, 4th edition".



2. Risk factors for health

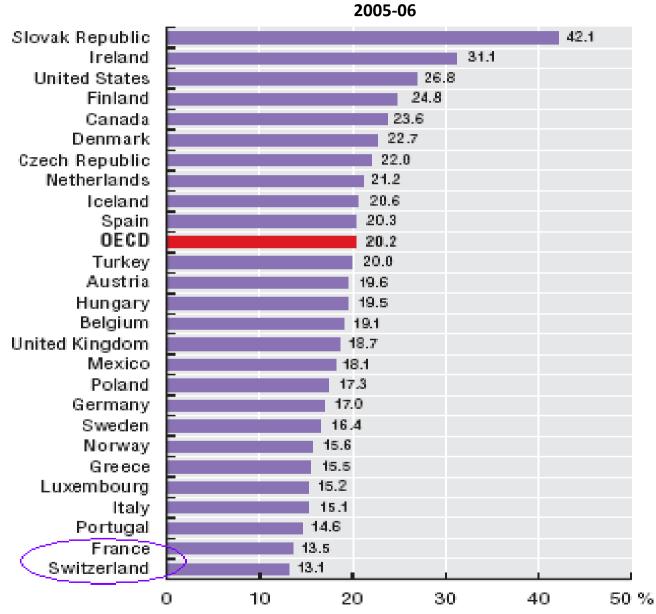
- Among children
- Among adults

About 1/3 of 15-year-olds have already been drunk at least twice in their life



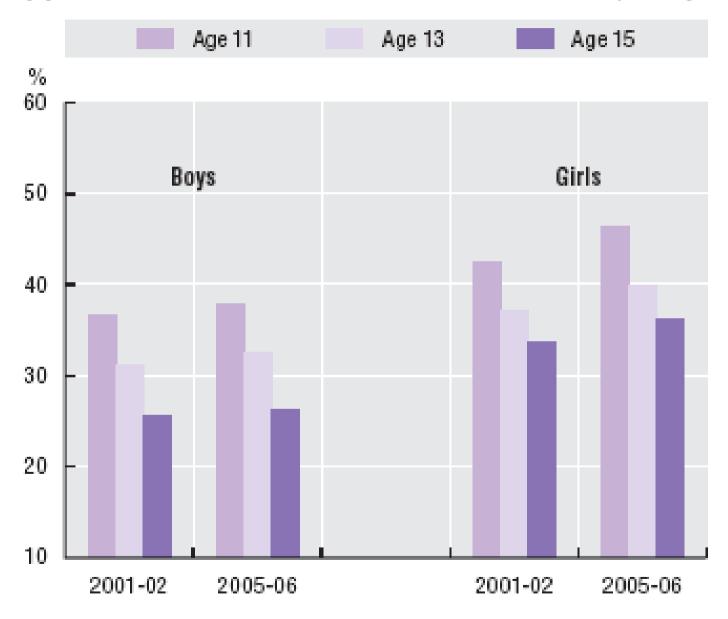
Source: HBSC Survey 2005-2006, Currie et al. (2008).

Only 1 in 8 15-year-olds undertake physical exercise daily in France and Switzerland



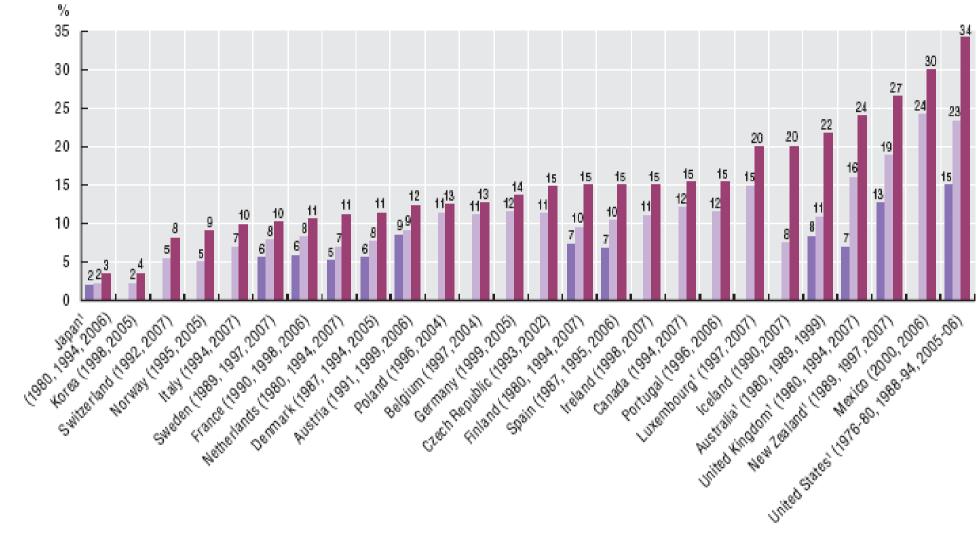
Source: HBSC Survey 2005-2006, Currie et al. (2008).

The share of children eating fruit on a daily basis has increased, particularly among girls ... but less than half of all children have taken up this good habit



Source: HBSC Survey 2001-2002 and 2005-2006, Currie et al. (2004, 2008).

Obesity among adults is increasing in all OECD countries. More than one in three Americans are obese



1. Australia, Czech Republic (2005), Japan, Luxembourg, New Zealand, Slovak Republic (2007), United Kingdom and United States figures are based on health examination surveys, rather than health interview surveys.

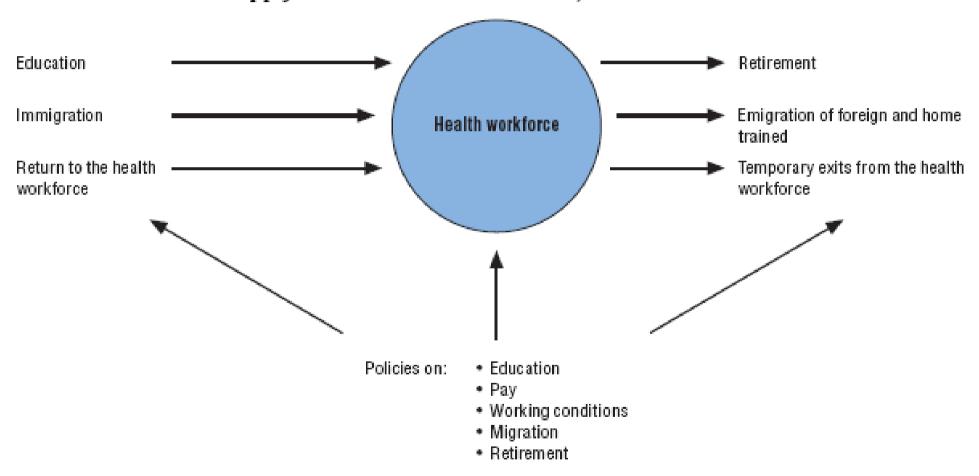


3. Health workforce

- Number of physicians, nurses and other health professionals
- Training and remuneration of physicians and nurses

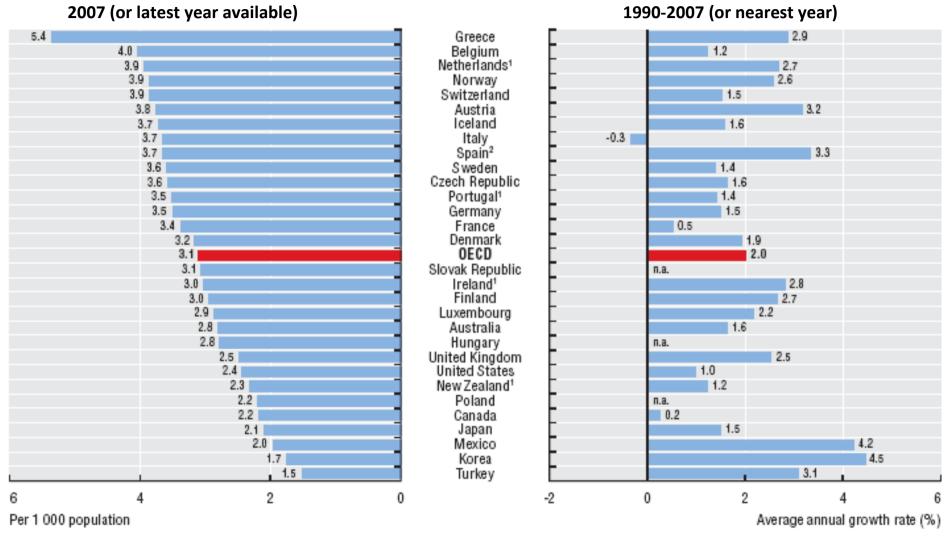
Access and quality of care depends on the number and training of health professionals

Supply of health workers: inflows, stocks and outflows



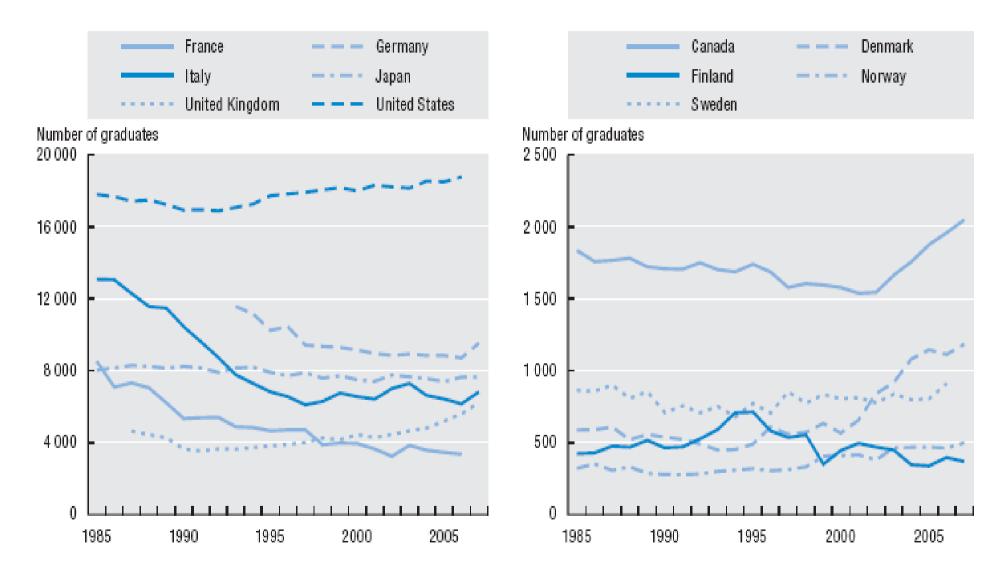
Source: The looming crisis of the health workforce: How can OECD countries respond? (OECD, 2008).

The number of physicians per capita has increased in all OECD countries since 1990, except in Italy

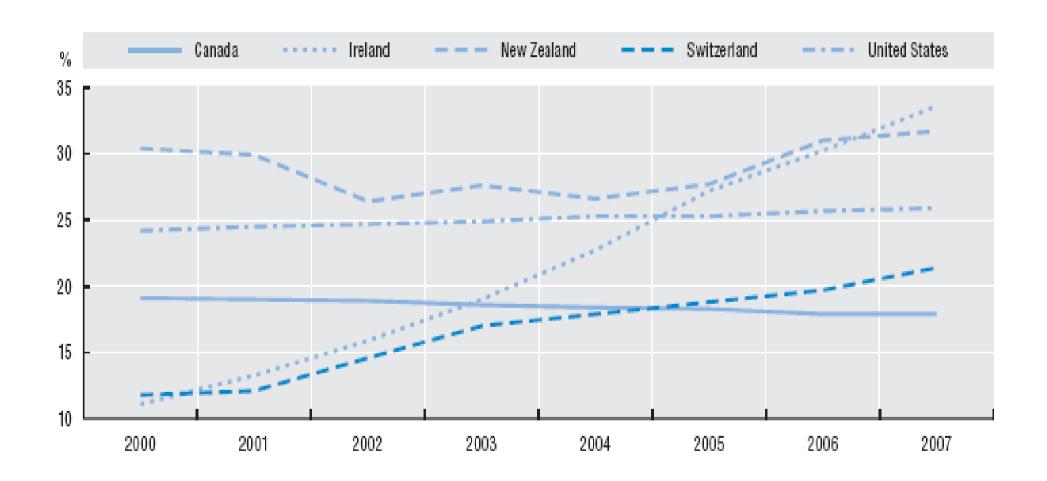


- 1. Ireland, the Netherlands, New Zealand and Portugal provide the number of all physicians entitled to practise rather than only those practising.
- 2. Data for Spain include dentists and stomatologists.

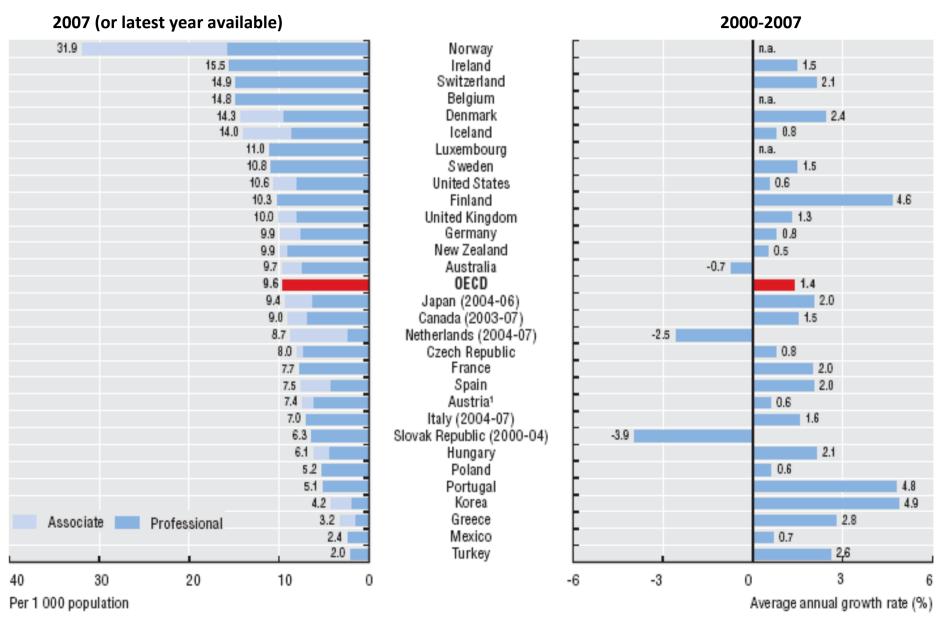
The number of medical graduates has increased in several OECD countries since 2000, after 15 years of stability or decline



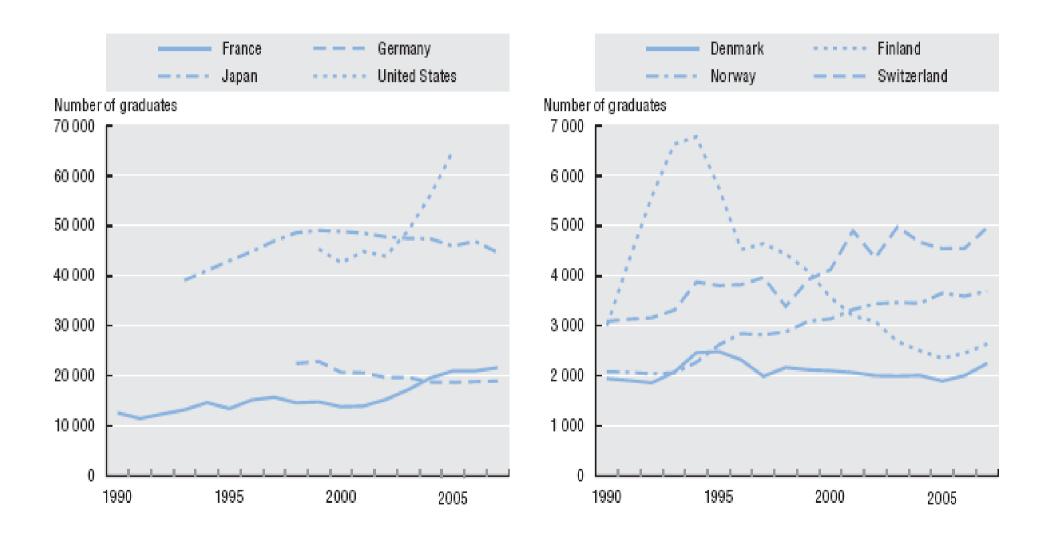
The share of physicians trained abroad has increased in several OECD countries since 2000, but not in Canada



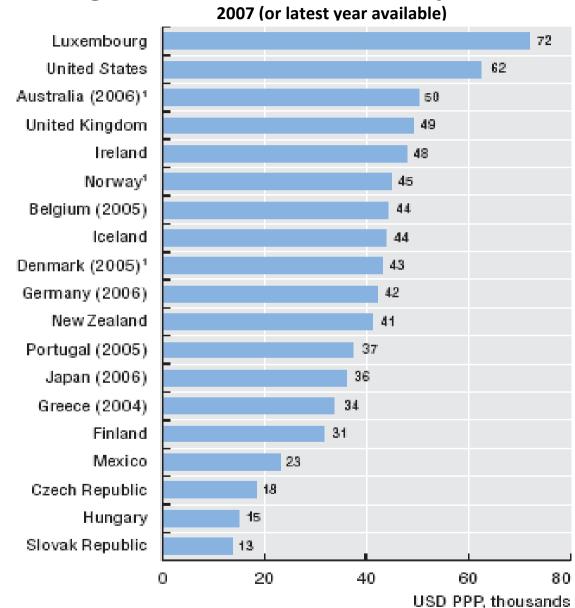
The number of nurses per capita has increased in all OECD countries since 2000, except in Australia, the Netherlands and the Slovak Republic



The number of nursing graduates has increased in some OECD countries since 2000, including France, Switzerland and the United States



The remuneration of nurses in Luxembourg and the United States is 4 to 6 times higher than in the Slovak Republic and Hungary



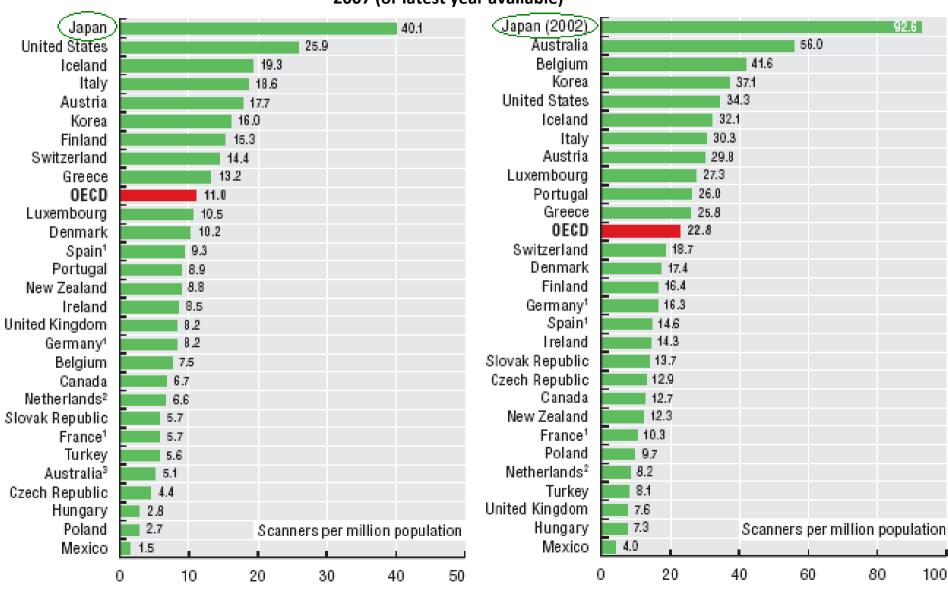


4. Consumption of health goods and services

- Diagnostics and treatments
- Pharmaceuticals

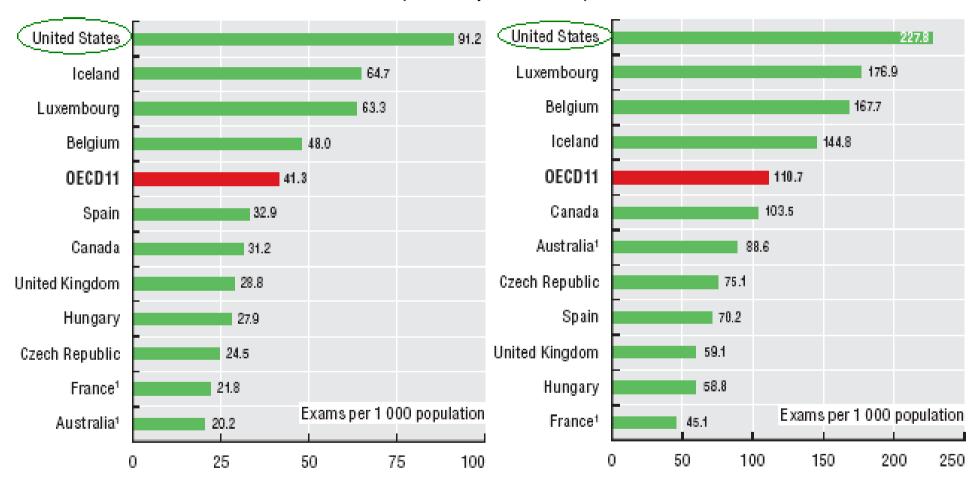
The number of MRI units and CT scanners is increasing in all OECD countries. Japan has the highest number per capita





The United States has the highest number of MRI and CT exams per capita, followed by Luxembourg, Belgium and Iceland

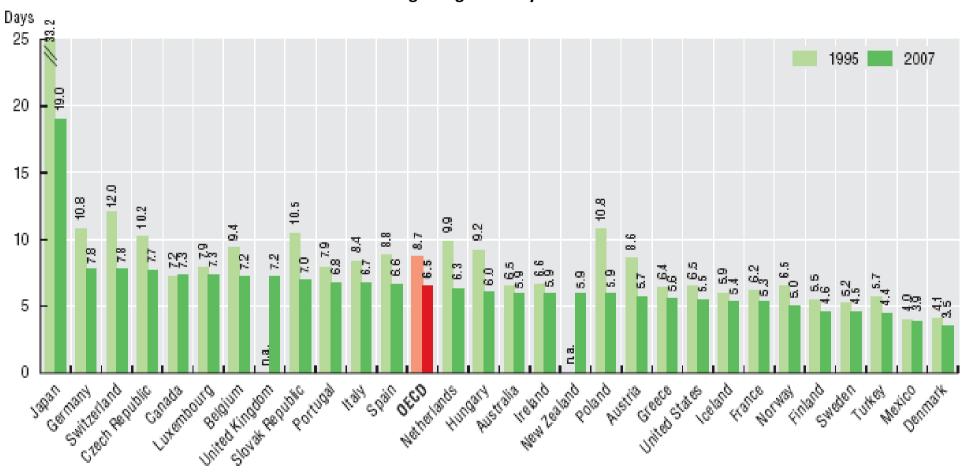
2007 (or latest year available)



1. Only include exams for out-patients and private in-patients (excluding exams in public hospitals). *Note*: Several countries, including Japan, have not provided any data.

The average length of stay for acute care has fallen in nearly all OECD countries

Average length of stay for acute care

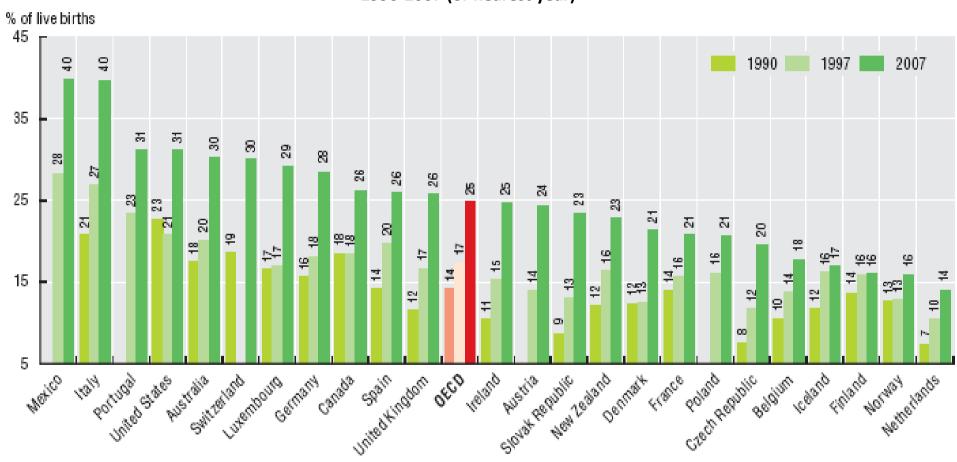


The average length of stay for normal delivery has become shorter in all OECD countries, even if large variations still exist

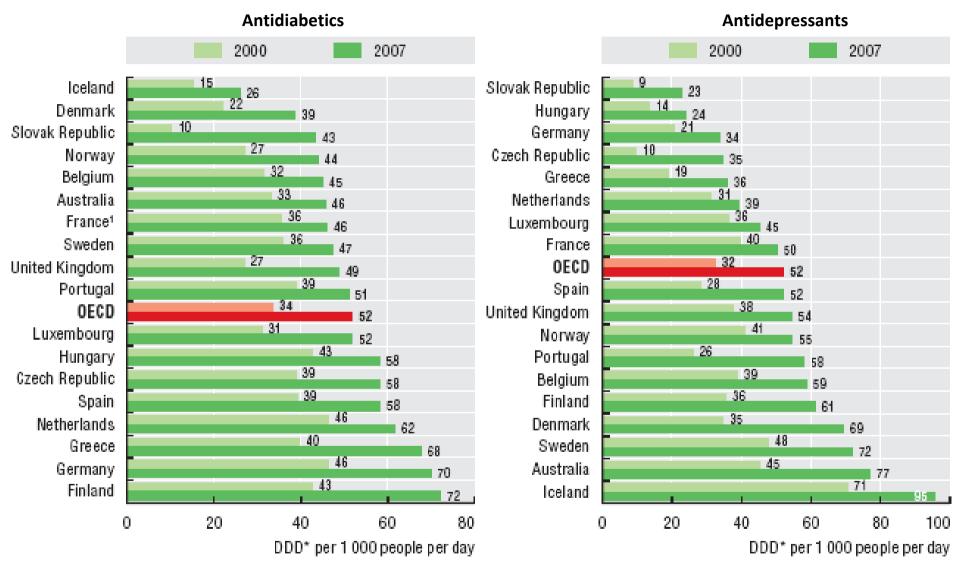


Rates of caesarean delivery have increased in all OECD countries. On average, 1 birth out of 4 involved a C-section in 2007, against 1 out 7 in 1990

1990-2007 (or nearest year)



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



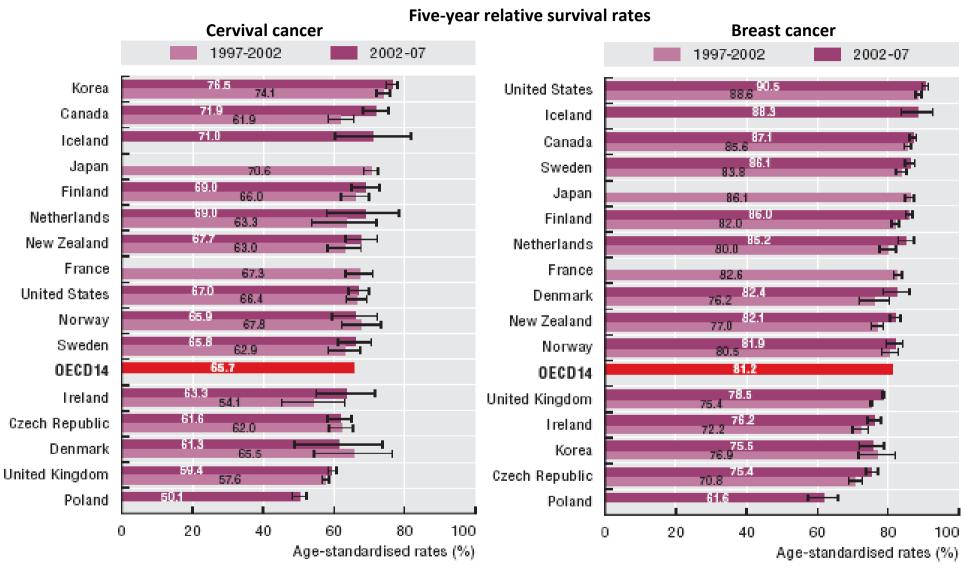
* DQD: Defined Daily Dose



5. Quality of care

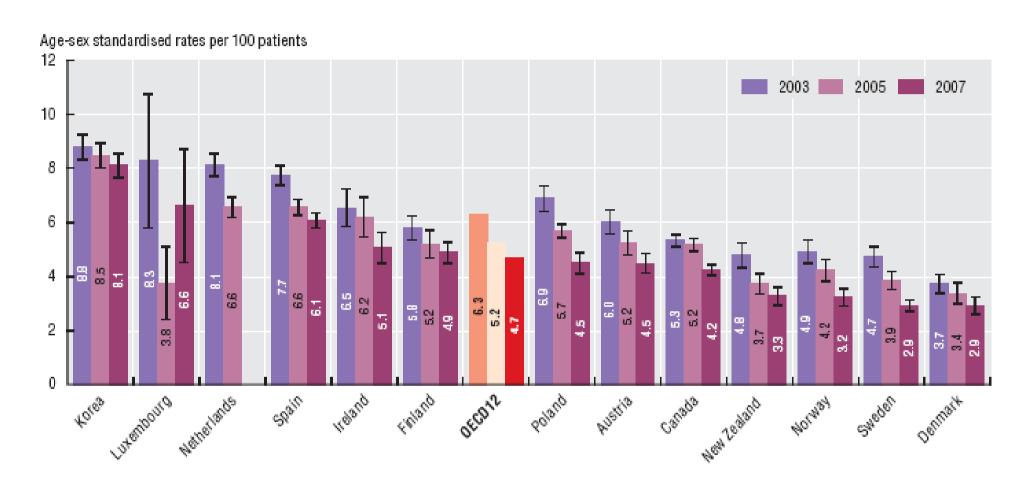
- Life threatening conditions (cancers and acute myocardial infarctions)
- Chronic diseases

Cancer survival rates are increasing in all OECD countries



Note: Survival rates are age standardised to the International Cancer Survival Standards Population. 95% confidence intervals are represented by H in the relevant figures.

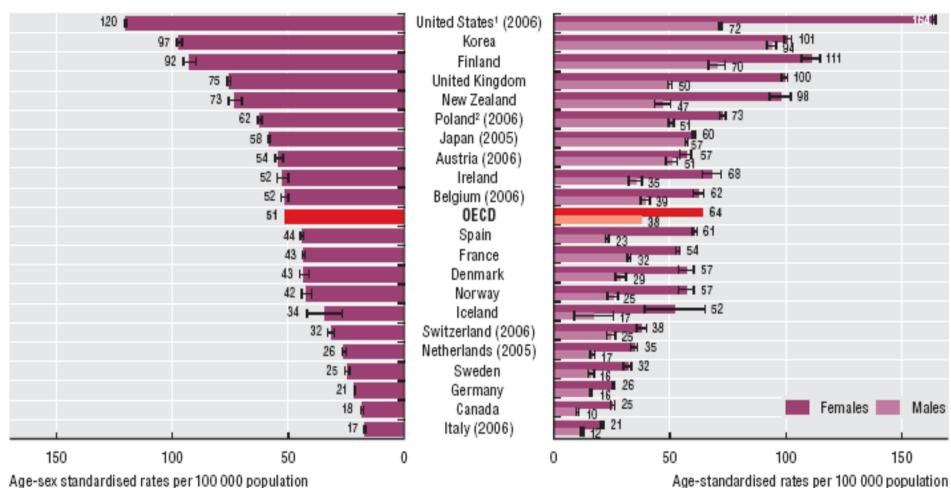
In-hospital mortality rates following heart attack are decreasing in all OECD countries



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

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

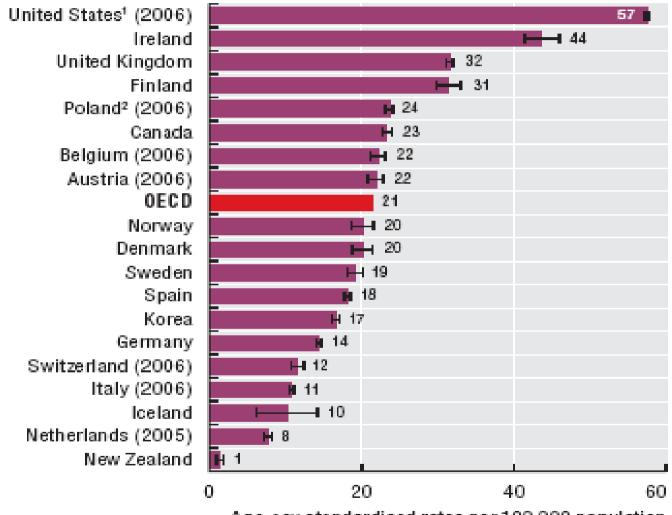
Asthma admission rates, population aged 15 and over, 2007



- 1. Does not fully exclude day cases.
- 2. Includes transfers from other hospital units, which marginally elevates rates.

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

Diabetes acute complications admission rates, population aged 15 and over, 2007



Age-sex standardised rates per 100 000 population

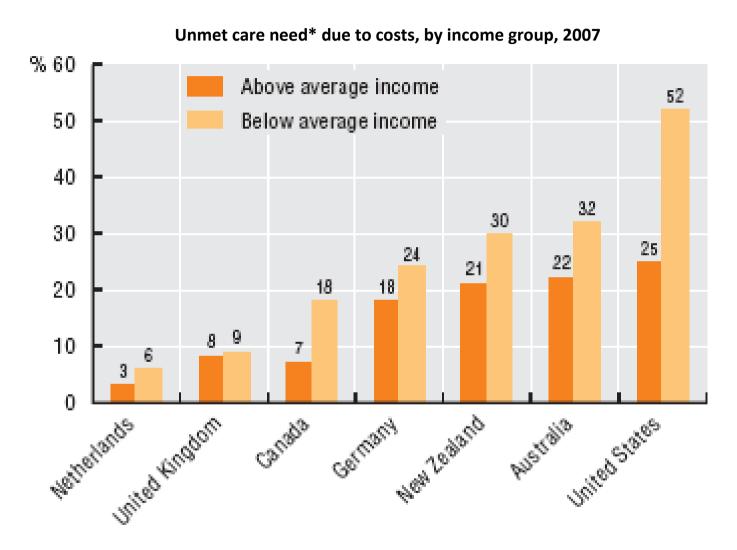
- 1. Does not fully exclude day cases.
- 2. Includes transfers from other hospital units, which marginally elevates rates.



6. Access to care

- Financial barriers
- Geographic barriers

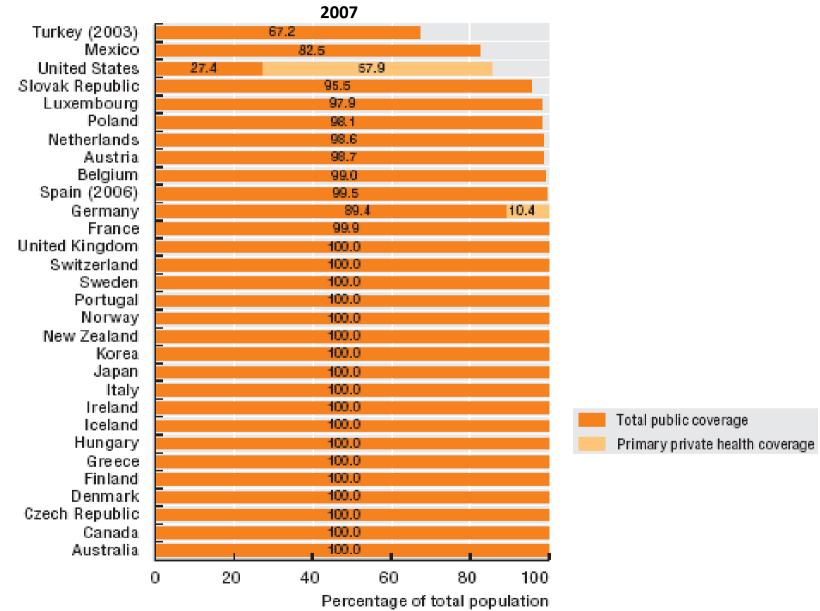
Low-income populations more often report unmet care needs due to cost, but there are large variations across countries



^{*} Did not get medical care, missed medical test, treatment or follow-up, did not fill prescription or missed doses.

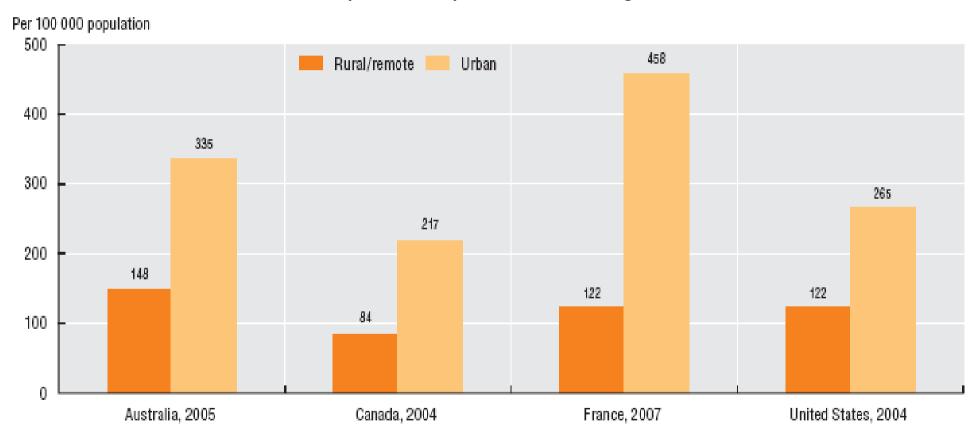
Source: Commonwealth Fund (2008).

All OECD countries have achieved universal or near-universal health care coverage, except Turkey, Mexico and the United States



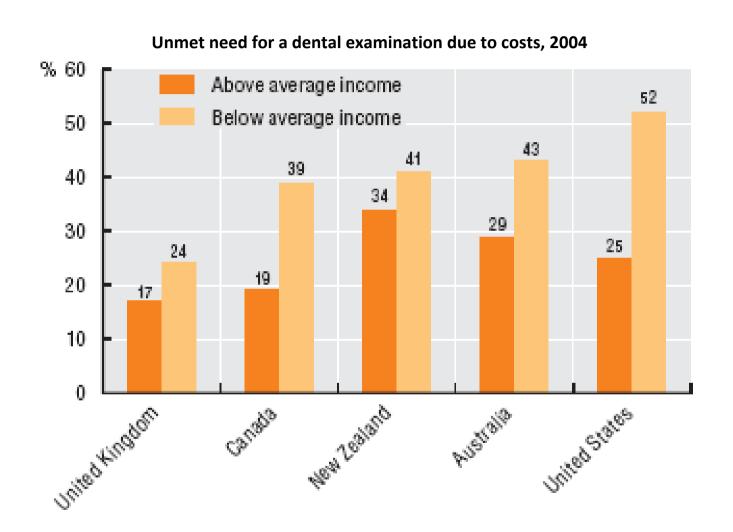
The distribution of physicians within countries is often uneven, limiting access to care in rural areas

Physician density in rural and urban regions



Source: AIHW (2008c); CIHI (2005); DREES (2008); NCHS (2007).

Low-income populations more often report unmet dental care needs due to cost



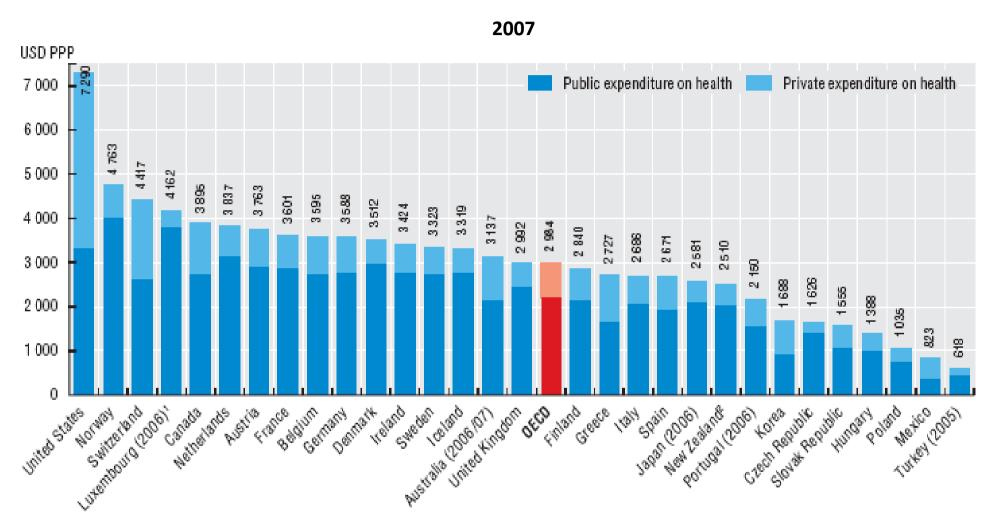
Source: Davis et al. (2007).



7. Health expenditure

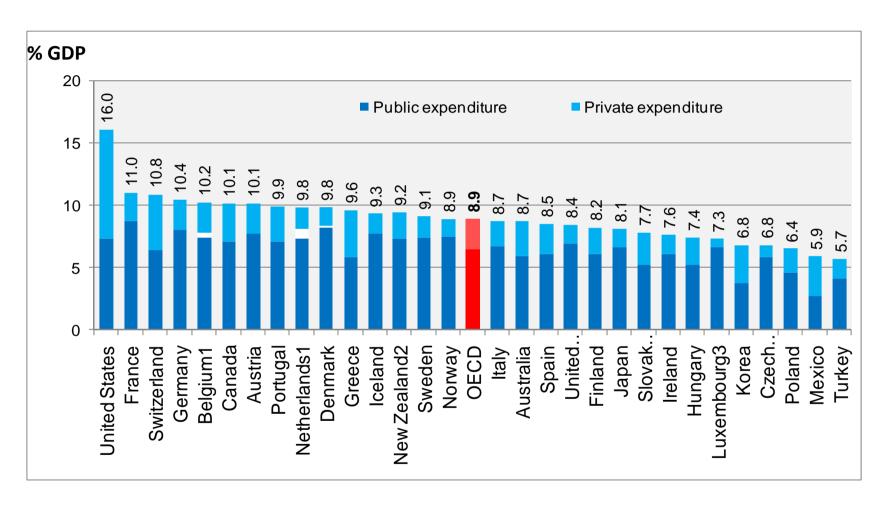
- Expenditure
- Financing

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



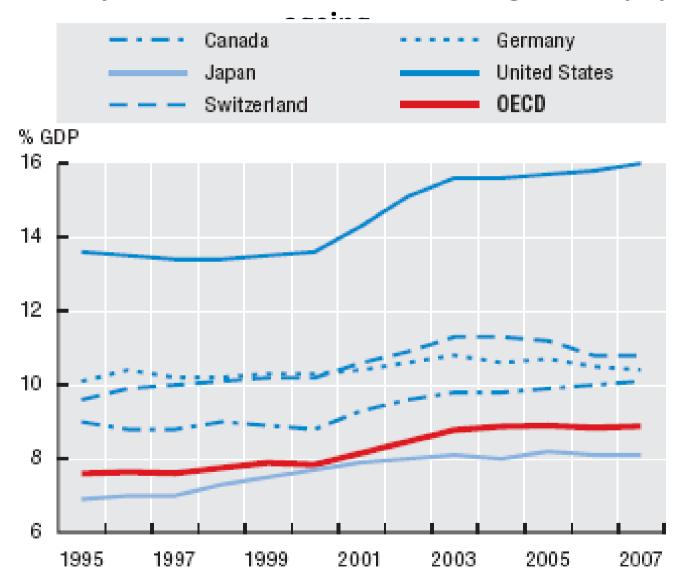
- 1. Health expenditure is for the insured population rather than resident population.
- 2. Current health expenditure.

OECD countries allocate about 9% of their GDP to health. This share varies from 16% in the United States to less than 6% in Mexico and Turkey



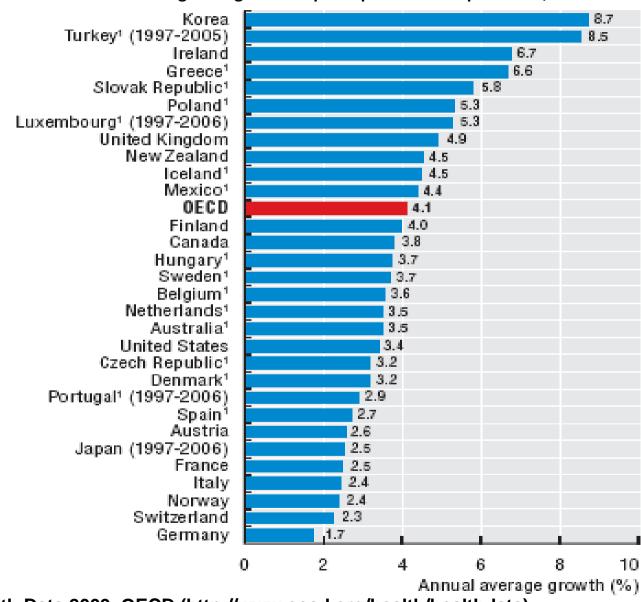
- 1. Public and private expenditures are current expenditures (excluding investments).
- 2. Current health expenditure..
- 3. Health expenditure is for the insured population rather than resident population.

The share of GDP allocated to health is increasing in all OECD countries, mostly due to new medical technologies and population

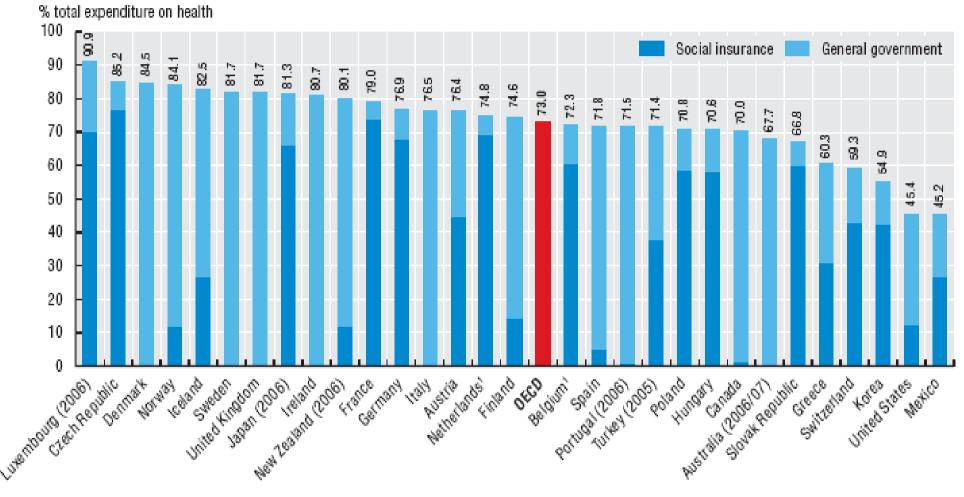


Across OECD countries, health expenditure has grown by slightly more than 4% annually over the past ten years

Annual average real growth in per capita health expenditure, 1997-2007



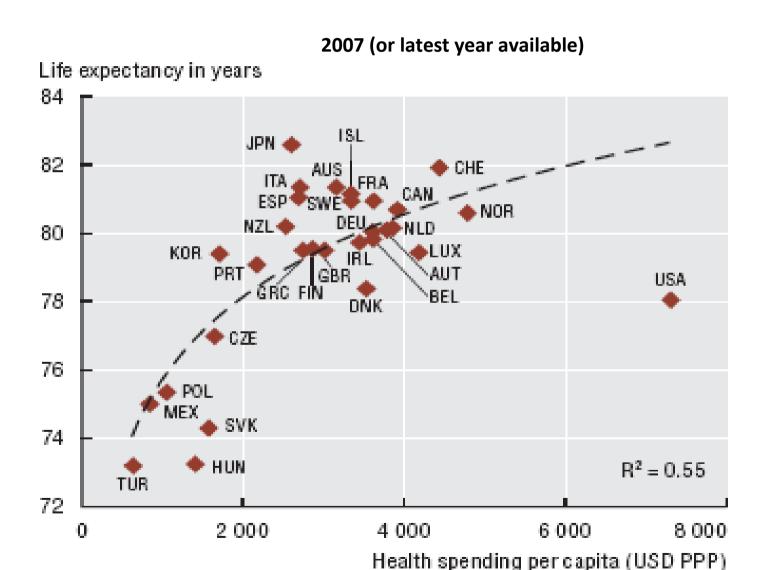
The public sector is the main source of financing in most OECD countries. Only in the United States and Mexico do public sources account for less than 50% of health financing



1. Share of current health expenditure.

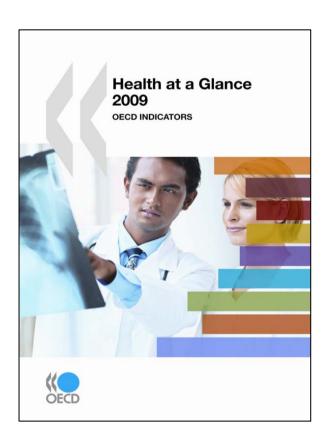
Higher health spending per capita is generally associated with higher life expectancy, although this link tends to be less pronounced in countries with higher spending.

Other factors also influence life expectancy ...





More information



www.oecd.org/health/healthataglance