Health Statistics published by the OECD

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The Organisation for Economic Co-operation and Development (OECD) is an international organisation, based in Paris, France, whose mission is to promote policies that will improve the economic and social well-being of people around the world.

Established in 1961, currently with 34 member countries and the participation in various programmes of numerous others, the OECD provides a forum in which governments can work together to share experiences and seek solutions to common problems. It works with governments to understand what drives economic, social and environmental change. It measures productivity and global flows of trade and investment, for example. It analyses and compares data to predict future trends. It sets international standards on a wide range of things, from agriculture and tax to the safety of chemicals.

It also looks at issues that directly affect the lives of ordinary people, like how much they pay in taxes and social security, and how much leisure time they can take. It compares how different countries' school systems are readying their young people for modern life, and how different countries' pension systems will look after their citizens in old age.

> **"OECD Health Data offers the most comprehensive source of comparable figures on health and health systems across OECD countries"**

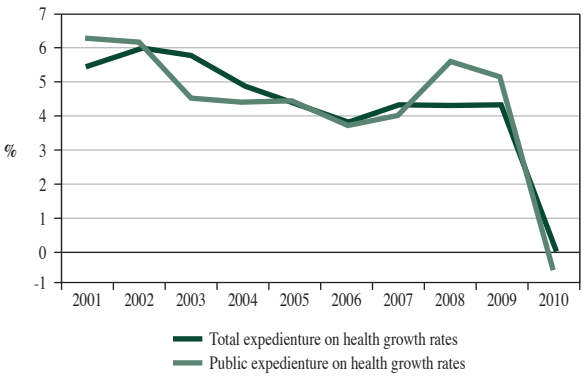
Drawing on facts and real-life experience, policies are recommended that are designed to make the lives of ordinary people better. The common thread of the OECD's work is a shared commitment to market economies backed by democratic institutions and focused on the wellbeing of all citizens.

Amongst the 2,500 OECD staff, are those from the Health Division who undertake performance measurement and analysis of health care systems for international comparison through data and analytical projects, such as the OECD Health Care Quality Indicators and the Pharmaceutical Pricing Policy Project.

The most significant output by the Division is the statistical database, OECD Health Data, that offers the most comprehensive source of comparable figures on health and health systems across OECD countries. Published annually and covering the period 1960 to 2010, it is an essential tool for health researchers and policy advisors in governments, the private sector and the academic community, to carry out comparative analyses and draw lessons from international comparisons of diverse health care systems. The main variables included are shown below.

The most recent edition was published on 28 June 2012. It showed that the growth in health spending slowed or fell in real terms in 2010, in almost all OECD countries, reversing a long-term trend of rapid increases. Overall health spending grew by nearly 5% per year in real terms in OECD countries over the period 2000-2009, but this was followed by zero growth in 2010. Preliminary figures for a limited number of countries suggest little or no growth in 2011. The halt in total health spending in 2010 was driven by a fall of 0.5% in public spending for health, following an increase of over 5% per year in 2008 and 2009.

FIGURE 1. AVERAGE OECD HEALTH EXPENDITURE GROWTH RATES IN REAL TERMS, 2000 TO 2010, PUBLIC AND TOTAL



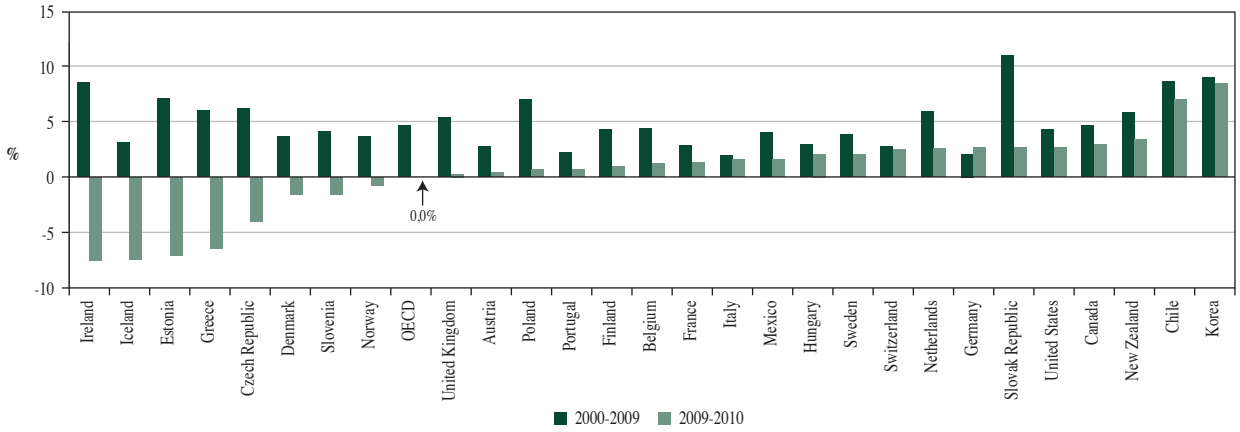
Source: OECD (2012), "OECD Health Data: Health expenditure and financing", OECD Health Statistics (database)
doi: http://dx.doi.org/10.1787/data-00349-en

"The growth in health spending slowed or fell in real terms in 2010, in almost all OECD countries, reversing a long-term trend of rapid increases"

While government health spending tended to be maintained at the start of the economic crisis, cuts in spending really began to take effect in 2010. This was particularly the case in the European countries hardest hit by the recession. In Ireland, cuts in government spending drove total health spending down by 7.6% in 2010, compared with an average yearly growth rate of 8.4% between 2000 and 2009. Similarly, health spending in Iceland fell by 7.5%, as a result of a 9.3% reduction in public spending. In Estonia, following an average growth rate of nearly 7% per year from 2000 to 2009, expenditure on health dropped by 7.3% in 2010, driven by reductions in both public and private spending. In Greece, estimates suggest that total health spending fell by 6.5% in 2010 after a yearly growth rate of more than 6% on average since 2000.

Reductions in public spending were achieved through a range of policy measures. In Ireland, most of the reductions have been achieved through cuts in wages or the fees paid to professionals and pharmaceutical companies, and through actual reductions in the number of health workers. Estonia cut administrative costs in the ministry of health and also reduced the prices of publicly reimbursed health services.

FIGURE 2. AVERAGE ANNUAL GROWTH IN HEALTH SPENDING ACROSS OECD COUNTRIES IN REAL TERMS, 2000-2010



Source: OECD (2012), "OECD Health Data: Health expenditure and financing", OECD Health Statistics (database). doi: http://dx.doi.org/10.1787/data-00349-en

Investment plans have also been put on hold in a number of countries, including Estonia, Ireland, Iceland and Czech Republic, while gains in efficiency have been pursued through mergers of hospitals or ministries, or accelerating the move from in-patient hospitalisation towards out-patient care and day surgery. The use of generic drugs has also been expanded in a number of countries.

Other measures have been introduced to make people pay more out of their pockets. For example, Ireland increased the share of direct payments by households for prescribed medicines and appliances, while the Czech Republic increased users' charges for hospital stays. Outside of Europe, health spending growth slowed in 2010, to around 3% in the United States, Canada and New Zealand. Growth remained at more than 8% in Korea. As a result of the zero growth in health spending across OECD countries in 2010, the percentage of GDP devoted to health stabilised or declined slightly in most countries. Health spending accounted for 9.5% of GDP on average across OECD countries in 2010, compared with 9.6% in 2009. In 2010, health spending as a share of GDP remained by far the highest in the United States (17.6% of GDP), followed by the Netherlands (12%), France and Germany (11.6%). The lowest shares of national income devoted to health are in Mexico (6.2%) and Turkey (6.1%). In Japan, the share of spending allocated to health has increased substantially in recent years to 9.5%, up from 7.6% in 2000, and is now equal to the OECD average. The share also increased in Korea to 7.1% in 2010, up from 4.5% in 2000.

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OECD Health Data – Main Variables

Health expenditure

- Total expenditure on health, % of gross domestic product.
- Total health expenditure per capita, US$ PPP.
- Total health expenditure, average annual growth rate.
- Public health expenditure, average annual growth rate.
- Public expenditure on health, % of total expenditure on health.
- Public health expenditure per capita, US$ PPP.
- Out-of-pocket expenditure on health, % of total expenditure on health.
- Out-of-pocket expenditure on health, US$ PPP.
- Pharmaceutical expenditure, % total expenditure on health.
- Pharmaceutical expenditure per capita, US$ PPP.

Health care resources

- Physicians, density per 1,000 population.
- Nurses, density per 1,000 population.
- Medical graduates, density per 100,000 population.
- Nursing graduates, density per 100,000 population.
- Hospital beds, density per 1,000 population.
- Curative (acute) care beds, density per 1,000 population.
- Psychiatric care beds, per 1,000 population.
- MRI units per million population.
- CT scanners per million population.

Health care activities

- Doctor consultations per capita.
- MRI exams, per 1,000 population.
- CT exams, per 1,000 population.
- Hospital discharge rates, all causes, per 100,000 population.
- Average length of stay, all causes, days.
- Average length of stay for acute myocardial infarction (AMI), days.
- Average length of stay for a normal delivery, days.
- Caesarean sections, per 1,000 live births.
- Pharmaceutical consumption, antibiotics, defined daily dose.

Health status (Mortality)

- Life expectancy at birth, females, males and total population.
- Life expectancy at 65 years old, females and males.
- Infant mortality rate, deaths per 1.000 live births.
- Potential years of life lost (PYLL), all causes females and males.
- Causes of mortality, Suicides, deaths per 100,000 population.

Risk factors

- Tobacco consumption, % of females, males and adult population who are daily smokers.
- Alcohol consumption, litres per population aged 15+.
- Obesity, percentage of females, males and adult population with a BMI>30 kg/m^2, based on self-reports.
- Obesity, percentage of females, males and adult population with a BMI>30 kg/m^2, based on measures of height and weight.