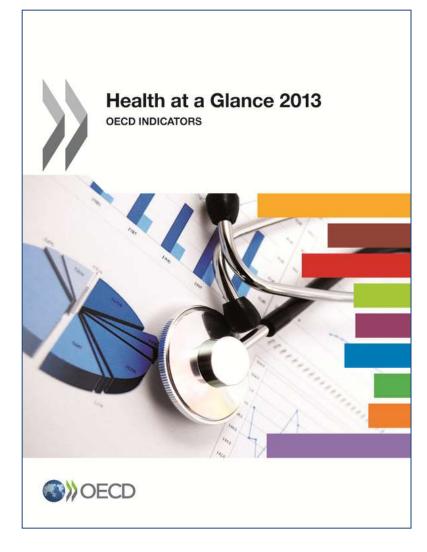
## Health at a Glance 2013 OECD Indicators



Released on November 21, 2013 http://www.oecd.org/health/healthataglance



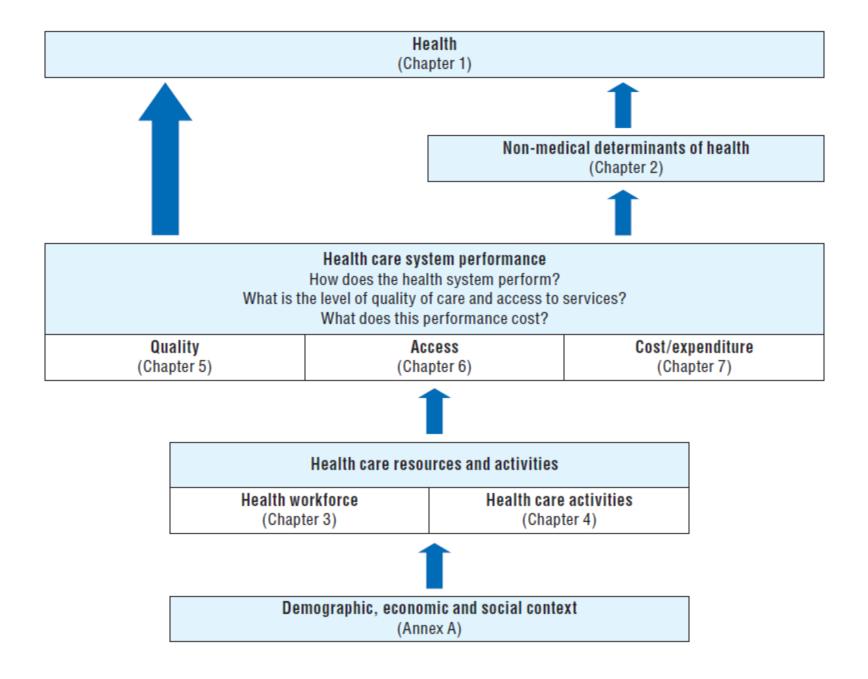
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- 7. Health expenditure
- 8. Ageing and long-term care



Information on data for Israel: <u>http://dx.doi.org/10.1787/888932315602</u>

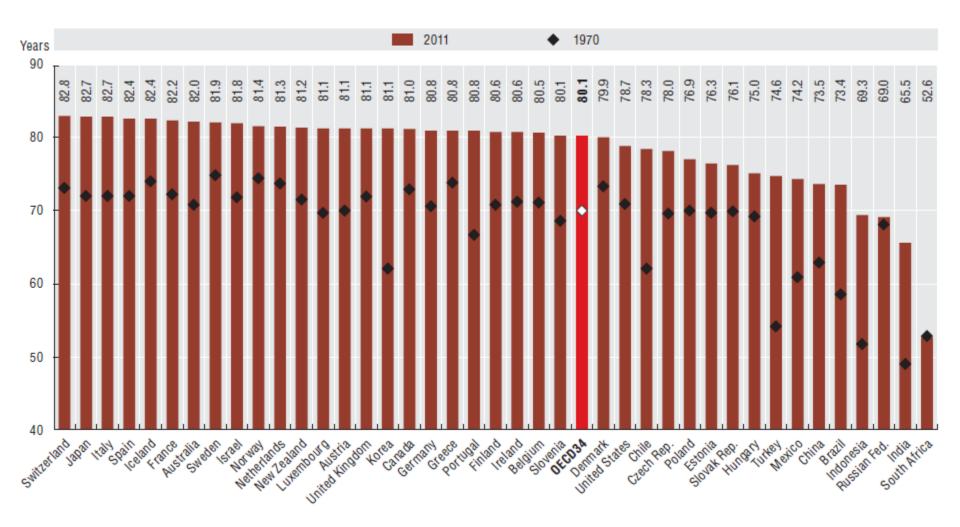




## **1. HEALTH STATUS**

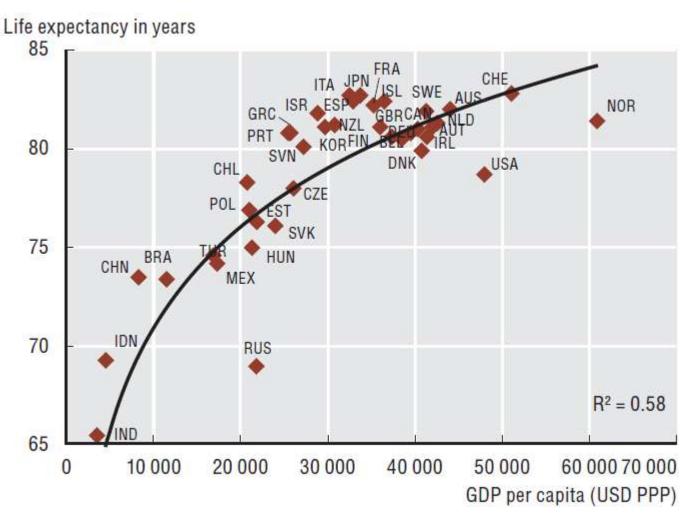
- Life expectancy and mortality
- Chronic diseases

## For the first time in history, life expectancy at birth exceeds 80 years on average in OECD countries in 2011 – a gain of 10 years since 1970



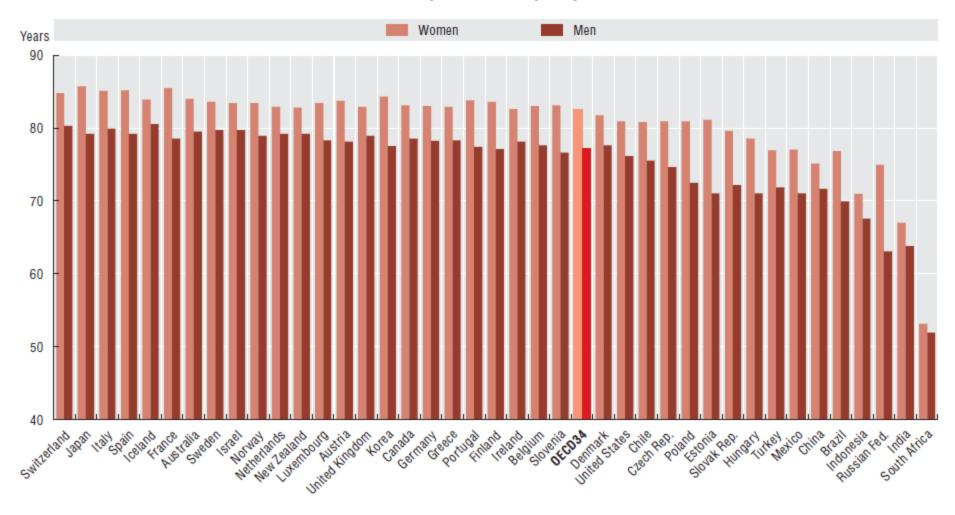
Source: OECD Health Statistics 2013, OECD; World Bank for non-OECD countries

## High GDP per capita is associated with high life expectancy, although many other factors play a role



2011 (or nearest year)

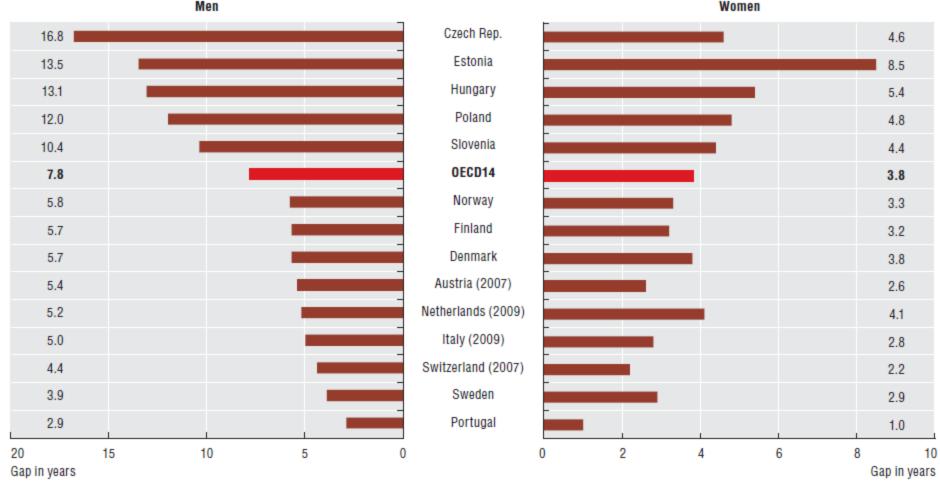
### There remains large gaps in life expectancy between men and women in OECD countries: on average, men live 5.5 years less than women



2011 (or nearest year)

## There are also large gaps in life expectancy by education level: on average, people with the lowest level of education live 6 years less than people with the highest level

Gap in life expectancy at age 30 by sex and education level, 2010 (or nearest year)

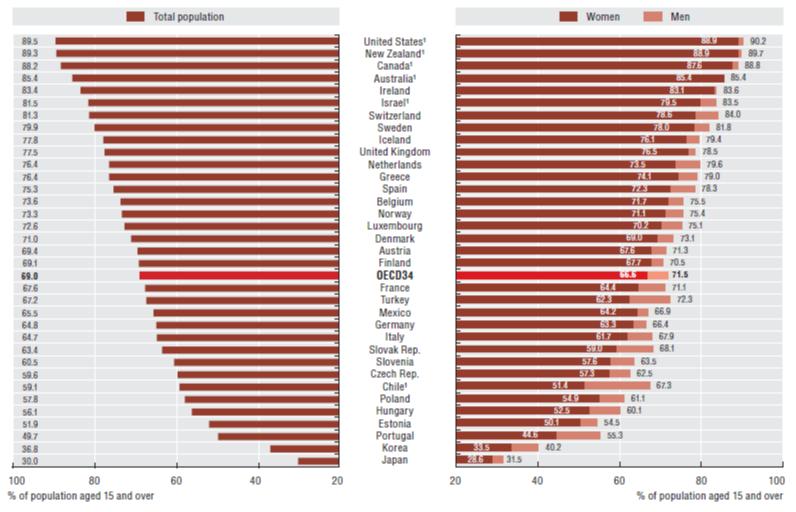


Note: The figures show the gap in the expected years of life remaining at age 30 between adults with the highest level ("tertiary education") and the lowest level ("below upper secondary education") of education.

### Source: Eurostat database complemented with national data for Austria, Netherlands and Switzerland

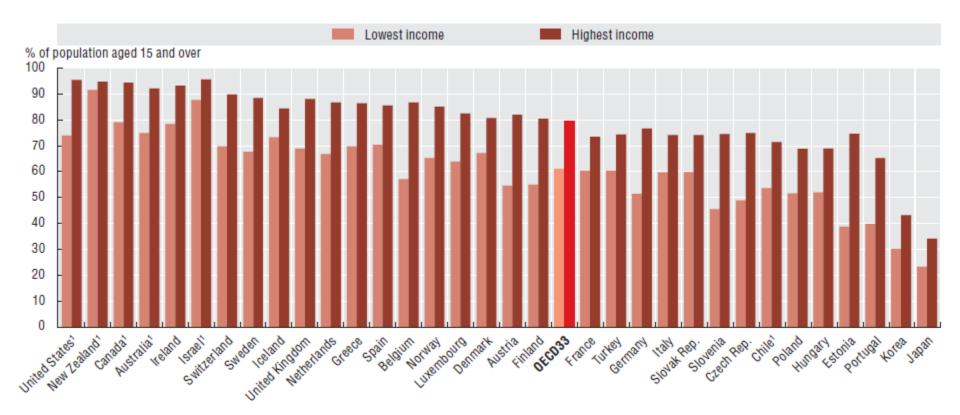
## Most people in OECD countries report being in good health, with men being more likely than women to do so

2011 (or nearest year)



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.

## People in the highest income group are also much more likely to report being in good health than those in the lowest income group



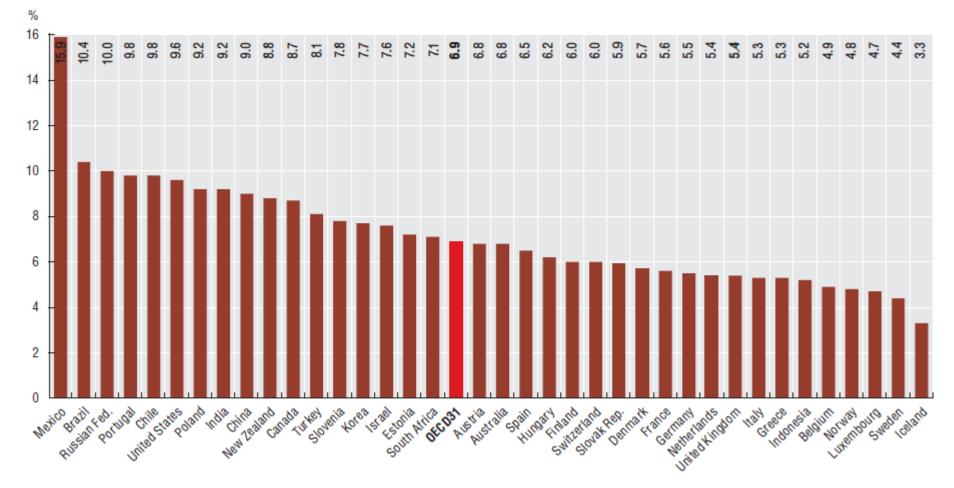
2011 (or nearest year)

Note: Countries are ranked in descending order of perceived health status for the whole population.

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.

## The prevalence of chronic diseases such as diabetes is rising, due to changes in lifestyle and population ageing





Note: The data cover both Type-1 and Type-2 diabetes. Data are age-standardised to the World Standard Population.

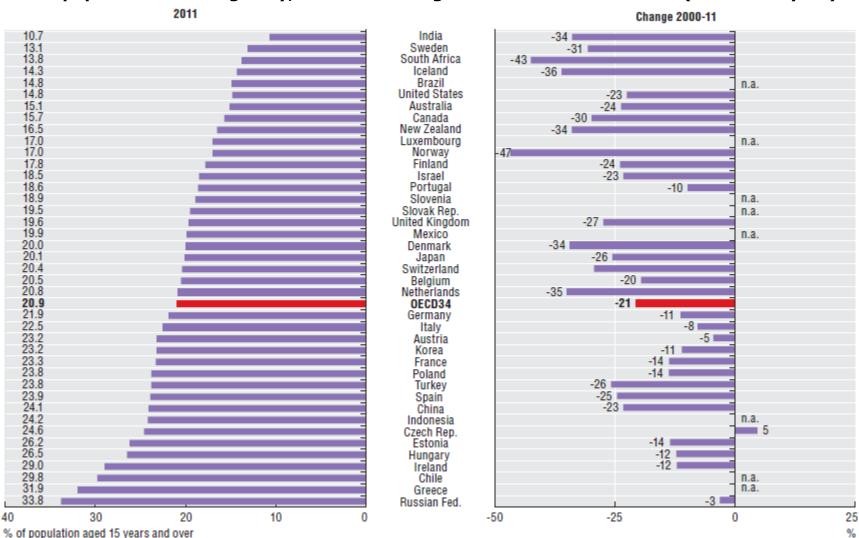
#### Source: International Diabetes Federation (2011)



## **2. RISK FACTORS FOR HEALTH**

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

## Smoking among adults has declined in nearly all countries, although more than one-fifth of adults still smoke

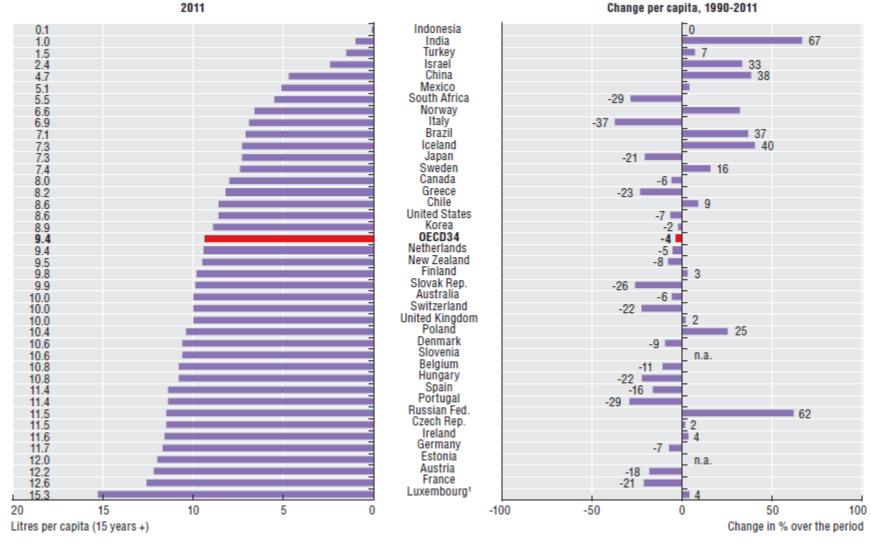


Adult population smoking daily, 2011 and change between 2000 and 2011 (or nearest year)

#### Source: OECD Health Statistics 2013, OECD; national sources for non-OECD countries

## Alcohol consumption has also declined in many countries but not all

#### Alcohol consumption among adults, 2011 and change between 1990 and 2011 (or nearest year)

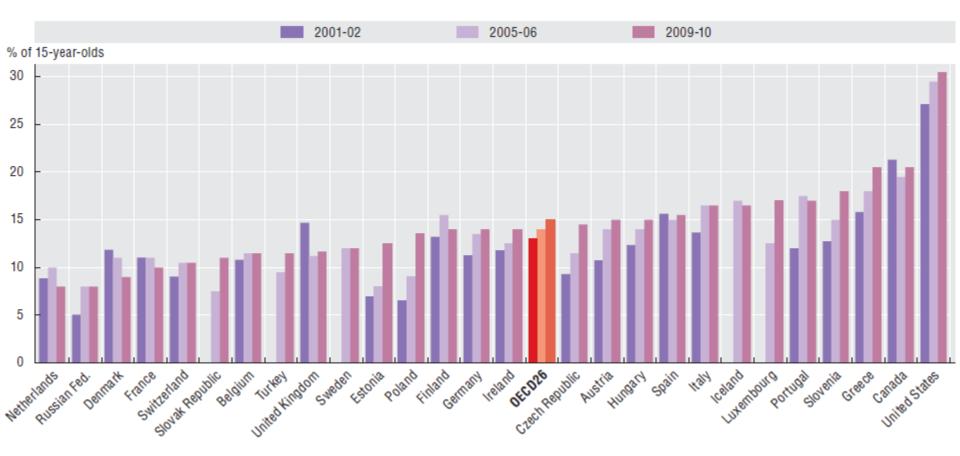


1. In Luxembourg, national sales do not accurately reflect actual consumption by residents, since purchases by non-residents create a significant gap.

### Source: OECD Health Statistics 2013, OECD; WHO for non-OECD countries

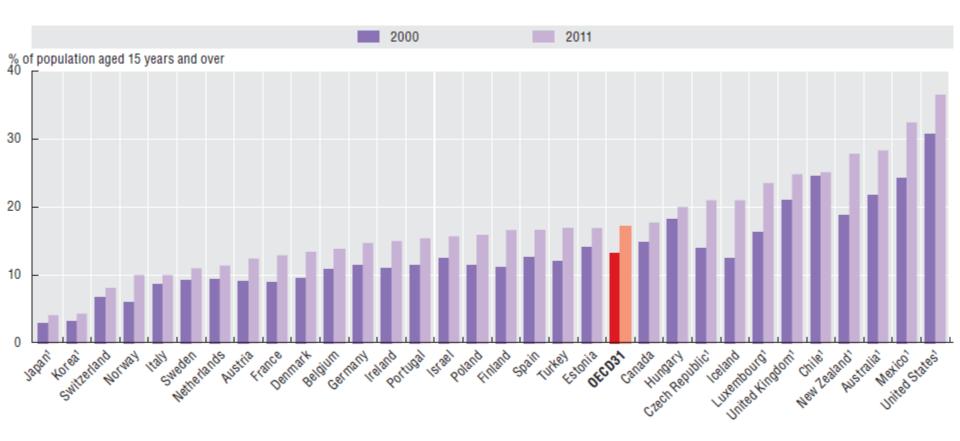
## Overweight and obesity among children have risen in most countries, increasing the risk of obesity in adulthood

Change in self-reported overweight among 15-year-olds, 2001-02, 2005-06 and 2009-10



Source: Currie et al. (2004); Currie et al. (2008); Currie et al. (2012)

### **Obesity among adults has also increased in all OECD countries, presenting increased risks of chronic diseases**



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

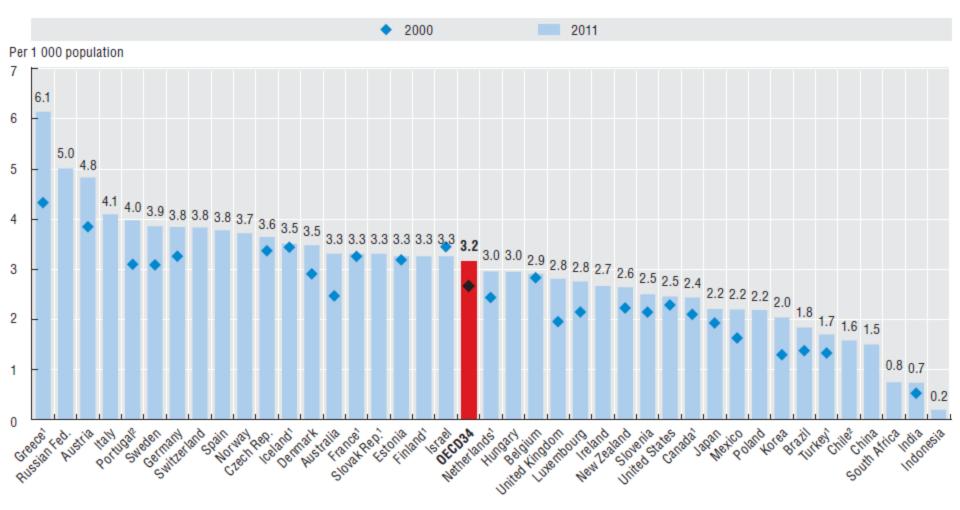


## **3. HEALTH WORKFORCE**

- 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 Israel

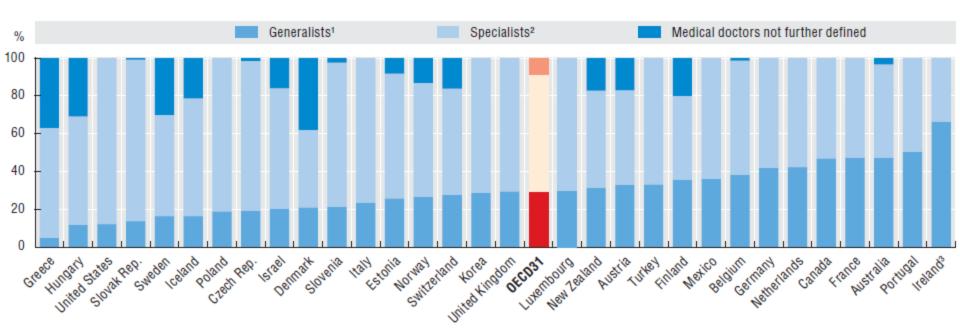
Practising doctors per 1 000 population, 2000 and 2011 (or nearest year)



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 licensed to practice (resulting in a large over-estimation of the number of practising doctors in Portugal).

## Medical specialists greatly outnumber generalists in most countries: there were more than 2 specialists per every generalist on average in 2011



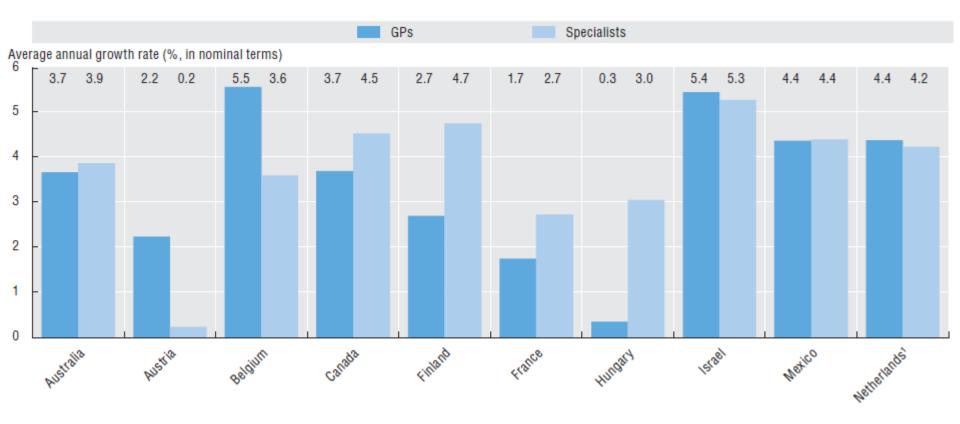
Generalists and specialists as a share of all doctors, 2011 (or nearest year)

1. Generalists include general practitioners/family doctors and other generalist (non-specialist) medical practitioners.

Specialists include paediatricians, obstetricians/gynaecologists, psychiatrists, medical, surgical and other specialists.
In Ireland, most generalists are not GPs ("family doctors"), but rather non-specialist doctors working in hospitals or other settings.

## The remuneration of specialists has grown more rapidly than that of generalists in many countries, but not all

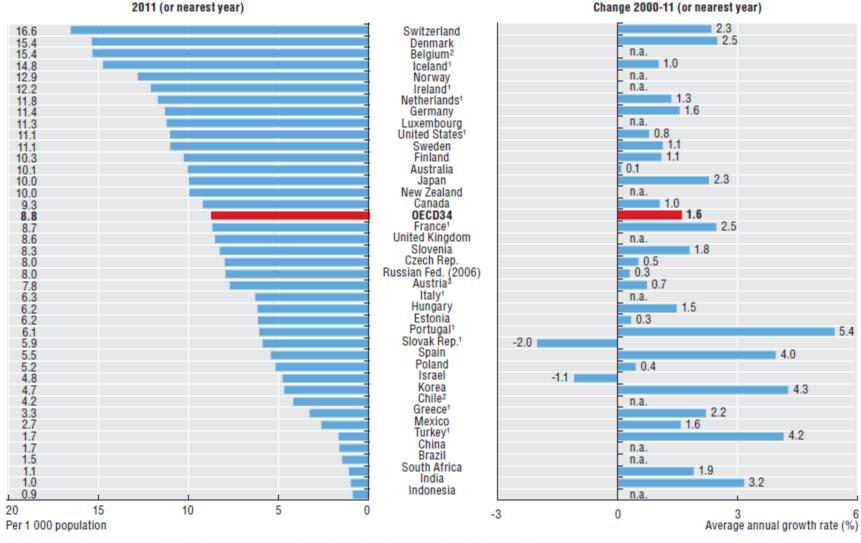
### Growth in the remuneration of GPs and specialists, 2005-11 (or nearest year)



1. The growth rate for the Netherlands is for self-employed GPs and specialists.

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

Practising nurses per 1 000 population, 2011 and change between 2000 and 2011



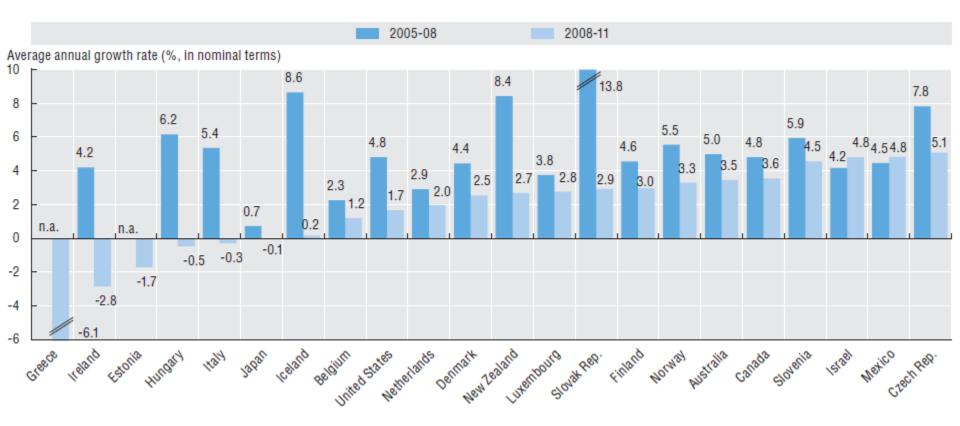
1. Data include not only nurses providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc.

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

3. Austria reports only nurses employed in hospital.

## The remuneration of nurses has been cut down in some countries following the economic crisis

### Growth in the remuneration of hospital nurses, 2005-11 (or nearest year)



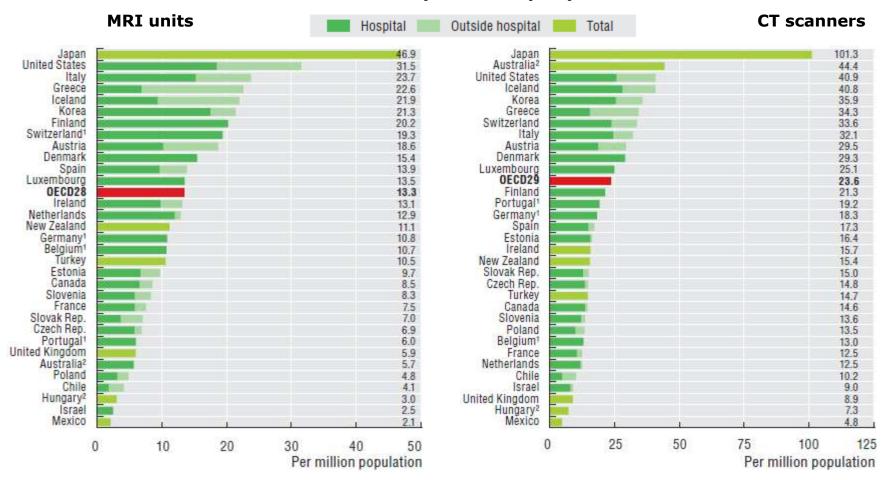


## 4. CONSUMPTION OF HEALTH GOODS AND SERVICES

- 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

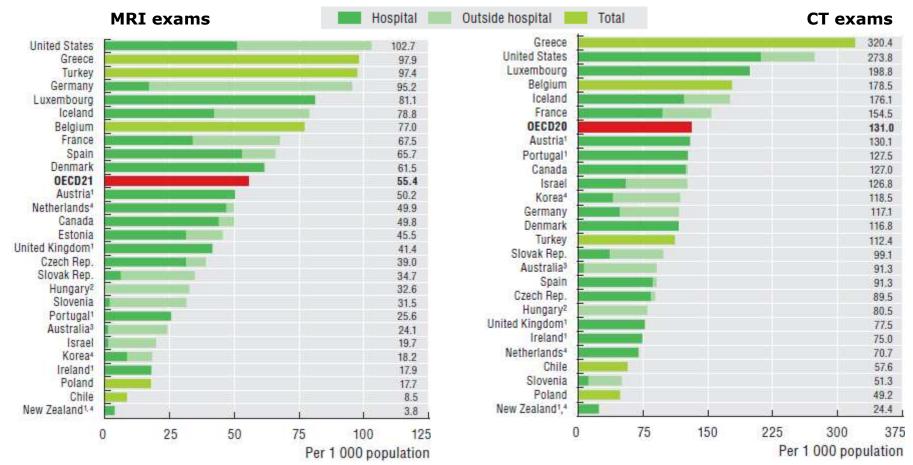
#### 2011 (or nearest year)



1. Equipment outside hospital not included.

2. Only equipment eligible for public reimbursement.

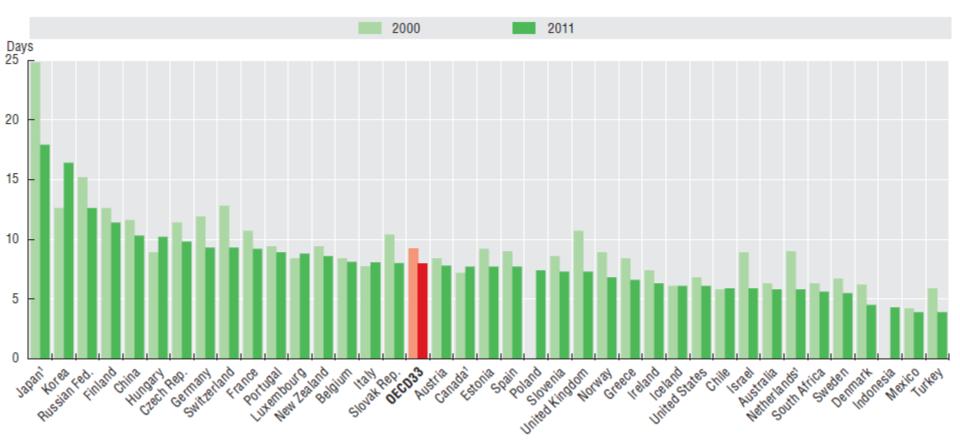
## Greece and the United States perform more MRI and CT exams per capita than any other countries



#### 2011 (or nearest year)

- 1. Exams outside hospital not included.
- 2. Exams in hospital not included.
- 3. Exams on public patients not included.
- 4. Exams privately-funded not included.

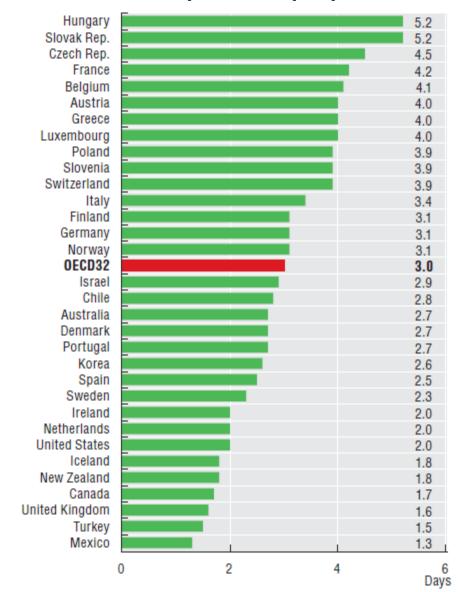
### The average length of stay in hospital has fallen in nearly all OECD countries, reflecting efficiency gains



Average length of stay in hospital, 2000 and 2011 (or nearest year)

1. Data refer to average length of stay for curative (acute) care (resulting in an under-estimation).

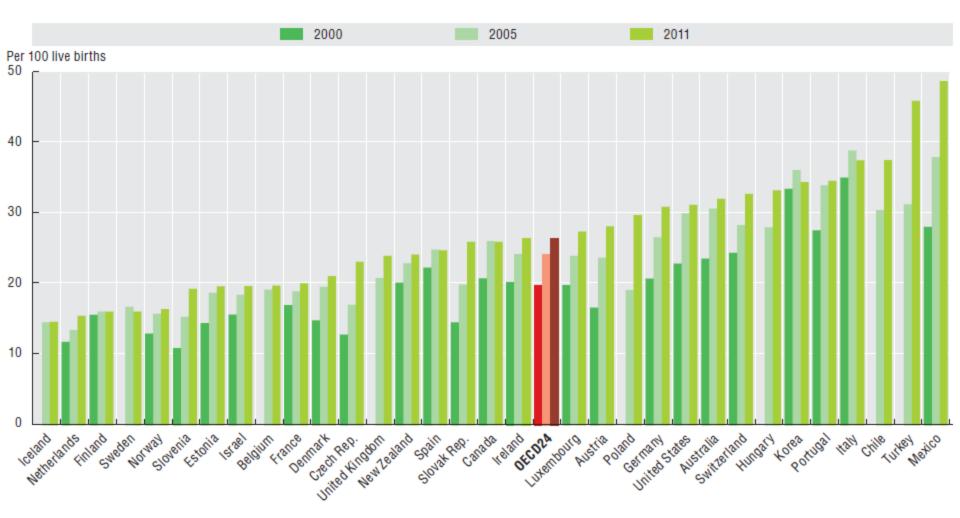
## The average length of stay for normal delivery has become shorter in all OECD countries, but large variations still exist



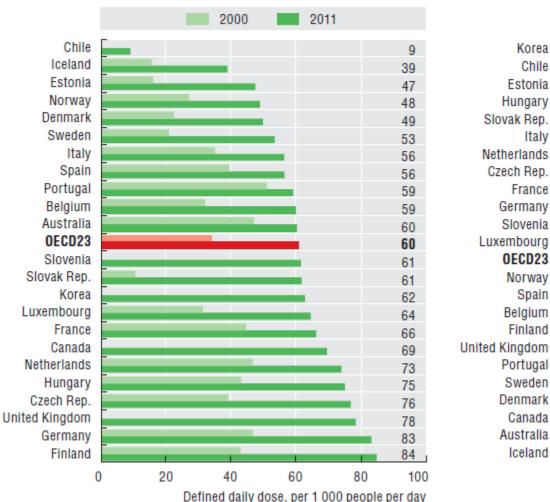
2011 (or nearest year)

Source: OECD Health Statistics 2013, OECD (http://www.oecd.org/health/healthdata)

### Rates of caesarean delivery have increased in most OECD countries. On average, more than 1 birth out of 4 involved a C-section in 2011, against 1 out of 5 in 2000

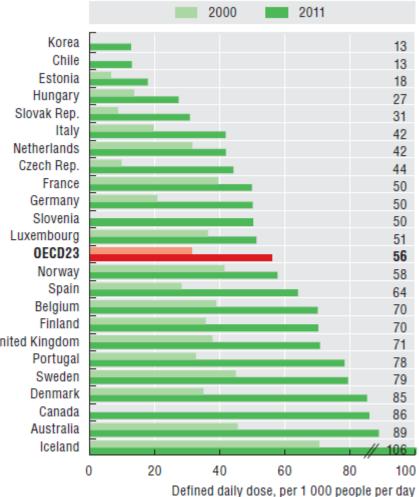


## The consumption of pharmaceuticals is increasing across OECD countries, particularly for antidiabetics and antidepressants

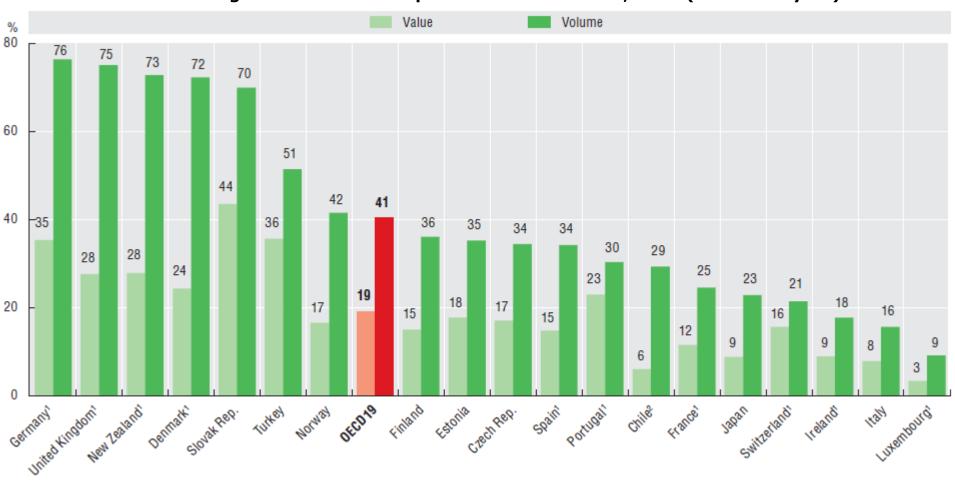


#### Antidiabetics

#### Antidepressants



# The share of generic drugs varies widely across OECD countries, representing 3/4 of the volume of consumption in Germany and the UK, but still only 1/4 or less in several countries



Share of generics in the total pharmaceutical market, 2011 (or nearest year)

- 1. Reimbursed pharmaceutical market.
- 2. Community pharmacy market.



## **5. QUALITY OF CARE**

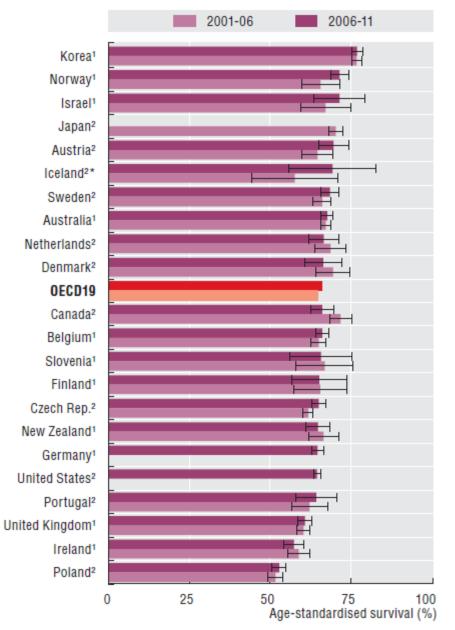
- Life threatening conditions (cancers and heart attacks)
- Chronic diseases
- Communicable diseases

### Survival for cervical cancer has increased in most countries, but remain lower in Poland, Ireland and the UK

## Cervical cancer five-year relative survival, 2001-06 and 2006-11 (or nearest period)

Note: 95% confidence intervals represented by |--|.

- 1. Period analysis.
- 2. Cohort analysis.
- \* Three-period average.

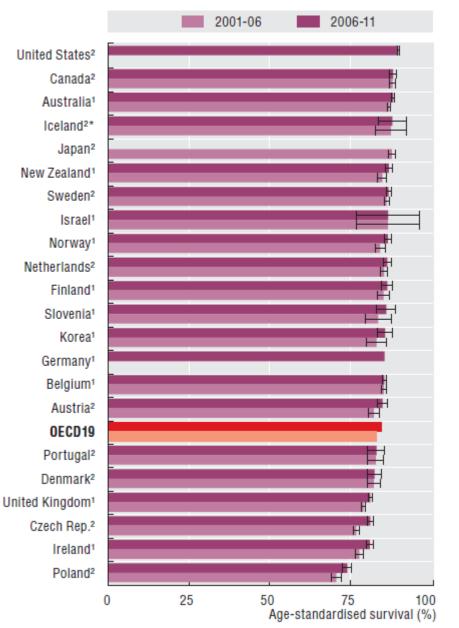


## Survival for breast cancer has also increased in most countries, but remain lower in Poland, Ireland, the Czech Republic and the UK

Breast cancer five-year relative survival, 2001-06 and 2006-11 (or nearest period)

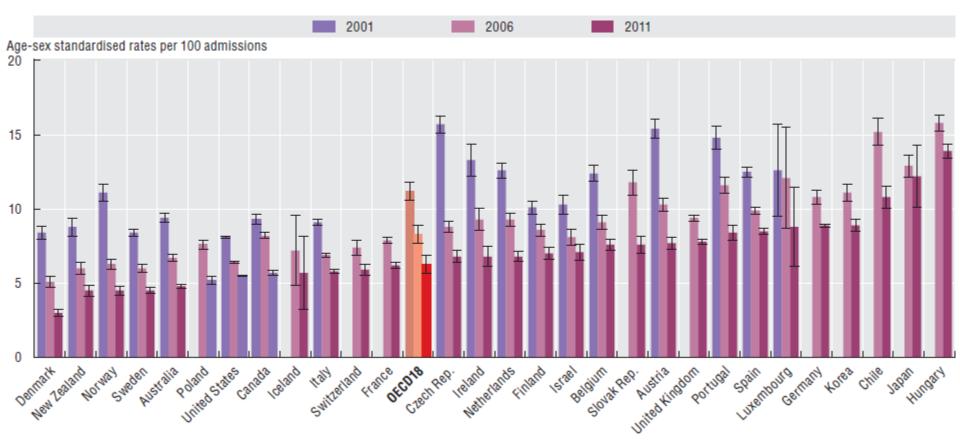
Note: 95% confidence intervals represented by |--|.

- 1. Period analysis.
- 2. Cohort analysis.
- \* Three-period average.



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

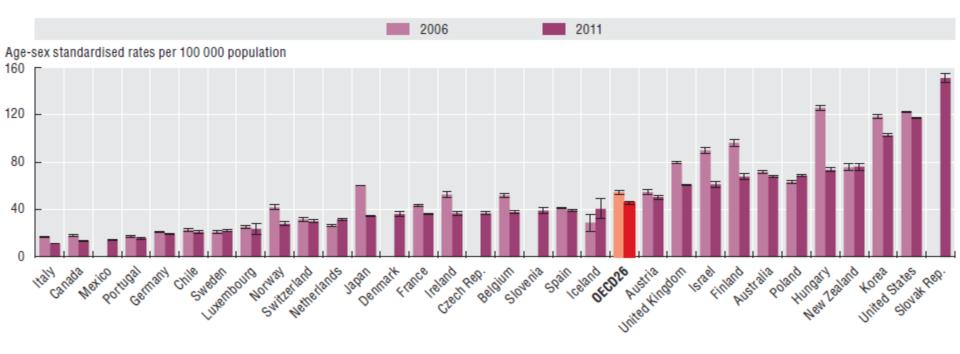
Reduction in case-fatality in adults aged 45 and over within 30 days after admission for AMI, 2001-11 (or nearest year)



Note: 95% confidence intervals represented by |--|.

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

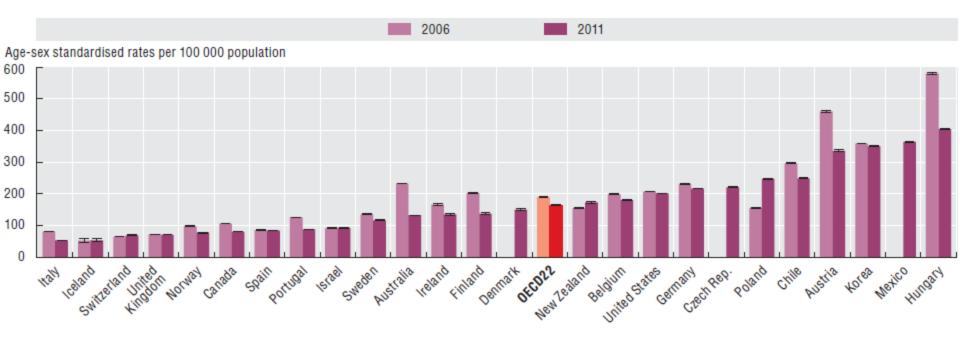
#### Asthma hospital admission in adults, 2006 and 2011 (or nearest year)



Note: 95% confidence intervals represented by |--|.

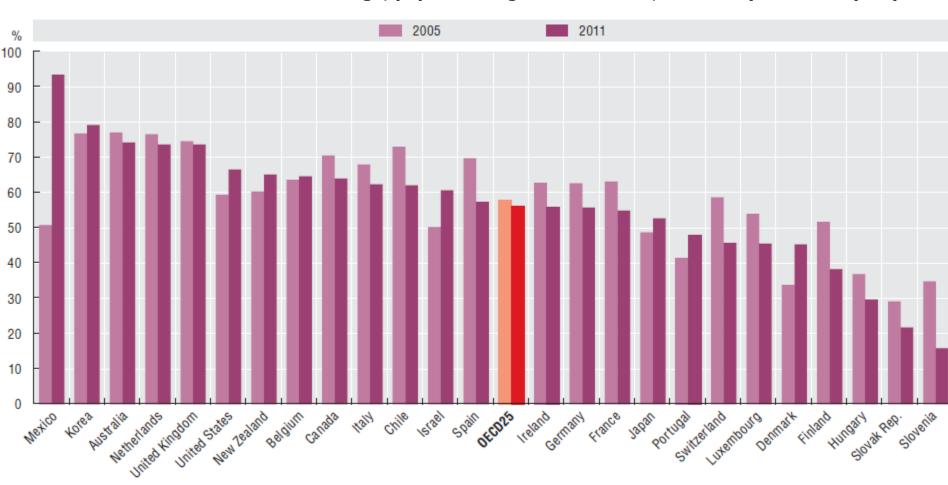
## ... and too many persons are admitted to hospitals for uncontrolled diabetes, highlighting the need to improve primary care

Diabetes hospital admission in adults, 2006 and 2011 (or nearest year)



Note: 95% confidence intervals represented by |--|.

# Vaccination rates against influenza among people aged 65 and over have fallen in many countries, increasing the risks of hospitalisation and death



Influenza vaccination coverage, population aged 65 and over, 2005-11 (or nearest year)

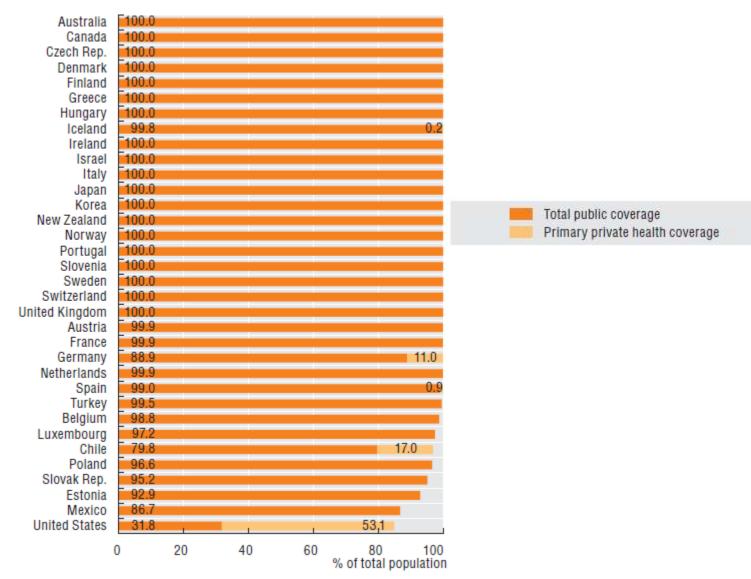


# **6. ACCESS TO CARE**

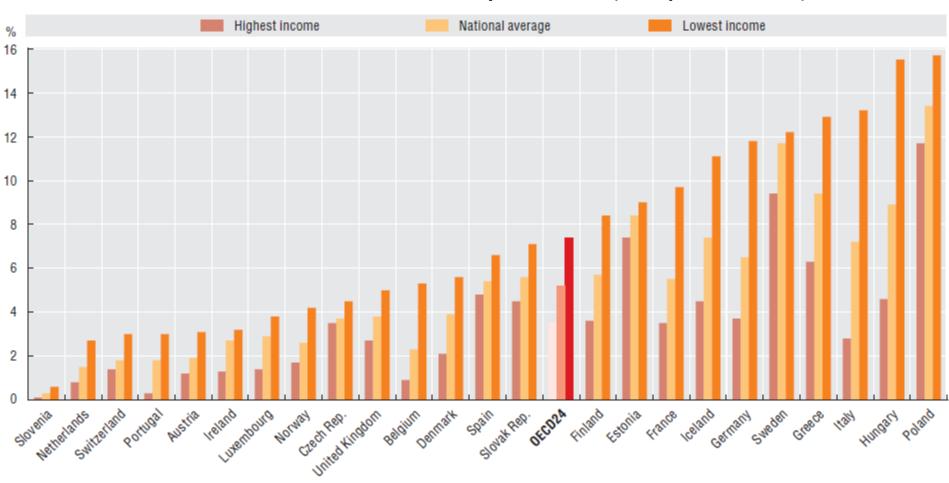
- Financial barriers
- Timely access

# All OECD countries have achieved universal (or almost universal) health coverage, except Mexico and the USA

Health insurance coverage for a core set of services, 2011



# Unmet health care needs are still reported, most commonly among low-income groups

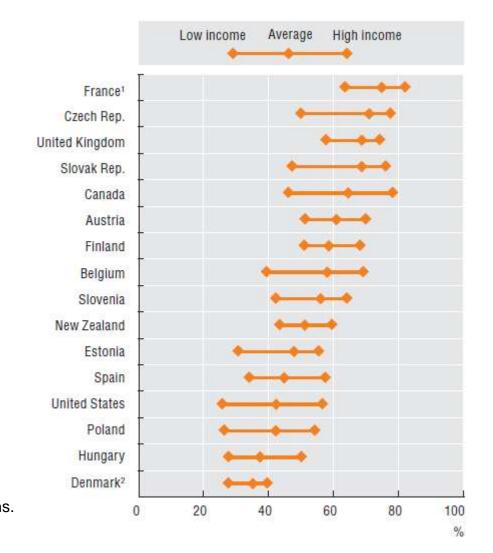


Unmet care needs for medical examination by income level, European countries, 2011

Source: EU-SILC 2011

# In all countries, lower-income groups are less likely to consult a dentist

Probability of a dental visit in the past 12 months, by income group, 16 OECD countries, 2009 (or nearest year)



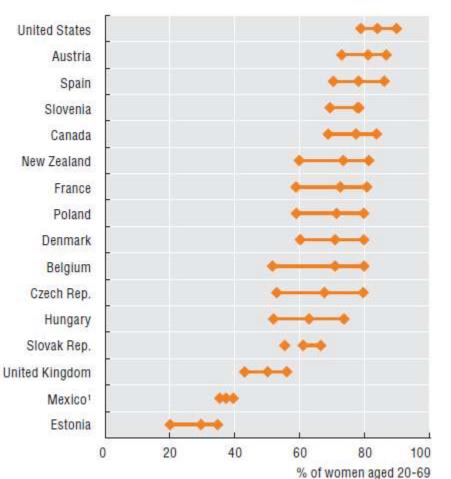
Visits in the past two years.
Visits in the past three months.

#### Source: Devaux and de Looper (2012)

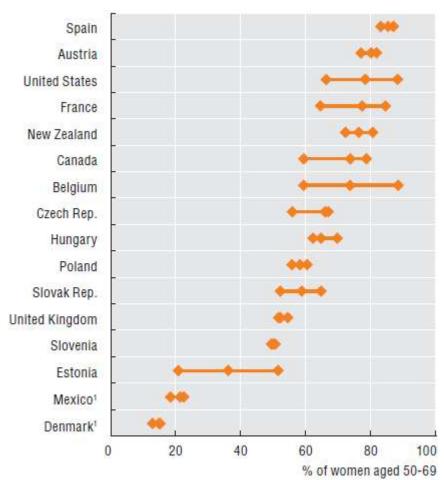
# Lower-income women are also less likely to participate in cancer screening

#### 2009 (or nearest year)

Low income Average High income



#### Cervical cancer screening in past three years



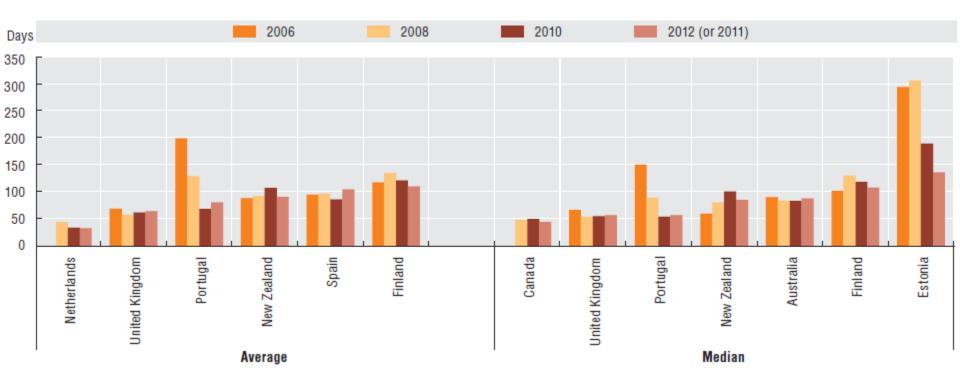
Breast cancer screening in past two years

1. Visits in the past 12 months.

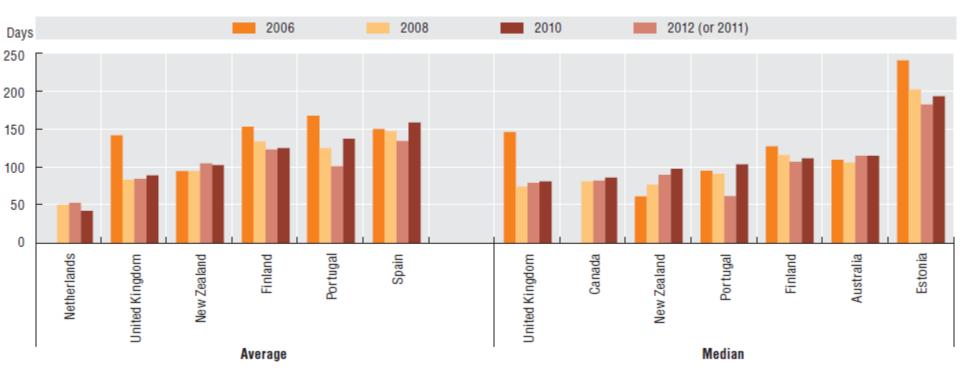
#### Source: Devaux and de Looper (2012)

## Waiting times for cataract surgery have decreased in several countries, although the trend has reversed slightly following the economic crisis

Cataract surgery, waiting times from specialist assessment to treatment, 2006 to 2012 (or 2011)



# Waiting times for hip replacement have also decreased prior to the economic crisis but have gone up in some countries since then



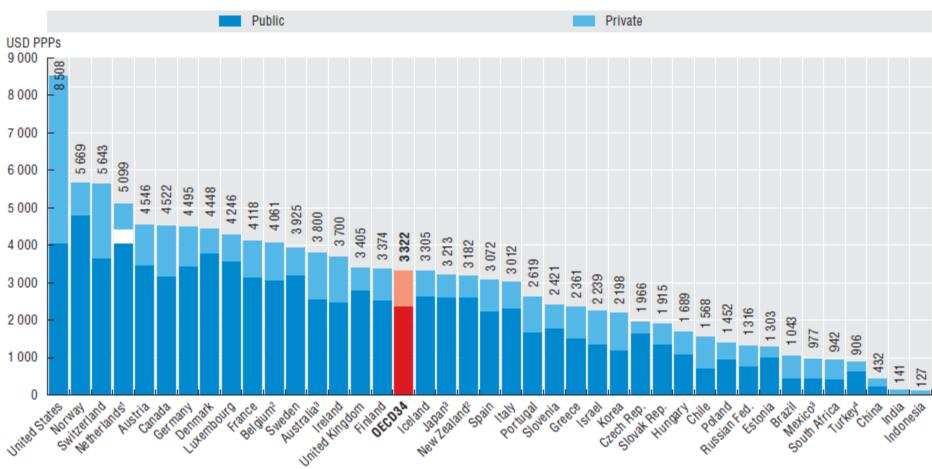
#### Hip replacement, waiting times from specialist assessment to treatment, 2006 to 2012 (or 2011)



# **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



Health expenditure per capita, 2011 (or nearest year)

1. In the Netherlands, it is not possible to clearly distinguish the public and private share related to investments.

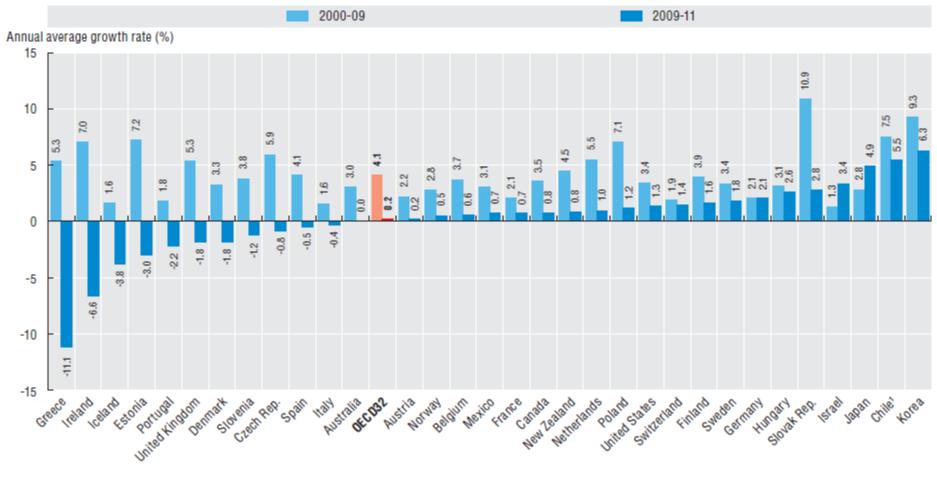
2. Current health expenditure.

3. Data refer to 2010.

4. Data refer to 2008.

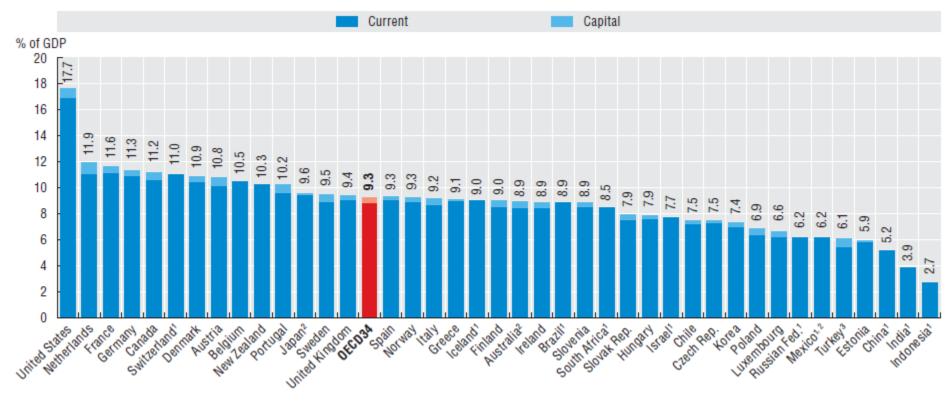
## Several European countries hard hit by the economic crisis have cut their health spending since 2009

Annual average growth rate in per capita health expenditure, real terms, 2000 to 2011 (or nearest year)



1. CPI used as deflator.

### OECD countries allocated 9.3% of their GDP to health in 2011, ranging from over 17% in the United States to around 6% in Estonia, Mexico and Turkey



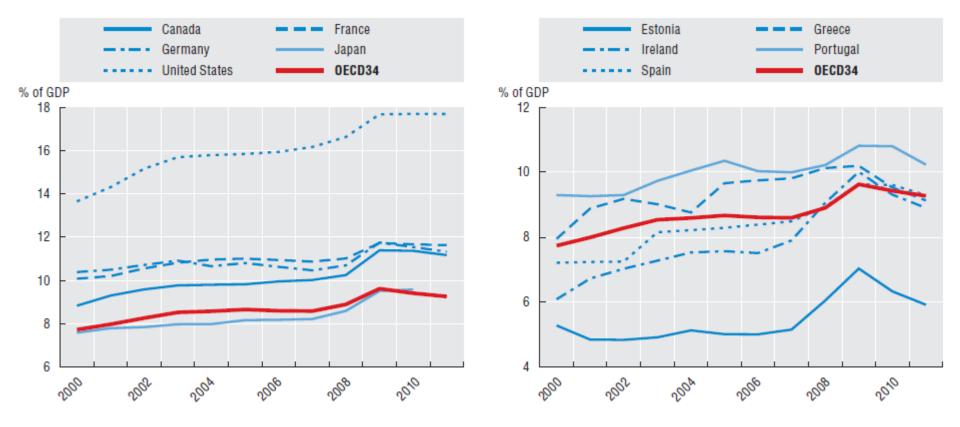
#### Health expenditure as a share of GDP, 2011 (or nearest year)

1. Total expenditure only.

2. Data refer to 2010.

3. Data refer to 2008.

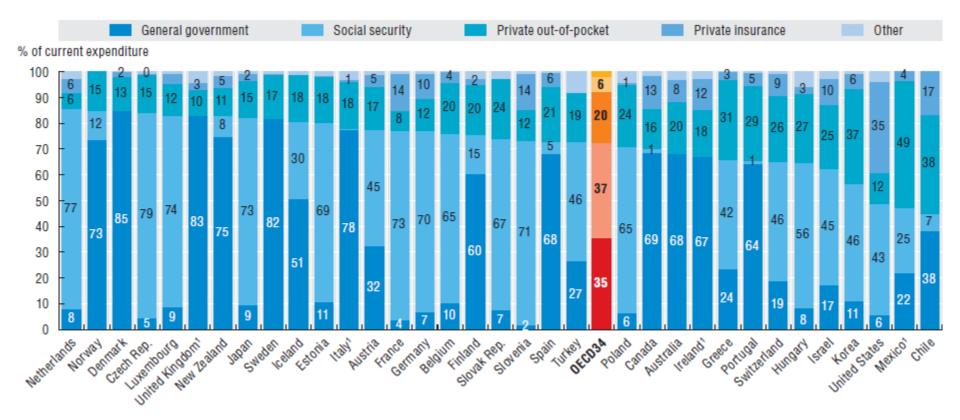
# The share of GDP allocated to health has either stabilised or decreased since 2009 in most OECD countries, as health spending remained flat or was cut down



#### Health expenditure as a share of GDP, 2000-11

Source: OECD Health Statistics 2013, OECD (http://www.oecd.org/health/healthdata)

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



Expenditure on health by type of financing, 2011 (or nearest year)

1. Data refer to total health expenditure.

## Out-of-pocket payments by patients has increased in some countries before or after the economic crisis; it has come down in others

Change in out-of-pocket expenditure as share of total expenditure on health, 2000 to 2011 (or nearest year)

Slovak Rep.					15.3
Czech Rep.				5.1	
Portugal			3.0		
Ireland			2.1		
Germany			1.8		
France			0.4		
Slovenia		-0	.1		
Belgium		-0.	.2		
Hungary		-0.	2		
Luxembourg		-0.	3		
Sweden		-0.			
Australia		-0.	5		
Iceland		-0.7			
Austria <sup>1</sup>		-0.8			
Japan		-0.9			
Canada		-1.2			
United Kingdom		-1.2	and the second se		
OECD33		-1.2			
Norway <sup>1</sup>		-1.6			
Denmark		-1.9	-		
Mexico		-1.9			
Chile		-2.0	-		
Israel		-2.4	-		
Estonia		-2.4			
Spain		-2.9	1		
United States		-3.3			
Netherlands		-3.4			
Finland		-3.7	-		
Poland		-4.1			
Korea		-4.2			
New Zealand		-4.4	-		
Italy		-5.1	- H		
Switzerland		-7.2	-		
Turkey	-10.3		1		
		-10	0	10	20
	-20	-10	U	Percentag	

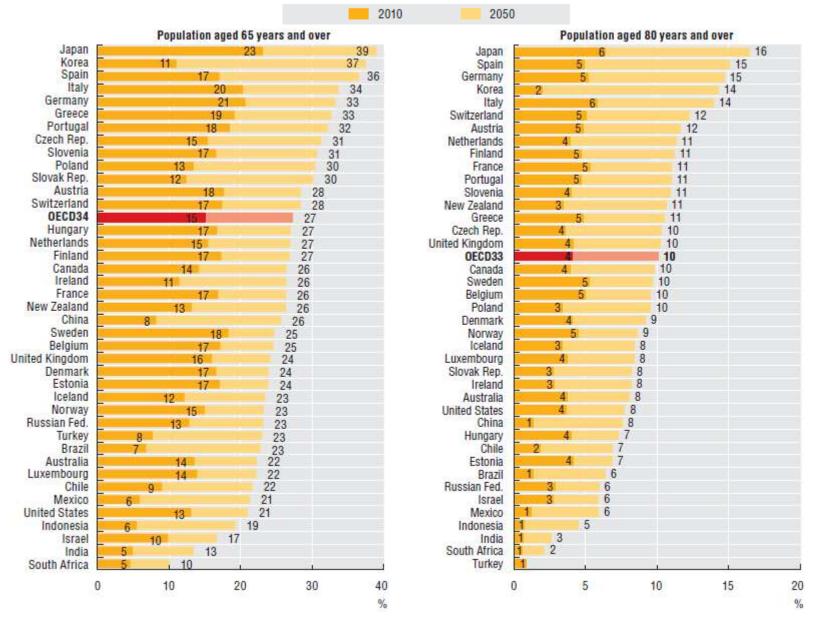
1. Data refer to current expenditure.



# **8. AGEING AND LONG-TERM CARE**

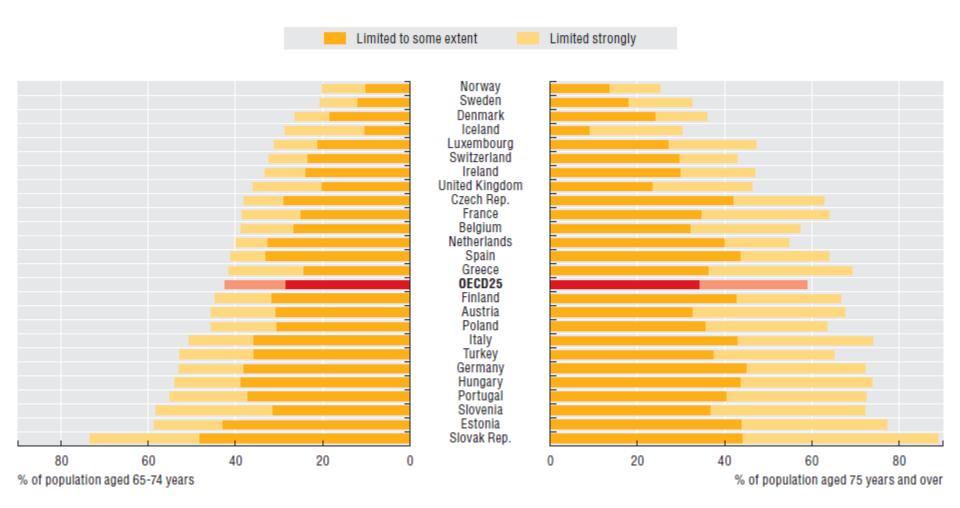
- Rising share of elderly population
- Long-term care recipients and caregivers
- Long-term care expenditure

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

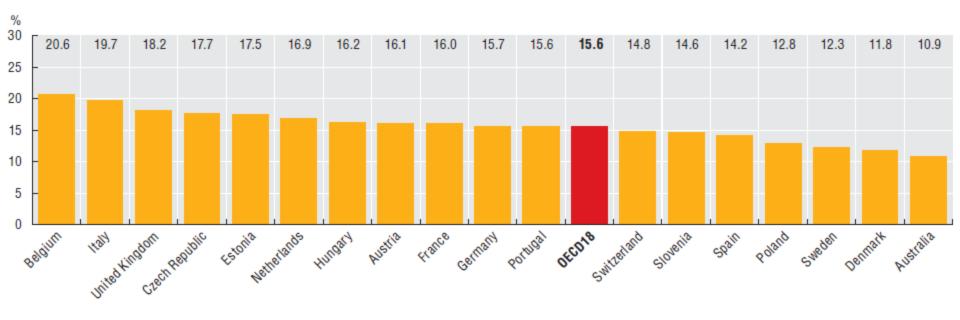


Source: OECD Historical Population Data and Projections Database, 2013

# More or less severe disabilities increase with age



# Most long-term care continue to be provided by informal caregivers

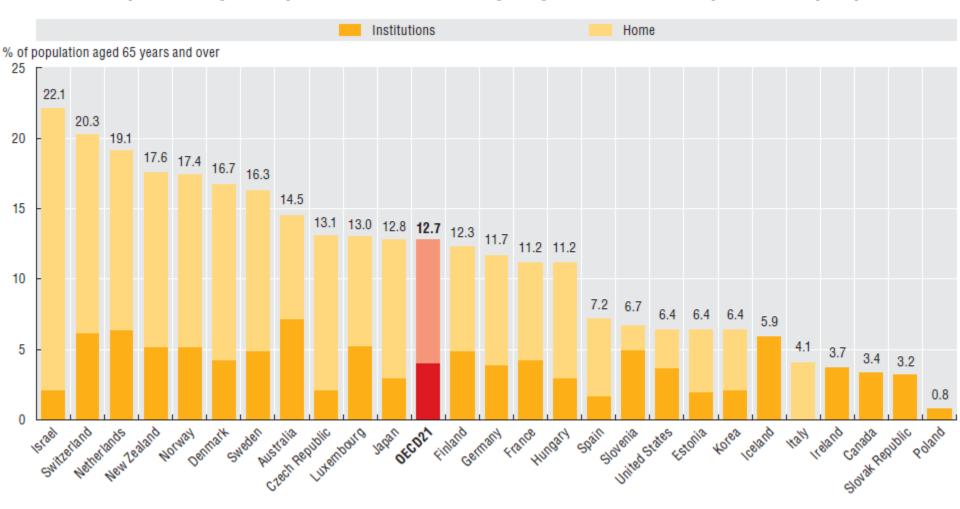


Population aged 50 and over reporting to be informal carers, 2010 (or nearest year)

*Source*: OECD estimates based on 2011 HILDA survey for Australia, 2009 BHPS survey for the United Kingdom and 2010 SHARE survey for other European countries

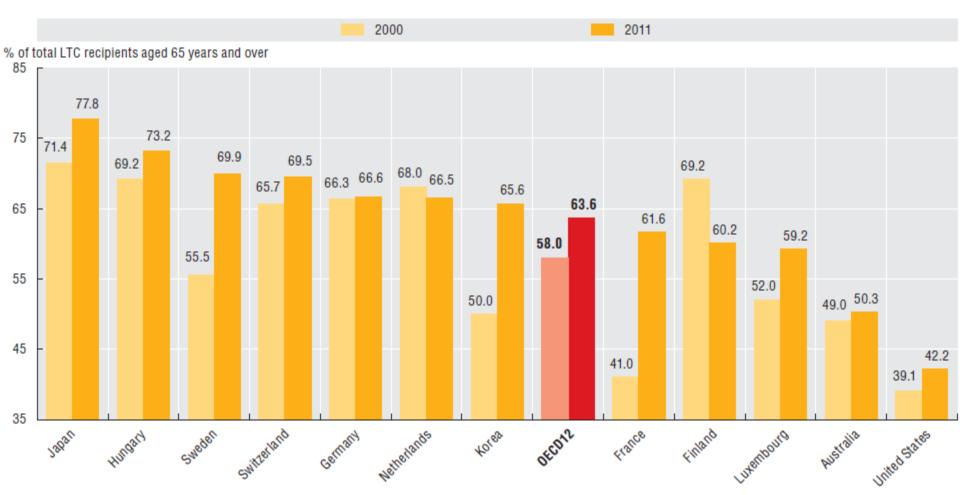
# The number of people receiving formal long-term care varies greatly across countries

Population aged 65 years and over receiving long-term care, 2011 (or nearest year)



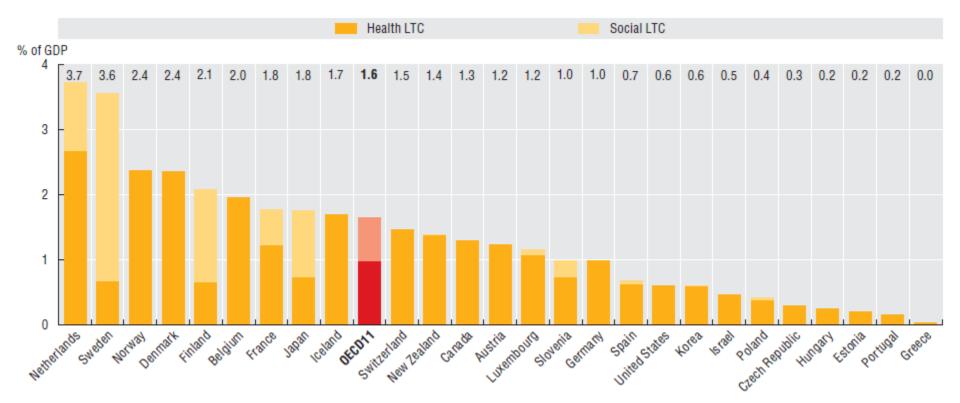
# A growing share of people is receiving long-term care at home, to respond to their preference and reduce cost

Share of long-term care recipients aged 65 years and over receiving care at home, 2000 and 2011 (or nearest year)



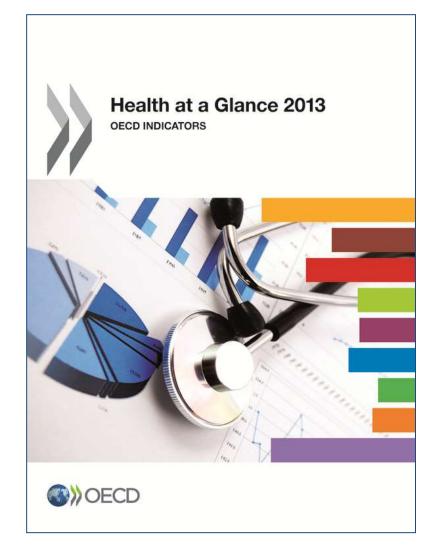
# Public spending on long-term care varies a lot across countries, reflecting differences in the development of public programmes

Long-term care public expenditure (health and social components), as share of GDP, 2011 (or nearest year)



Note: The OECD average only includes the 11 countries that report health and social LTC.

# More information



# www.oecd.org/health/healthataglance