

# Health at a Glance 2017 - OECD Indicators



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<http://www.oecd.org/health/health-at-a-glance.htm>



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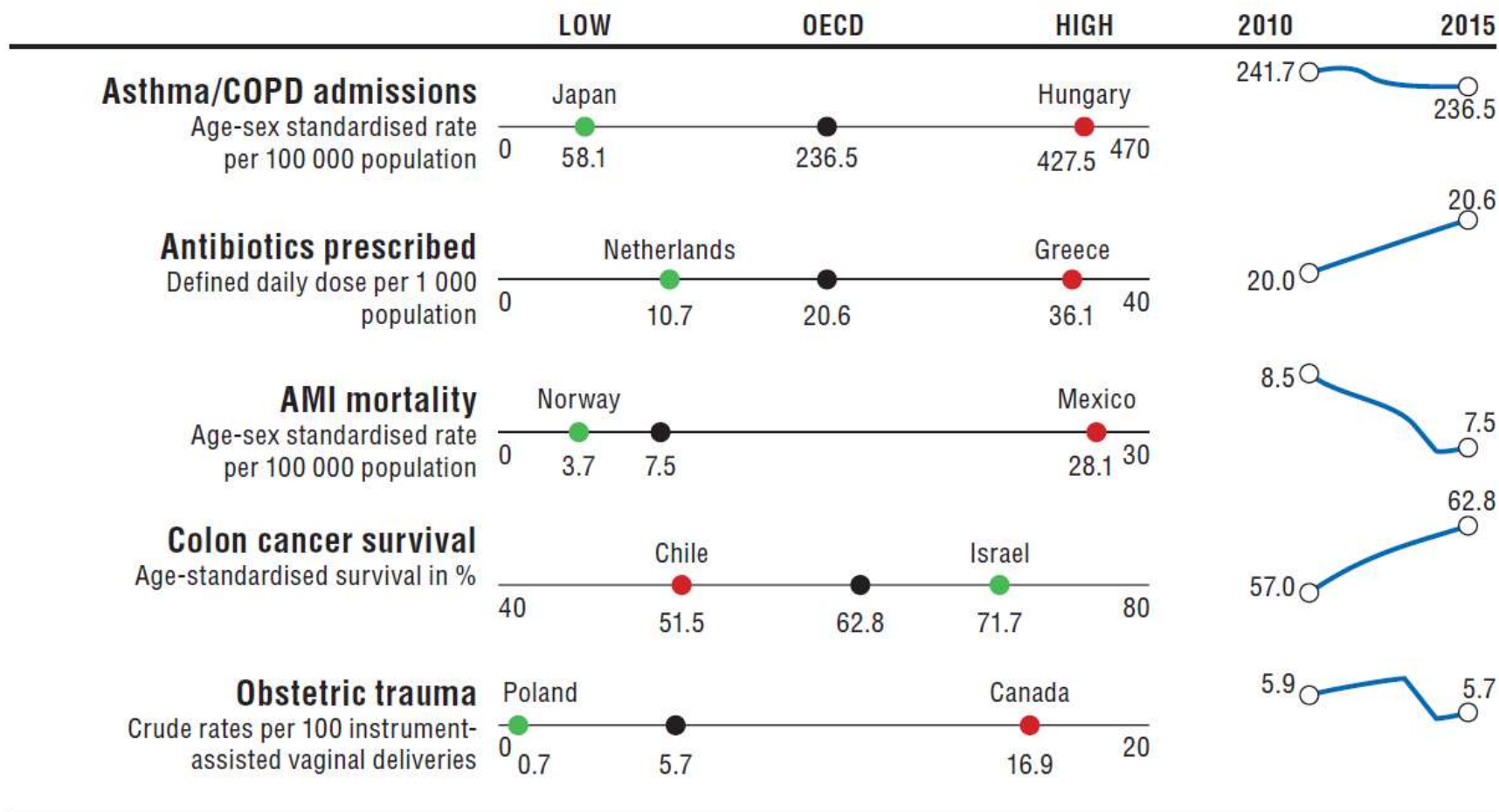


# 1. Indicators overview: OECD snapshots and country dashboards

- e.g. Quality and outcomes of care

# Example of snapshot: Quality and outcomes of care

## *Wide cross-country variation in quality and outcomes of health systems*



# Example of dashboard: Quality and outcomes of care

*No country performs substantially above OECD average across 5 selected indicators*

✔ Better than OECD average
● Close to OECD average
✘ Worse than OECD average
– Missing data

	ASTHMA AND COPD HOSPITAL ADMISSIONS		ANTIBIOTICS PRESCRIBED		ACUTE MYOCARDIAL INFARCTION MORTALITY*		COLON CANCER SURVIVAL		OBSTETRIC TRAUMA (INSTRUMENT) **	
	Age-sex standardised rate per 100 000 population		Defined daily dose per 1 000 population		Age-sex standardised rate per 100 000 population		Age-standardised survival rate in %		Crude rates per 100 vaginal deliveries	
OECD	236		20.6		7.5		62.8		5.7	
Australia	371	✘	23.4	●	4.0	✔	70.6	✔	7.2	●
Austria	330	●	14.0	✔	7.4	●	63.7	●	–	
Belgium	286	●	29.2	✘	7.0	●	67.8	●	3.4	●
Canada	247	●	20.8	●	5.1	✔	67.2	●	16.9	✘
Chile	99	✔	–		11.3	✘	51.5	✘	–	
Czech Republic	193	●	19.6	●	6.9	●	56.1	✘	–	
Denmark	333	●	16.1	●	4.0	✔	61.6	●	10.9	✘
Estonia	137	●	12.1	✔	10.6	✘	58.4	●	3.9	●
Finland	184	●	17.2	●	5.6	●	64.8	●	3.7	●
France	150	●	29.9	✘	5.6	●	63.7	●	–	
Germany	284	●	14.4	✔	7.7	●	64.8	●	6.4	●
Greece	–		36.1	✘	–		–		–	
Hungary	428	✘	17.0	●	–		–		–	
Iceland	223	●	19.9	●	5.9	●	68.2	●	–	
Ireland	411	✘	25.6	●	6.4	●	60.5	●	4.2	●
Israel	259	●	21.4	●	6.7	●	71.7	✔	1.9	✔
Italy	64	✔	27.5	✘	5.4	●	64.1	●	1.9	✔

# Example of dashboard: Quality and outcomes of care

*No country performs substantially above OECD average across 5 selected indicators*

✔ Better than OECD average
⦿ Close to OECD average
✘ Worse than OECD average
– Missing data

	ASTHMA AND COPD HOSPITAL ADMISSIONS		ANTIBIOTICS PRESCRIBED		ACUTE MYOCARDIAL INFARCTION MORTALITY*		COLON CANCER SURVIVAL		OBSTETRIC TRAUMA (INSTRUMENT) **	
	Age-sex standardised rate per 100 000 population		Defined daily dose per 1 000 population		Age-sex standardised rate per 100 000 population		Age-standardised survival rate in %		Crude rates per 100 vaginal deliveries	
Japan	58	✔	–		11.7	✘	67.8	⦿	–	
Korea	309	⦿	24.3	⦿	8.1	⦿	71.6	✔	–	
Latvia	341	✘	13.3	✔	13.4	✘	56.4	✘	–	
Luxembourg	186	⦿	26.3	⦿	7.3	⦿	–		–	
Mexico	96	✔	–		28.1	✘	–		–	
Netherlands	202	⦿	10.7	✔	5.4	⦿	63.0	⦿	3.2	⦿
New Zealand	363	✘	25.8	⦿	4.7	✔	64.0	⦿	8.5	⦿
Norway	261	⦿	15.8	⦿	3.7	✔	66.6	⦿	2.5	⦿
Poland	234	⦿	26.2	⦿	4.4	✔	52.8	✘	0.7	✔
Portugal	74	✔	21.3	⦿	7.9	⦿	60.9	⦿	2.5	✔
Slovak Republic	238	⦿	24.5	⦿	6.4	⦿	51.7	✘	–	
Slovenia	146	⦿	14.5	⦿	6.1	⦿	61.9	⦿	2.1	✔
Spain	234	⦿	21.6	⦿	7.9	⦿	63.3	⦿	4.8	⦿
Sweden	184	⦿	12.3	✔	4.2	✔	64.9	⦿	11.3	✘
Switzerland	138	⦿	–		5.1	✔	67.2	⦿	7.4	⦿
Turkey	414	✘	17.3	⦿	8.6	⦿	54.6	✘	–	
United Kingdom	303	⦿	20.1	⦿	7.1	⦿	60.0	⦿	6.8	⦿
United States	262	⦿	–		6.5	⦿	64.9	⦿	9.6	✘





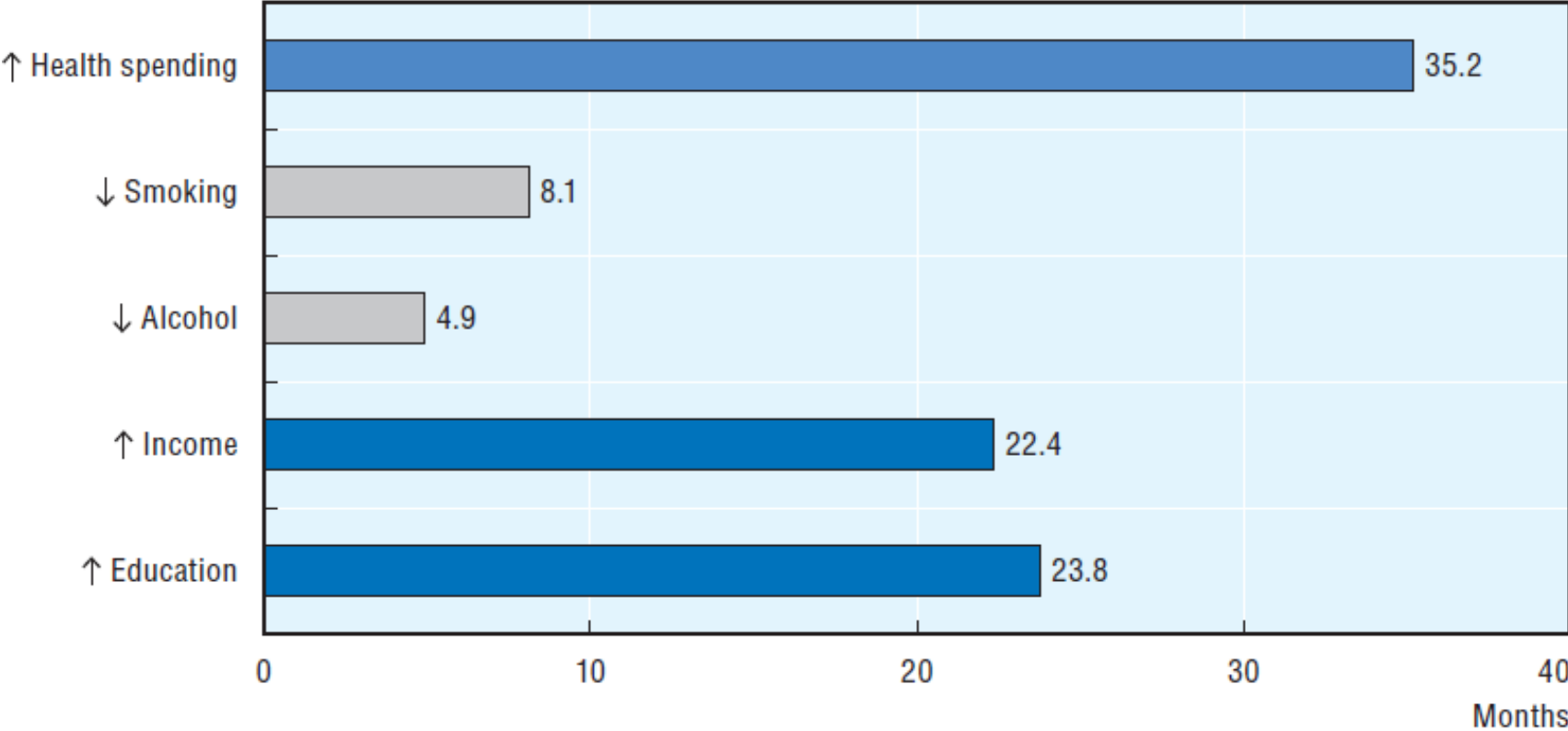
## 2. What has driven life expectancy gains in recent decades?

A cross-country analysis of OECD member states

# Healthier lifestyles, higher incomes and better education have all contributed to boost life expectancy in recent decades

*However not just spending per se, but also how resources are used, that makes the difference in life expectancy*

Analysis based on 35 OECD countries for the time period 1995-2015



Note: Figures represent the gains in life expectancy that could be expected with doubling health spending, doubling income, reaching 100% of tertiary education, and halving smoking and alcohol use.



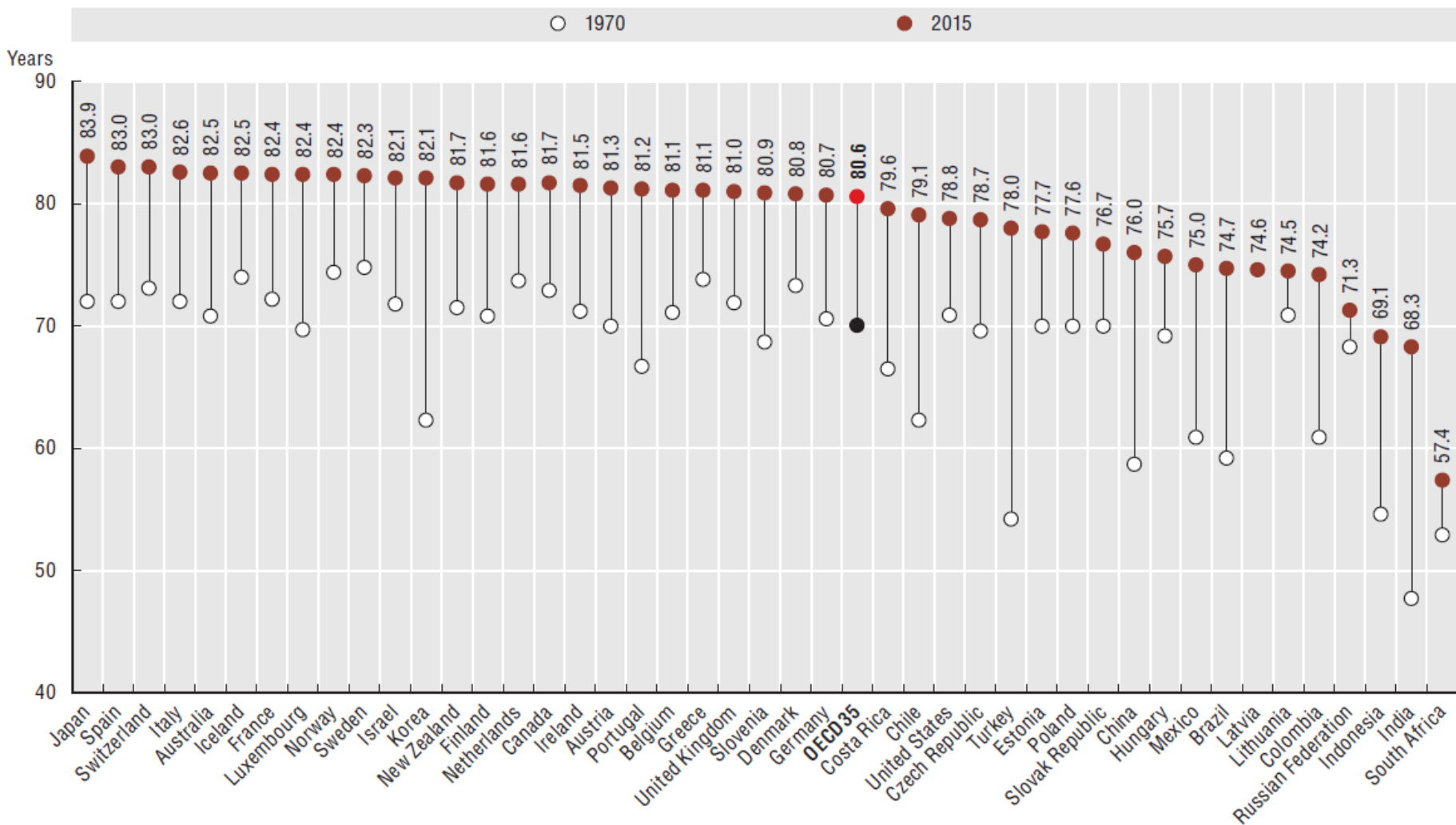


## 3. HEALTH STATUS

- Life expectancy at birth
- Causes of mortality by gender
- Ischaemic heart disease mortality
- Prevalence of diabetes

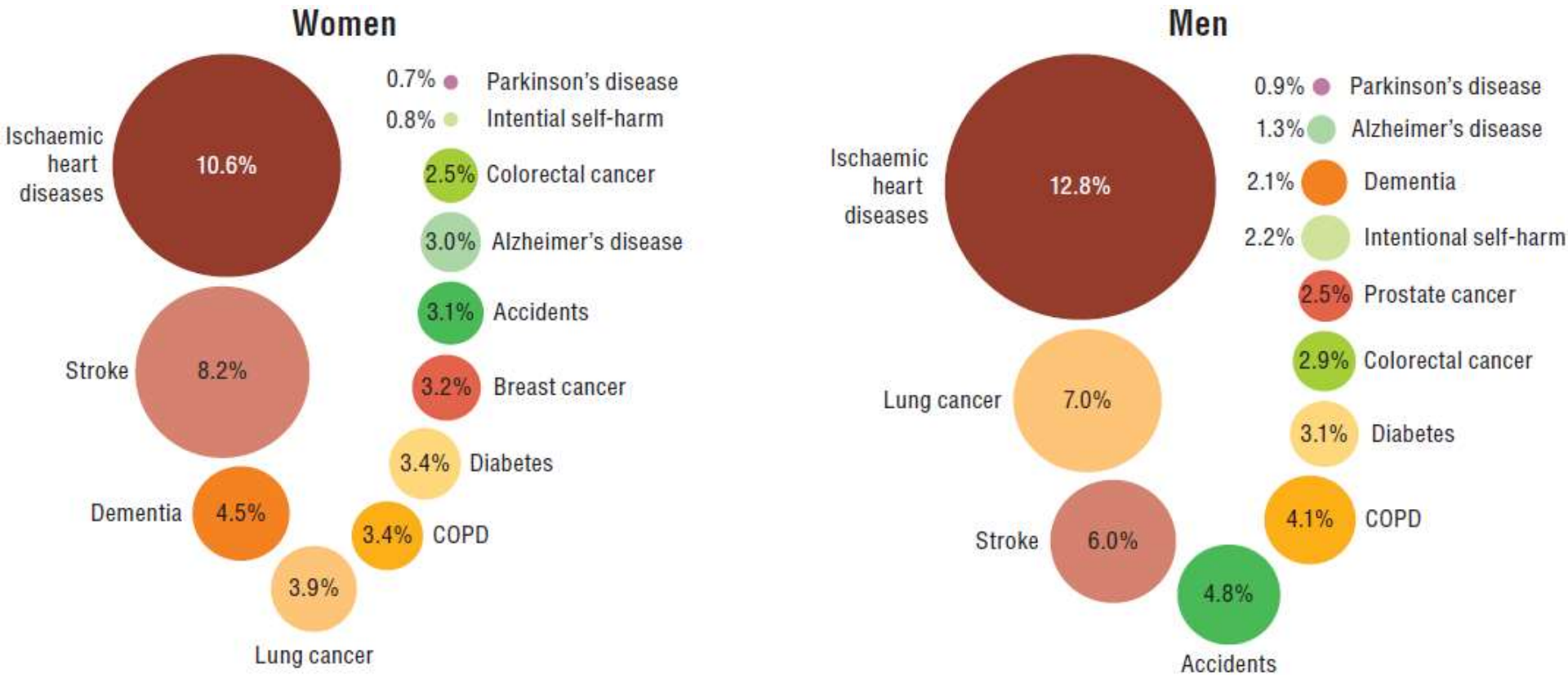
# Life expectancy at birth exceeds 80 years on average in OECD countries – a gain of more than 10 years since 1970

Life expectancy at birth, 1970 and 2015 (or nearest year)



# Diseases of the circulatory system and cancers are the main causes of death across OECD countries

Main causes of mortality by gender, 2015 (or nearest year)

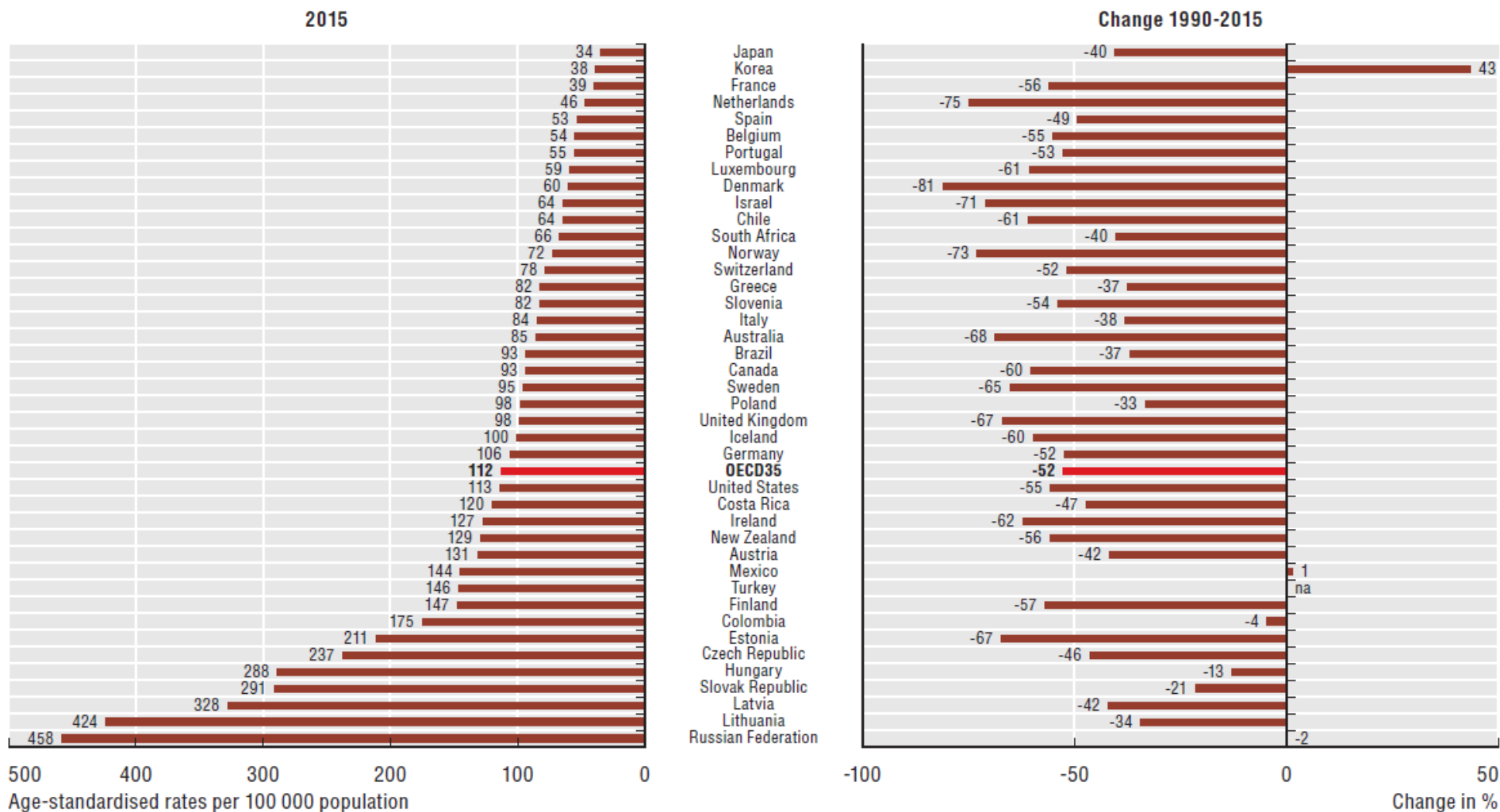


Note: Shares of the sum of all deaths across OECD countries, by gender.

Source: Health at a Glance 2017.

# Mortality by ischaemic heart disease has halved since 1990 on average in OECD countries

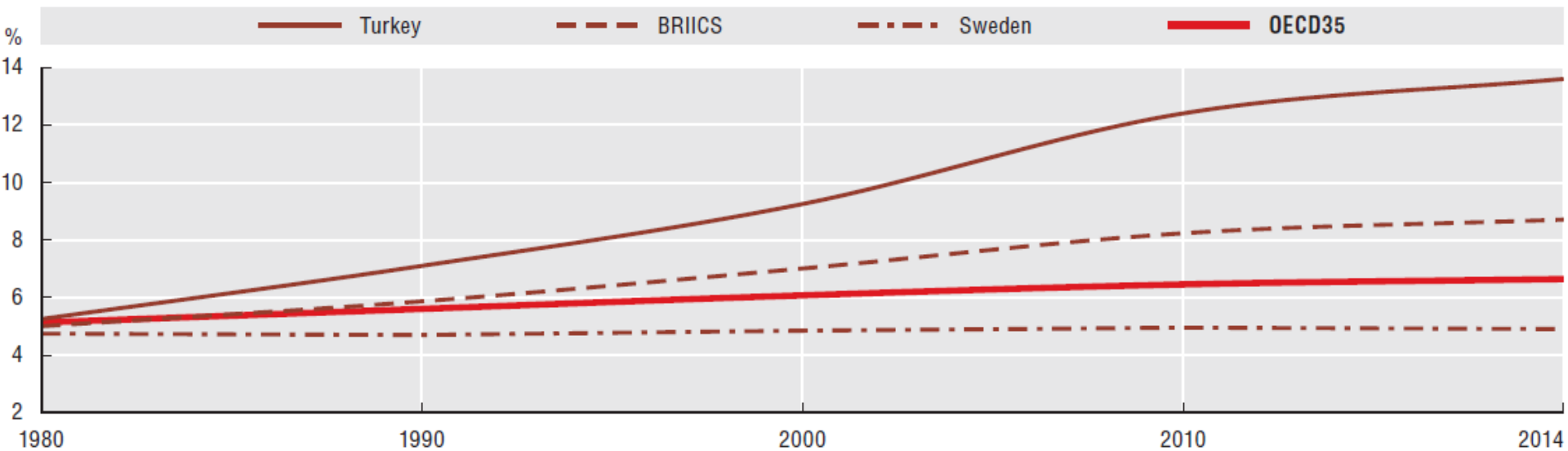
Ischaemic heart disease mortality, 2015 and change 1990-2015 (or nearest year)



Source: Health at a Glance 2017.

# The prevalence of diabetes is increasing, especially in middle-income countries

Trends in share of adults with diabetes, 1980-2014



**Source:** Health at a Glance 2017, extracted from NCD Risk Factor Collaboration (2016).

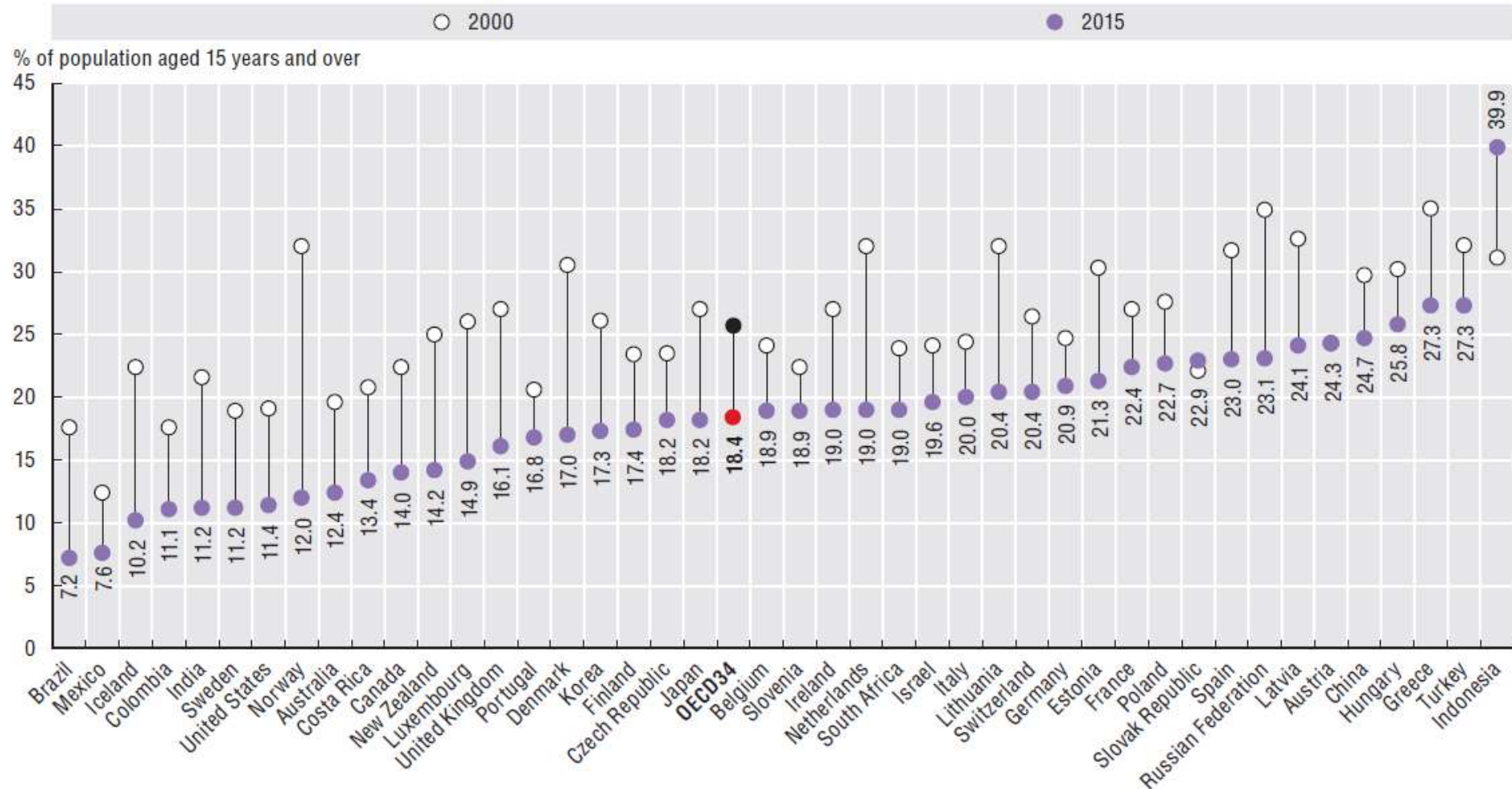


## 4. RISK FACTORS FOR HEALTH

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

# Smoking has decreased in most OECD countries, but 18% of adults still smoke daily

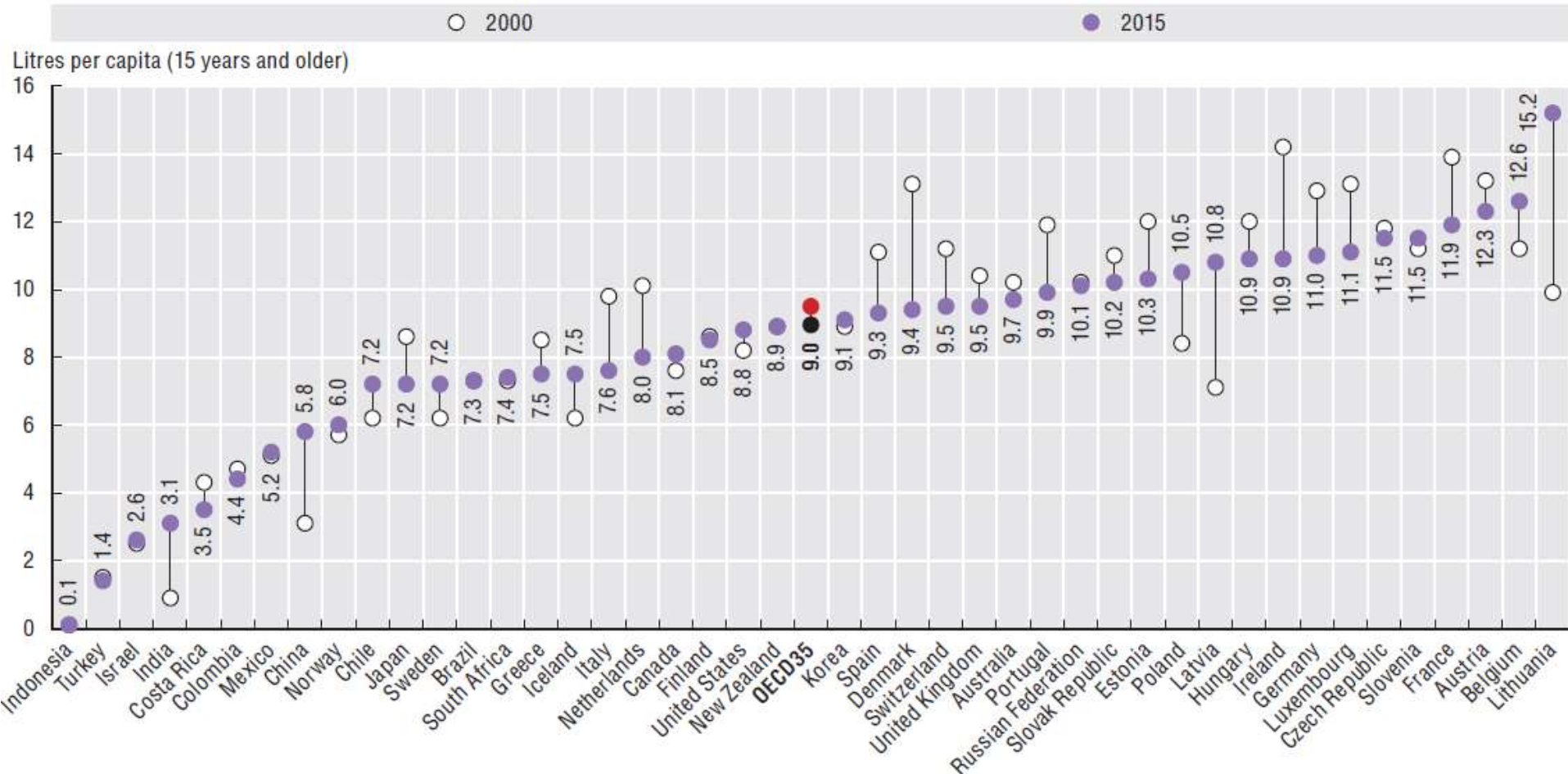
Adult population smoking daily, 2000 and 2015 (or nearest year)





# Alcohol consumption averaged 9 litres of pure alcohol per person per year (equivalent to almost 100 bottles of wine). In 13 OECD countries, consumption has increased since 2000

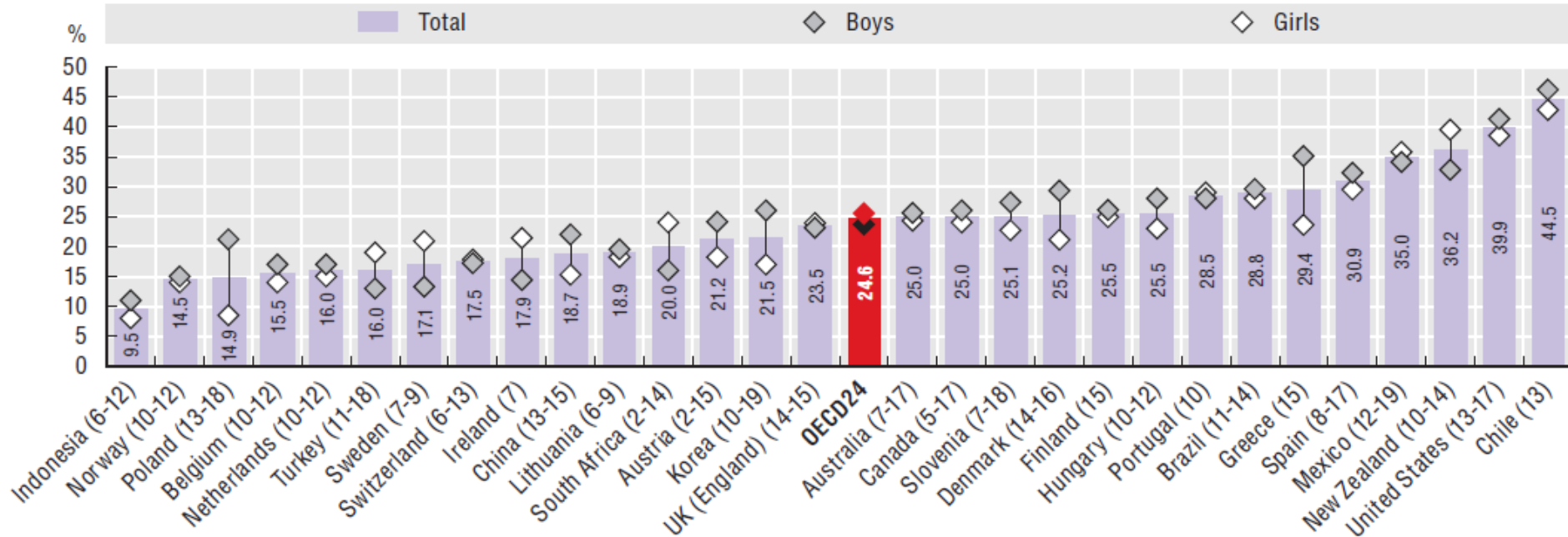
Recorded alcohol consumption among adults, 2000 and 2015 (or nearest years)



Source: Health at a Glance 2017.

# Obesity has risen quickly in many OECD countries, and is not just a health concern for adults. Among children, 25% are overweight

Measured overweight (including obesity) among children at various ages, 2010 (or nearest year)

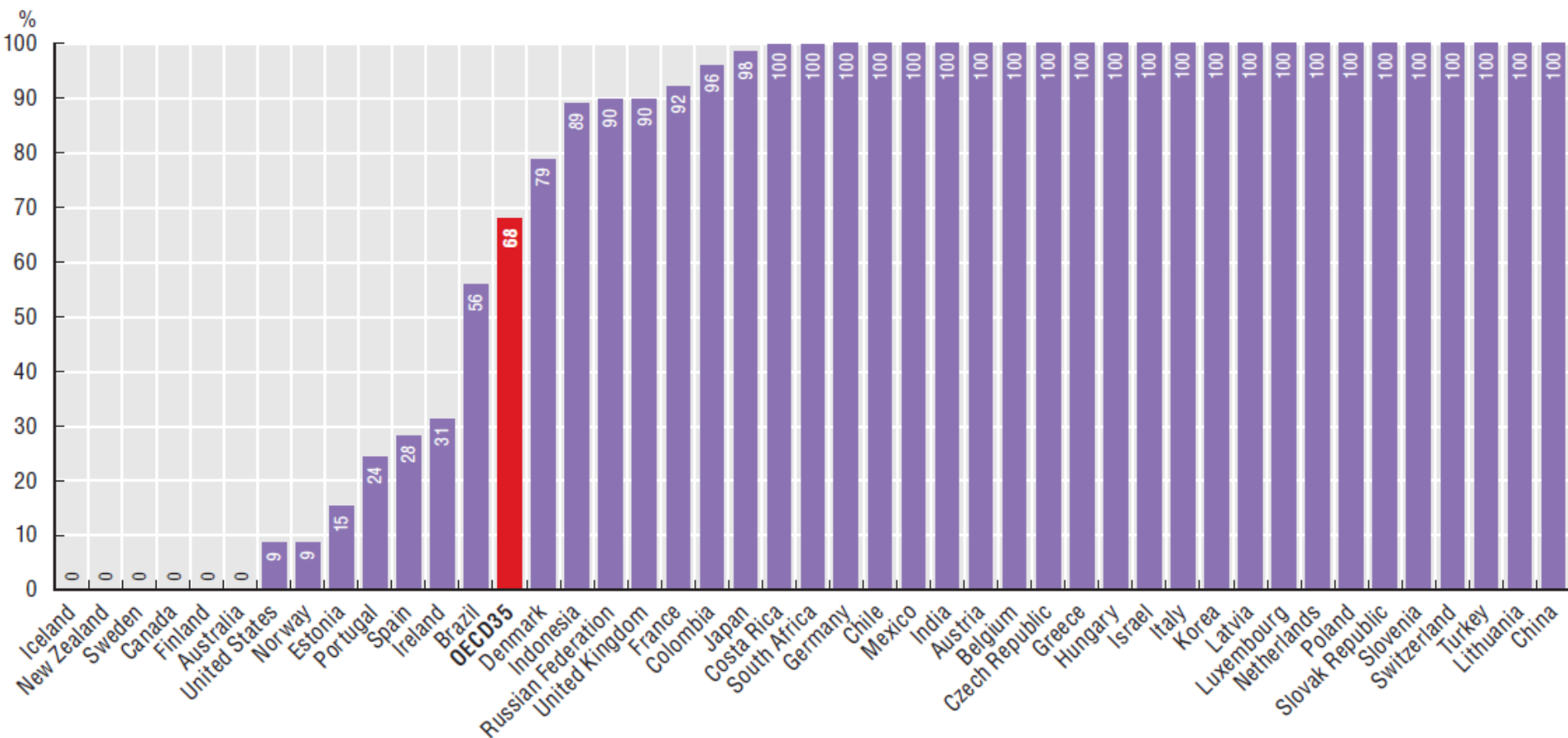


Note: The numbers in parentheses refer to the age of the children surveyed in each country.

Source: Health at a Glance 2017, extracted from International Association for the Study of Obesity (2013); World Obesity Forum (2016, 2017); JUNAE B (2016) for Chile; THL National Institute for Health and Welfare for Finland.

# In 21 OECD countries, over 90% of people are exposed to unsafe levels of air pollution

Population exposed to PM2.5 levels exceeding 10 microgrammes/m<sup>3</sup>, 2015



Source: Health at a Glance 2017, extracted from the World Bank (2017), World Development Indicators (database).

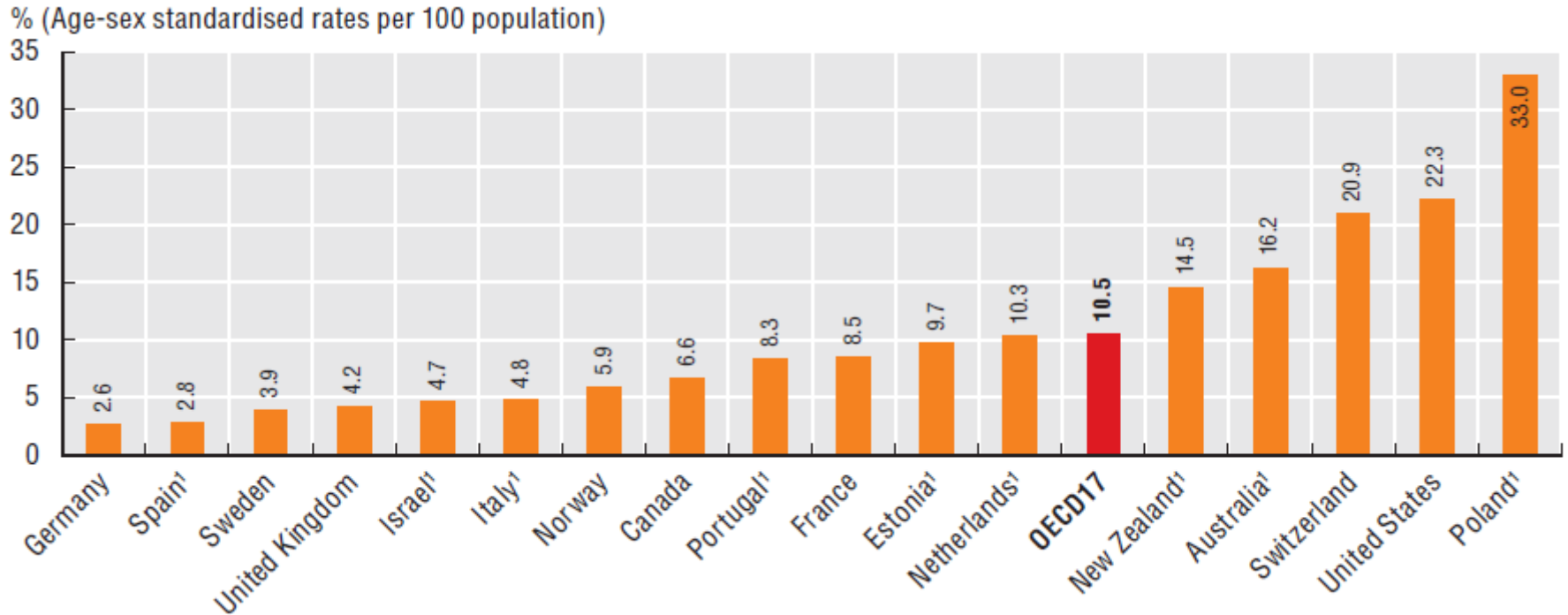


## 5. ACCESS TO CARE

- Consultations skipped due to cost

# Cost concerns lead about 10% of people to skip consultations (based on data from 17 OECD countries)

Consultations skipped due to cost, 2016 (or nearest year)



Note: 1. National sources.

Source: Health at a Glance 2017, extracted from the Commonwealth Fund International Health Policy Survey 2016 and other national sources.

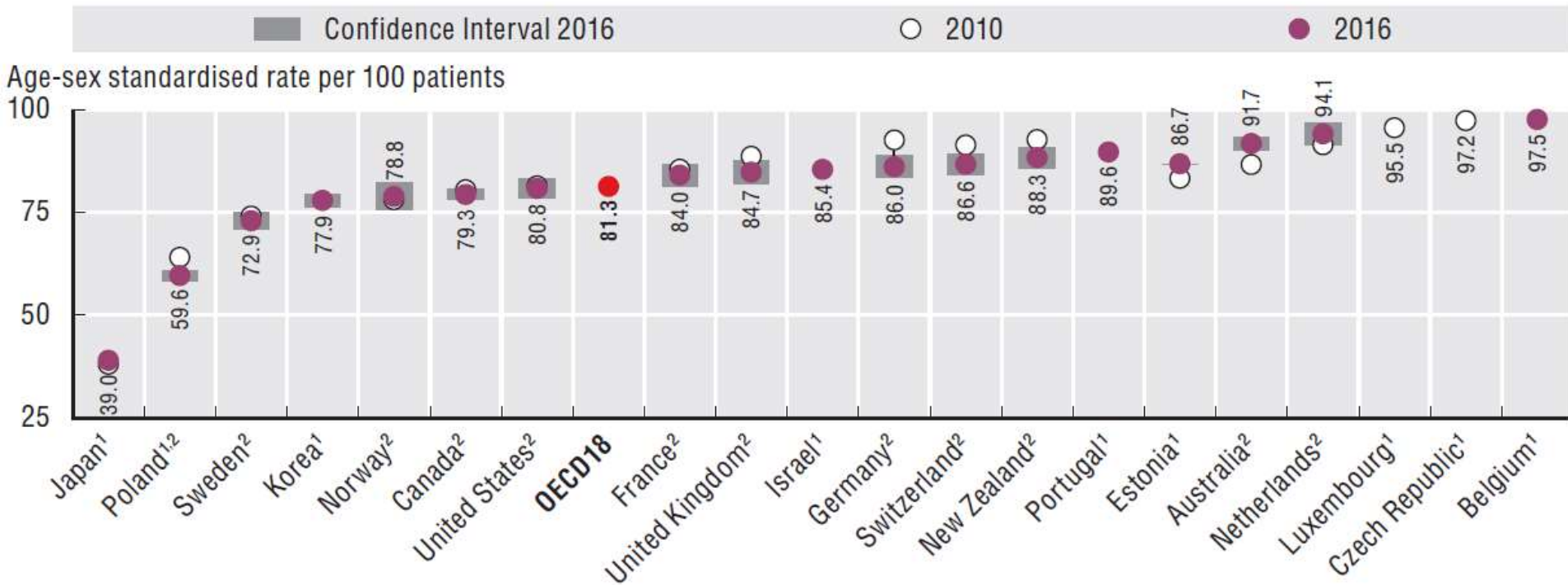


## 6. QUALITY OF CARE

- Doctors spending enough time
- Volume of antibiotics prescribed
- Breast cancer net survival
- Percent of population aged 65 and over vaccinated against influenza

# Over 80% of patients report positive experiences in terms of time spent with a doctor, easy-to-understand explanations and involvement in treatment decisions

e.g. Doctor spending enough time with patient in consultation, 2010 and 2016 (or nearest year)



Note: 95% confidence intervals have been calculated for all countries, represented by grey areas.

1. National sources.

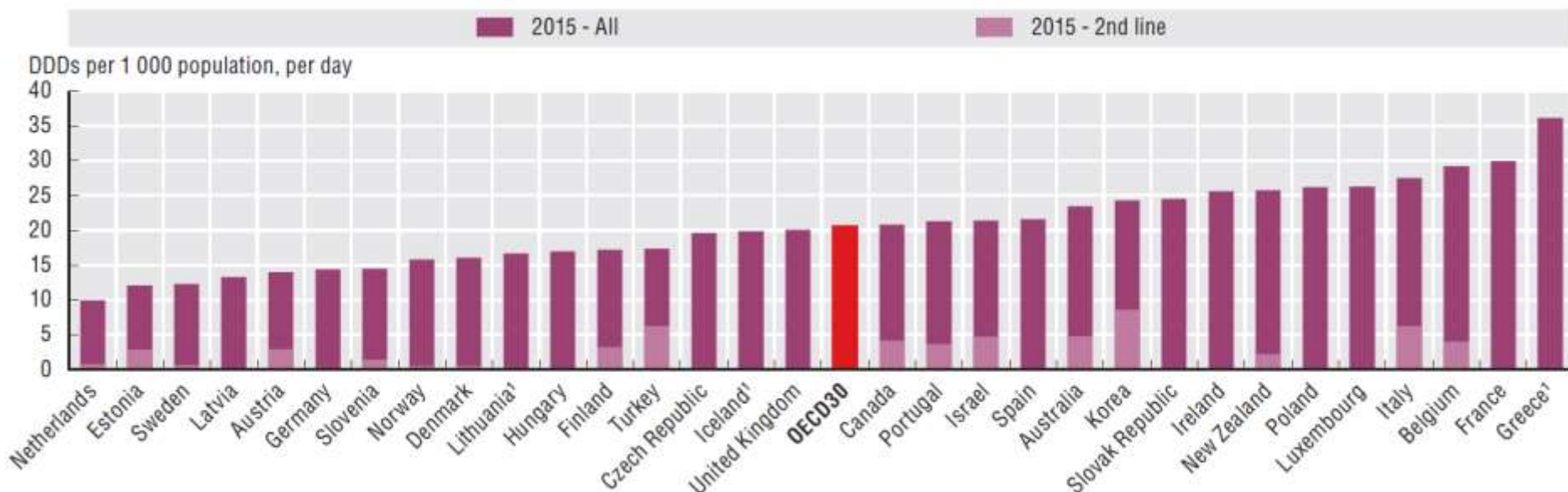
2. Data refer to patient experiences with regular doctor.

**Source: Health at a Glance 2017, extracted from the Commonwealth Fund International Health Policy Survey 2016 and other national sources.**



# Unnecessary use of antibiotics contributes to antimicrobial resistance. The volume of antibiotics prescribed varies more than three-fold across countries

Overall volume of antibiotics prescribed, 2015 (or nearest year)

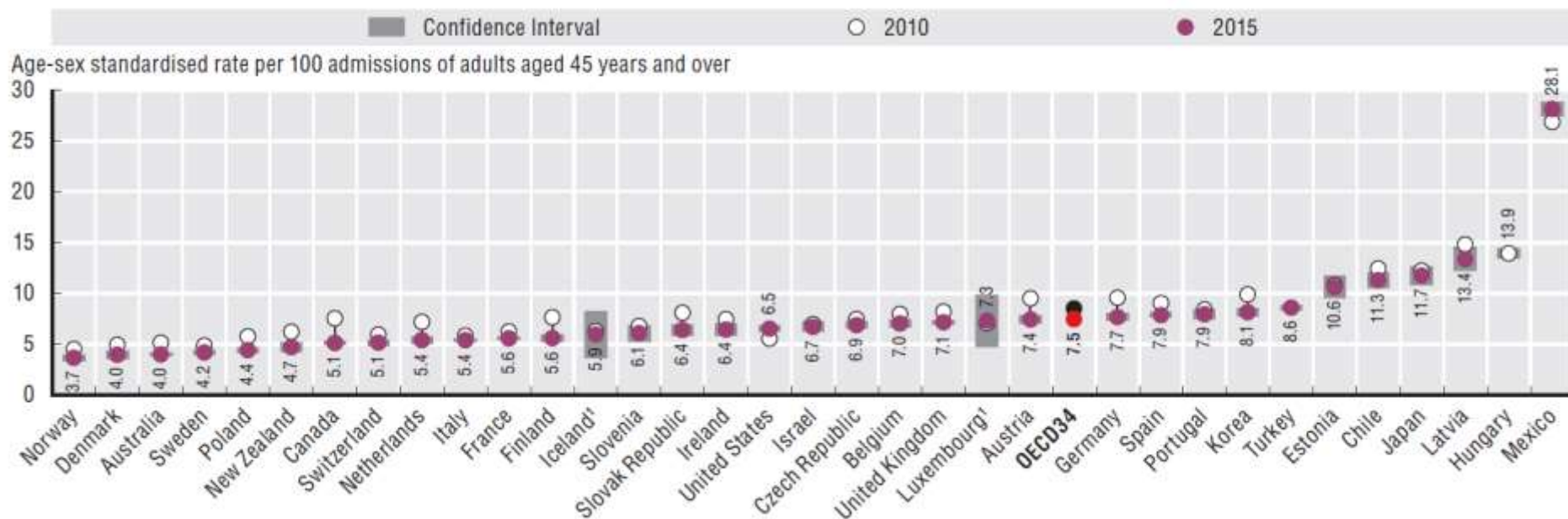


Note: 1. Data refer to all sectors (not only primary care).

**Source:** Health at a Glance 2017, extracted from the European Centre for Disease Prevention and Control and OECD Health Statistics 2017.

# In terms of acute care, fewer people are dying following acute myocardial infarction (heart attack)

Thirty-day mortality after admission to hospital for AMI based on unlinked data, 2010 and 2015 (or nearest years)



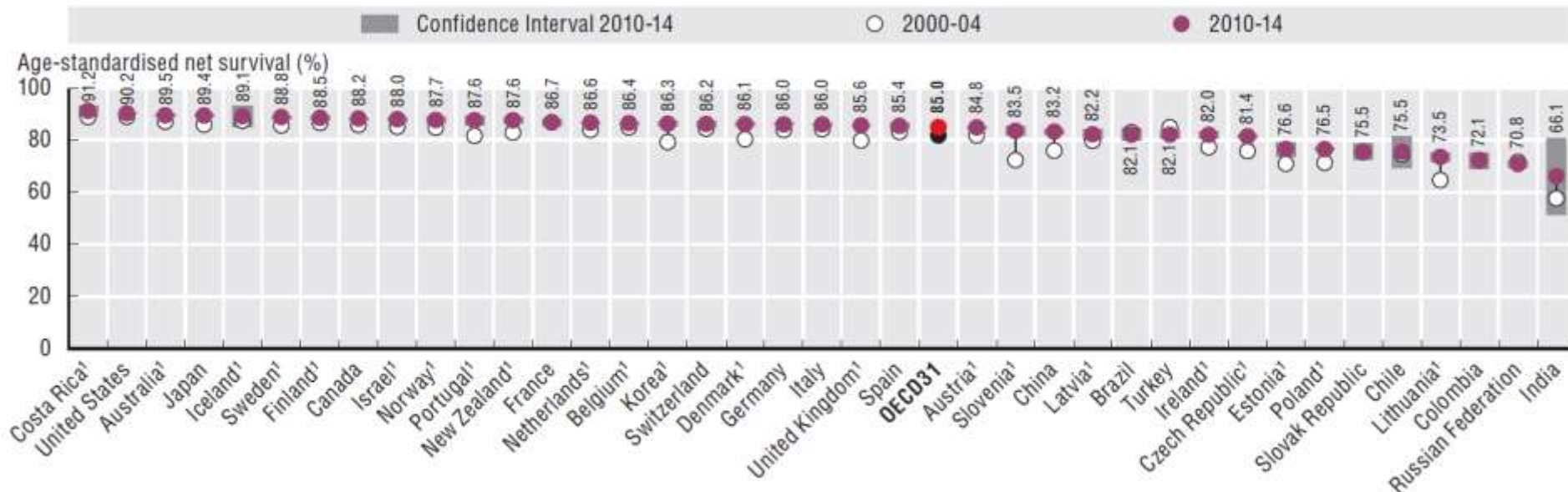
Note: 95% confidence intervals have been calculated for all countries, represented by grey areas.

1. Three-year average.

Source: Health at a Glance 2017.

# Five-year survival rates for breast cancer were 85%, with survival rates improving in most countries over time

Breast cancer five-year net survival, 2000-2004 and 2010-2014



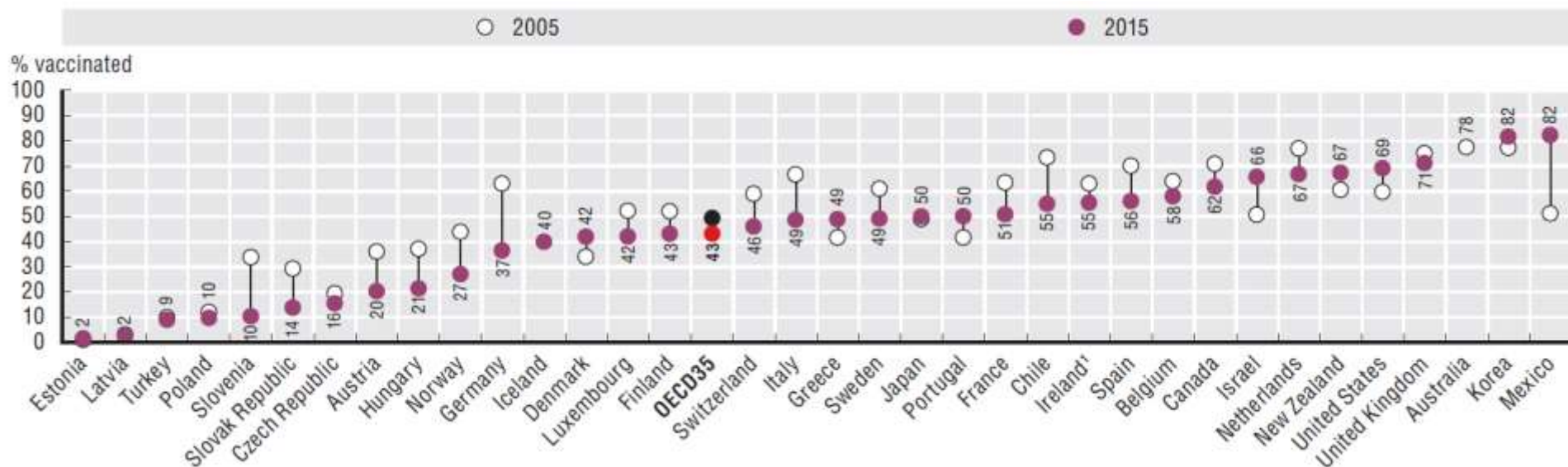
Note: 95% confidence intervals have been calculated for all countries, represented by grey areas. Expected updates in the data may reduce the survival estimate for Costa Rica.

1. Data with 100% coverage of the national population.

Source: Health at a Glance 2017, extracted from the CONCORD programme, London School of Hygiene and Tropical Medicine.

# Vaccination rates against influenza have decreased in most OECD countries over the past decade

Percent of population aged 65 and over vaccinated for influenza, 2005 and 2015



Note: 1. 2015 data estimated.

Source: Health at a Glance 2017.

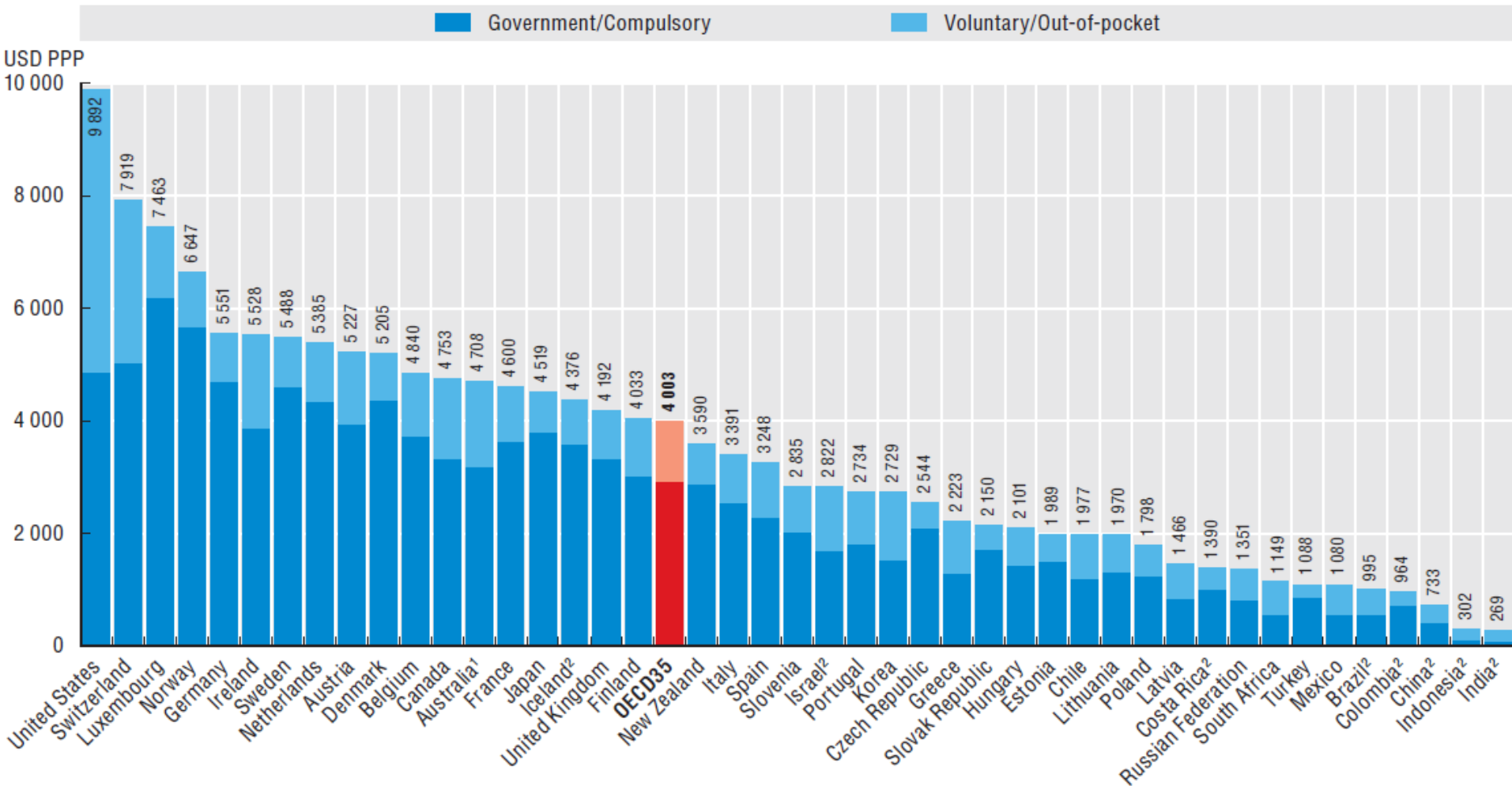


## 7. HEALTH EXPENDITURE

- Expenditure per capita
- Expenditure as a share of GDP

# Spending on health in the OECD was about \$4 000 per person on average (adjusted for purchasing powers). The United States spends almost \$10 000 per person

Health expenditure per capita, 2016 (or nearest year)



Note: Expenditure excludes investments, unless otherwise stated.

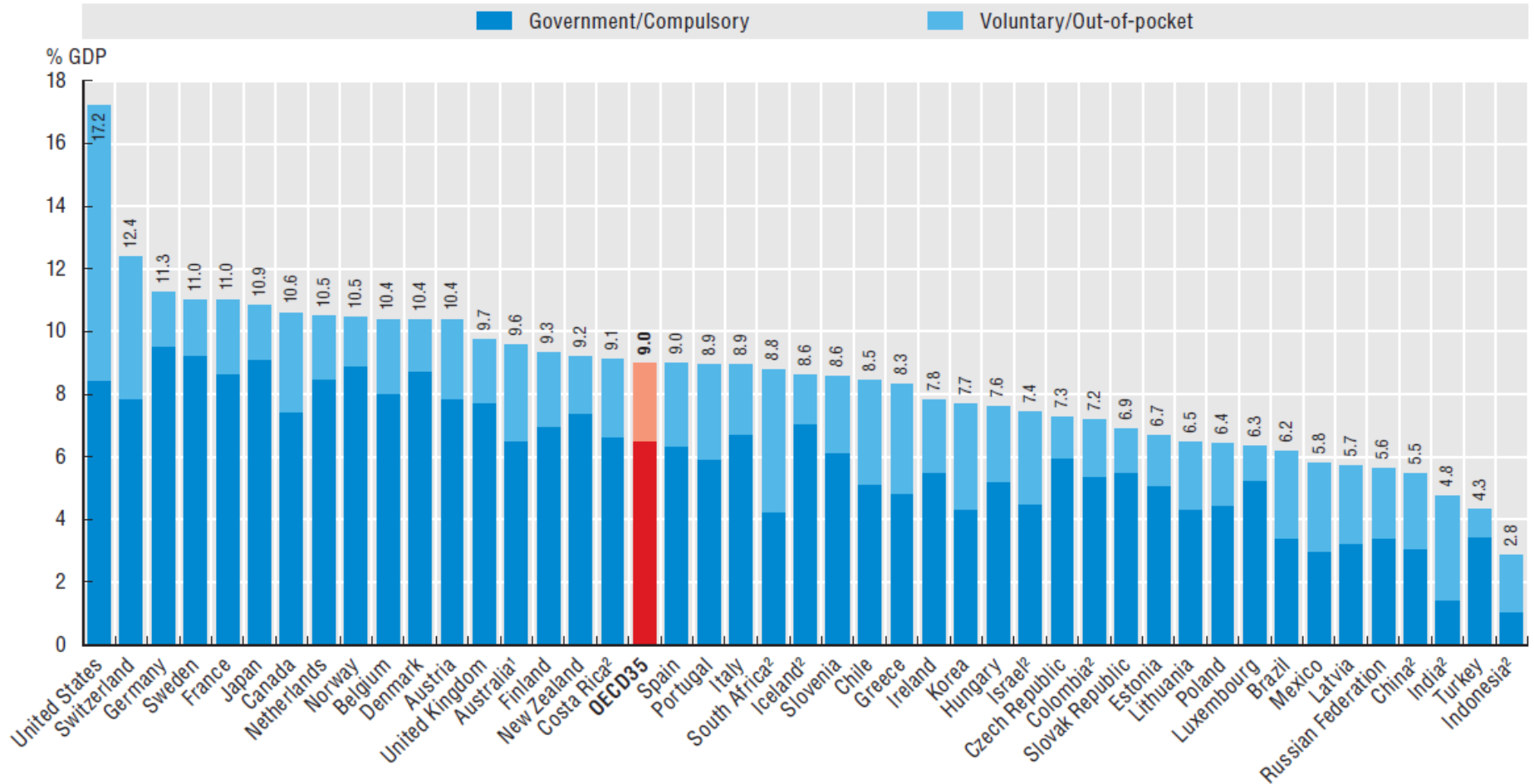
1. Australian expenditure estimates exclude all expenditure for residential aged care facilities in welfare (social) services.

2. Includes investments.

Source: Health at a Glance 2017.

# Health spending was 9% of GDP on average in the OECD, ranging from 4.3% in Turkey to 17.2% in the United States

Health expenditure as a share of GDP, 2016 (or nearest year)



Note: Expenditure excludes investments, unless otherwise stated.

1. Australian expenditure estimates exclude all expenditure for residential aged care facilities in welfare (social) services.

2. Includes investments.

Source: Health at a Glance 2017.



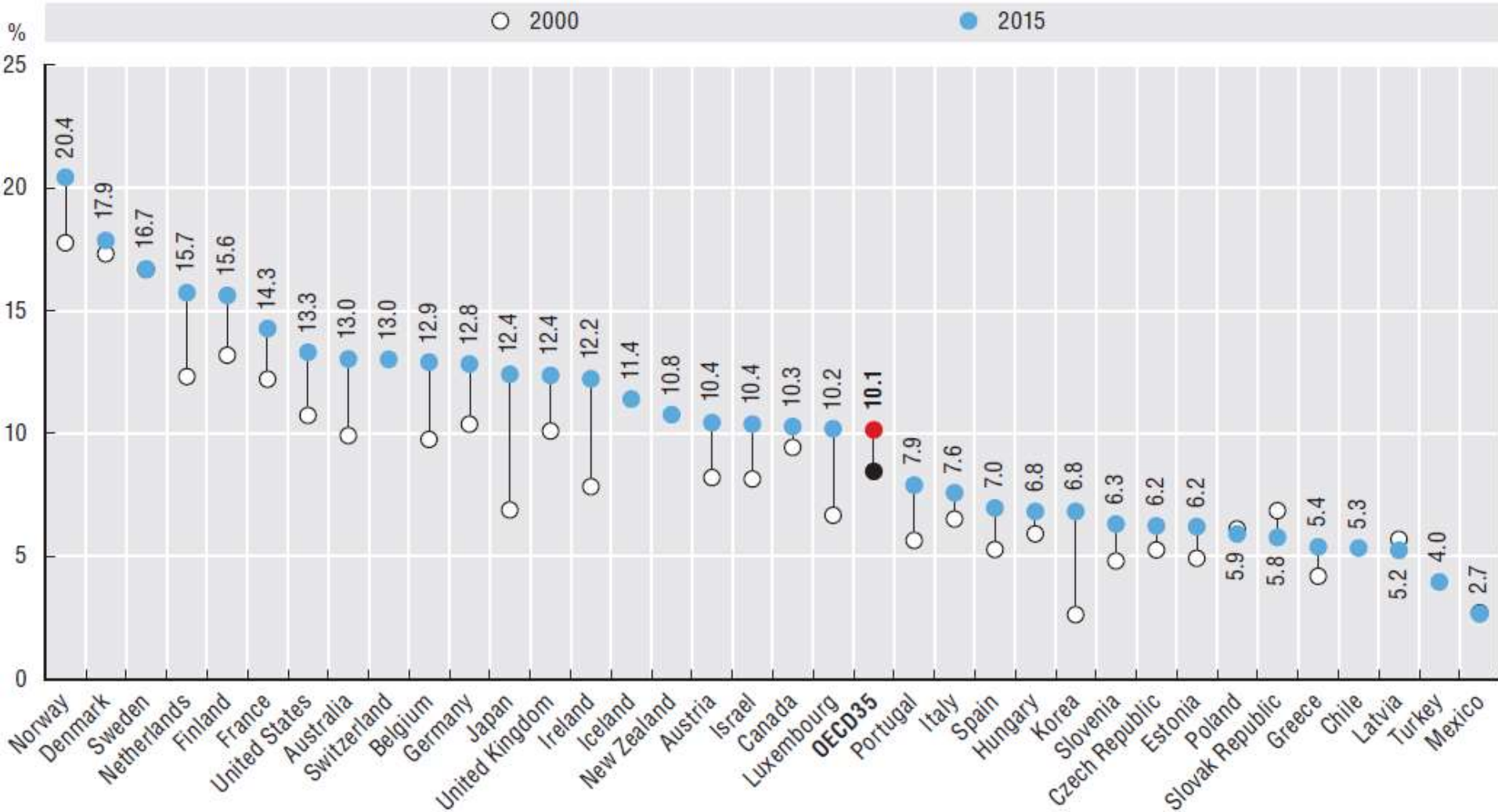


## 8. HEALTH WORKFORCE

- Employment overview
- Doctors per capita
- Nurses per capita

# Employment in the health and social sector represents a growing share of the total labour force across OECD countries

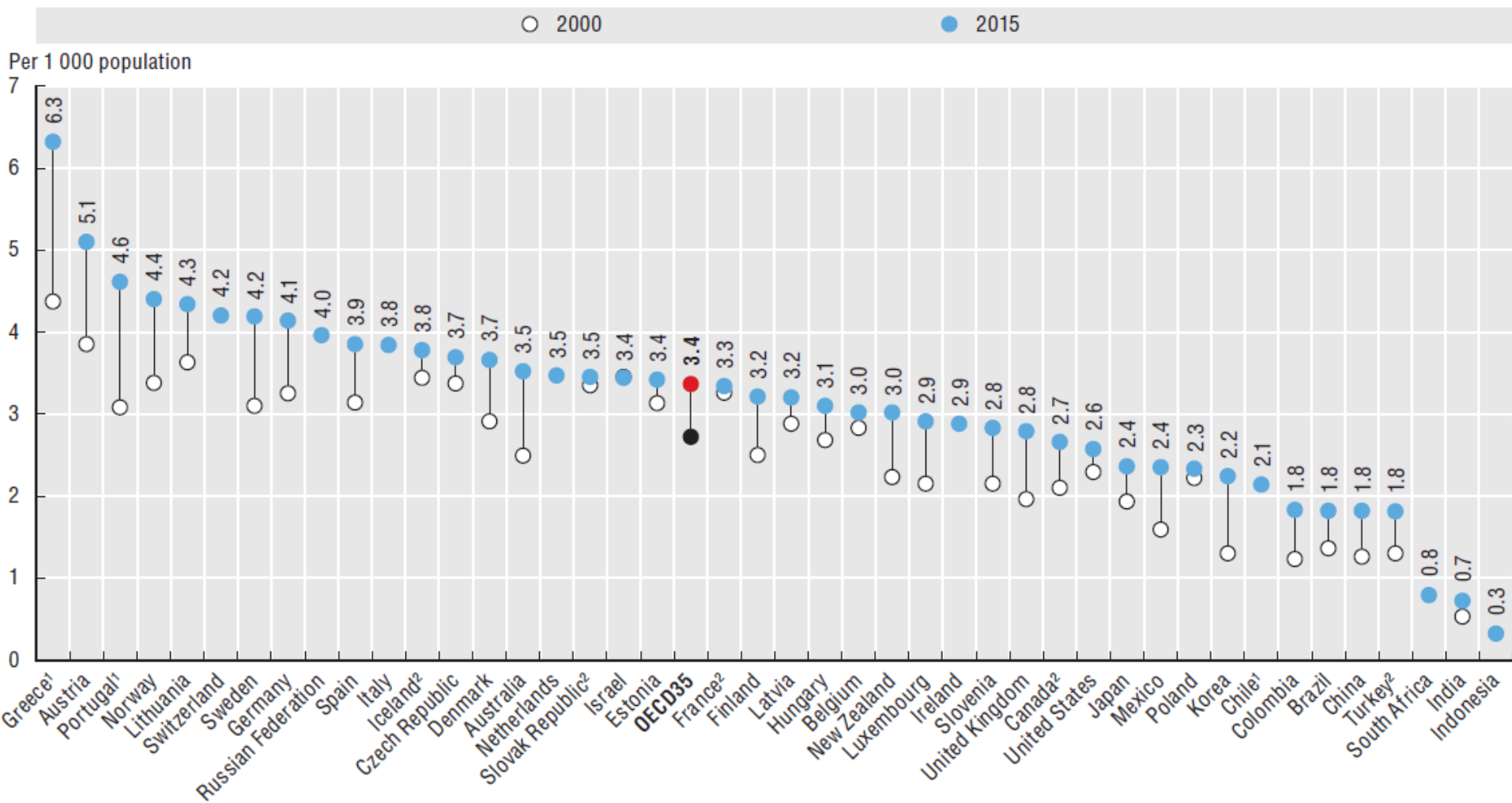
Employment in health and social work as a share of total employment, 2000 and 2015 (or nearest year)



Source: Health at a Glance 2017, extracted from OECD National Accounts; and OECD Annual Labour Force Statistics for Iceland and Turkey.

# The number of physicians per capita has increased in nearly all OECD countries since 2000

Practising doctors per 1 000 population, 2000 and 2015 (or nearest year)



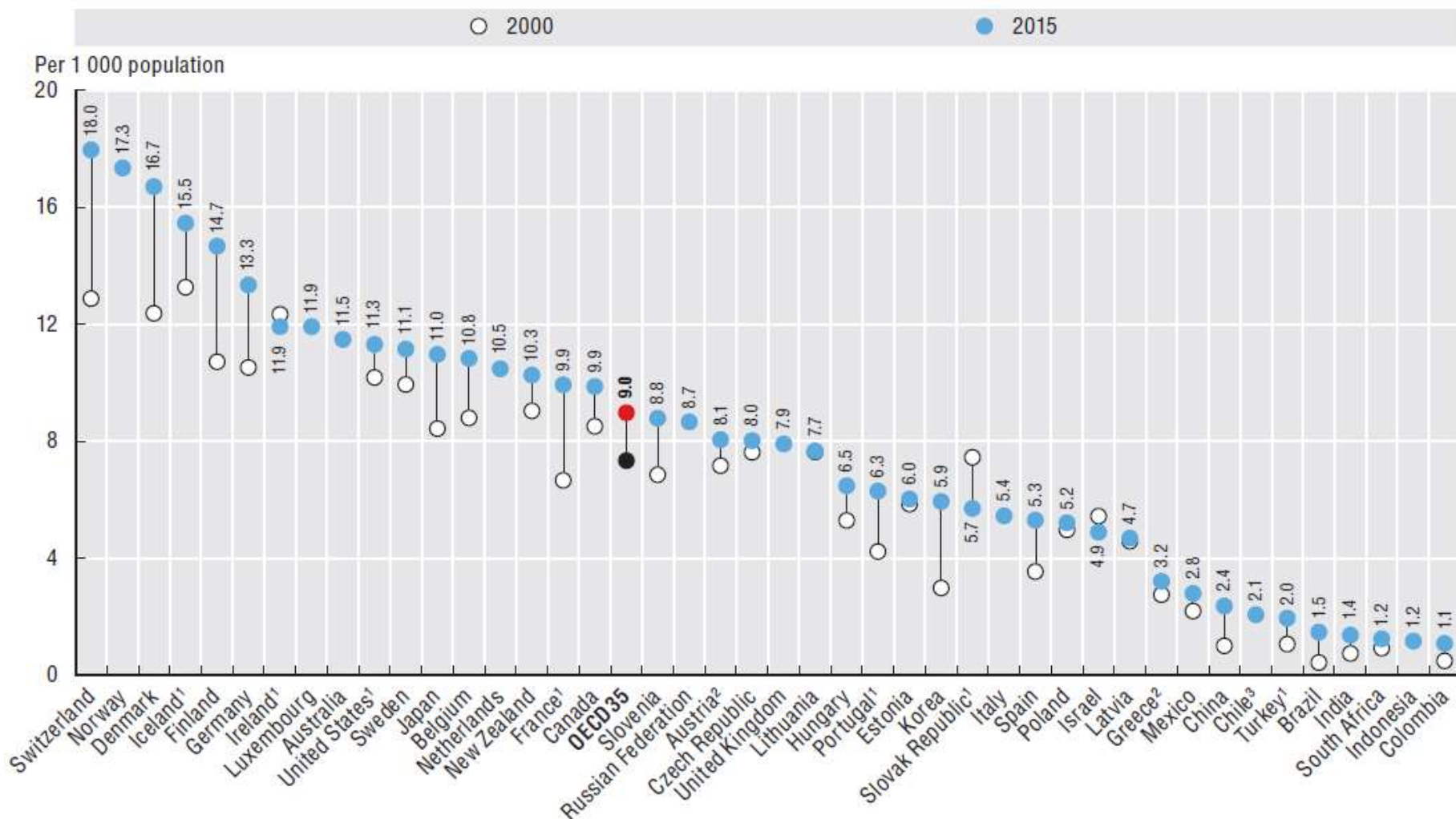
Notes: 1. Data refer to all doctors licensed to practice, resulting in a large over-estimation of the number of practising doctors (e.g. of around 30% in Portugal).

2. 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).

Source: Health at a Glance 2017.

# The number of nurses per capita has also increased in nearly all OECD countries

Practising nurses per 1 000 population, 2000 and 2015 (or nearest year)



Notes: 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. Austria and Greece report only nurses employed in hospital.  
 3. Data in Chile refer to all nurses who are licensed to practice.

Source: Health at a Glance 2017.

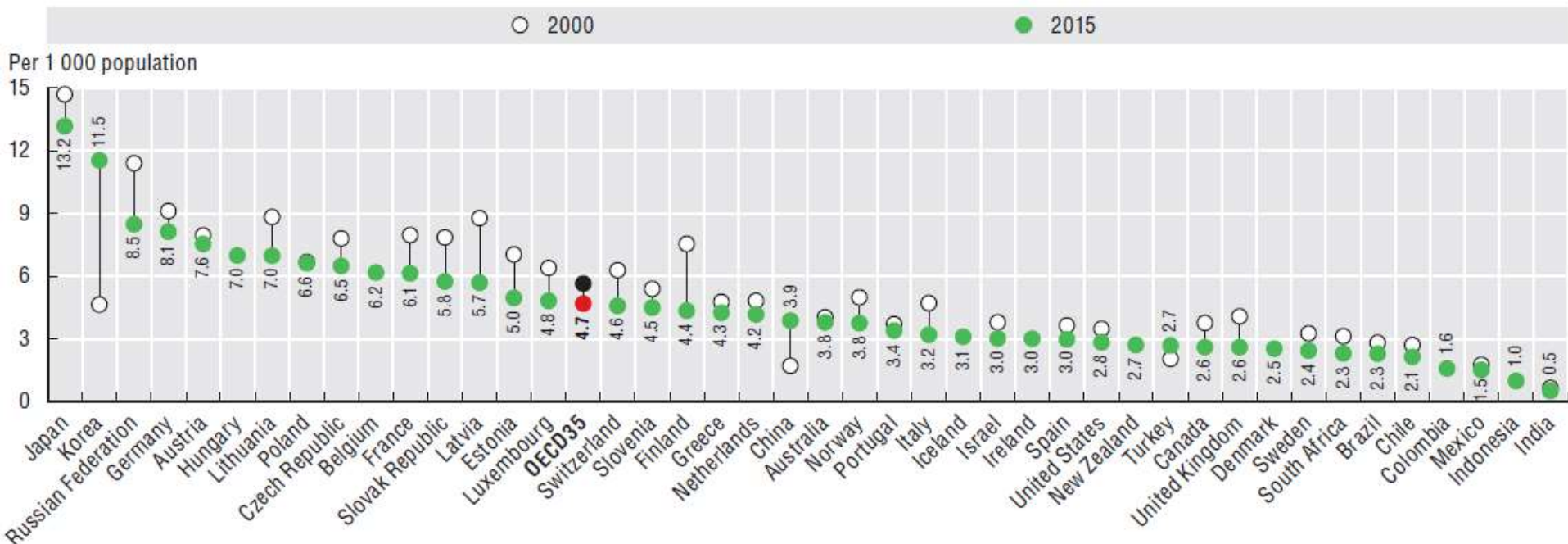


## 9. HEALTH CARE ACTIVITIES

- Hospital beds
- Hospital activities and surgical procedures

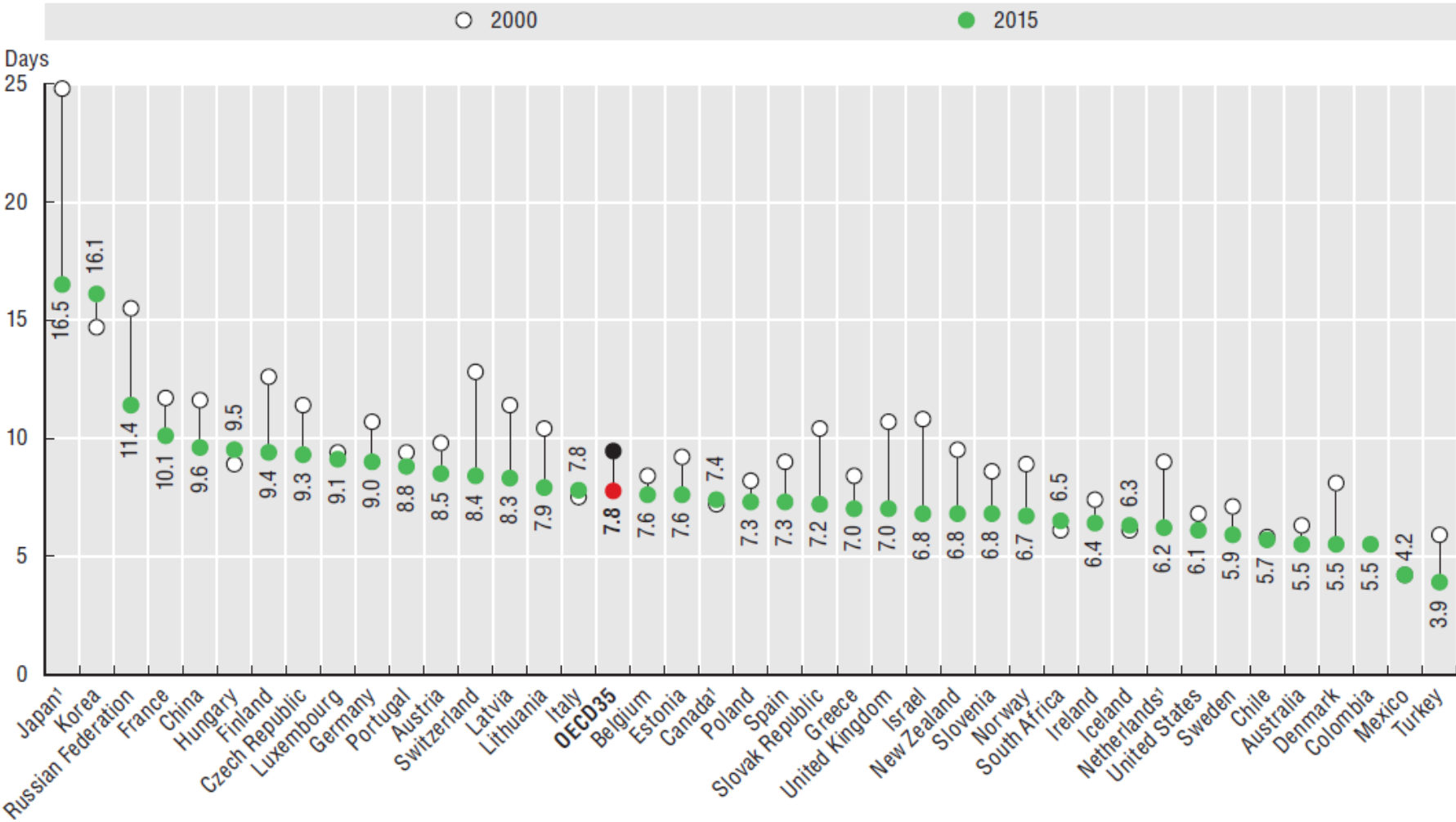
# Hospital beds per capita have fallen in all OECD countries except Korea and Turkey, linked to lower hospitalisation rates and increased day surgery

Hospital beds per 1 000 population, 2000 and 2015 (or nearest year)



# The average length of stay in hospital has also fallen in most OECD countries, potentially indicating efficiency gains

Average length of stay in hospital, 2000 and 2015 (or nearest year)



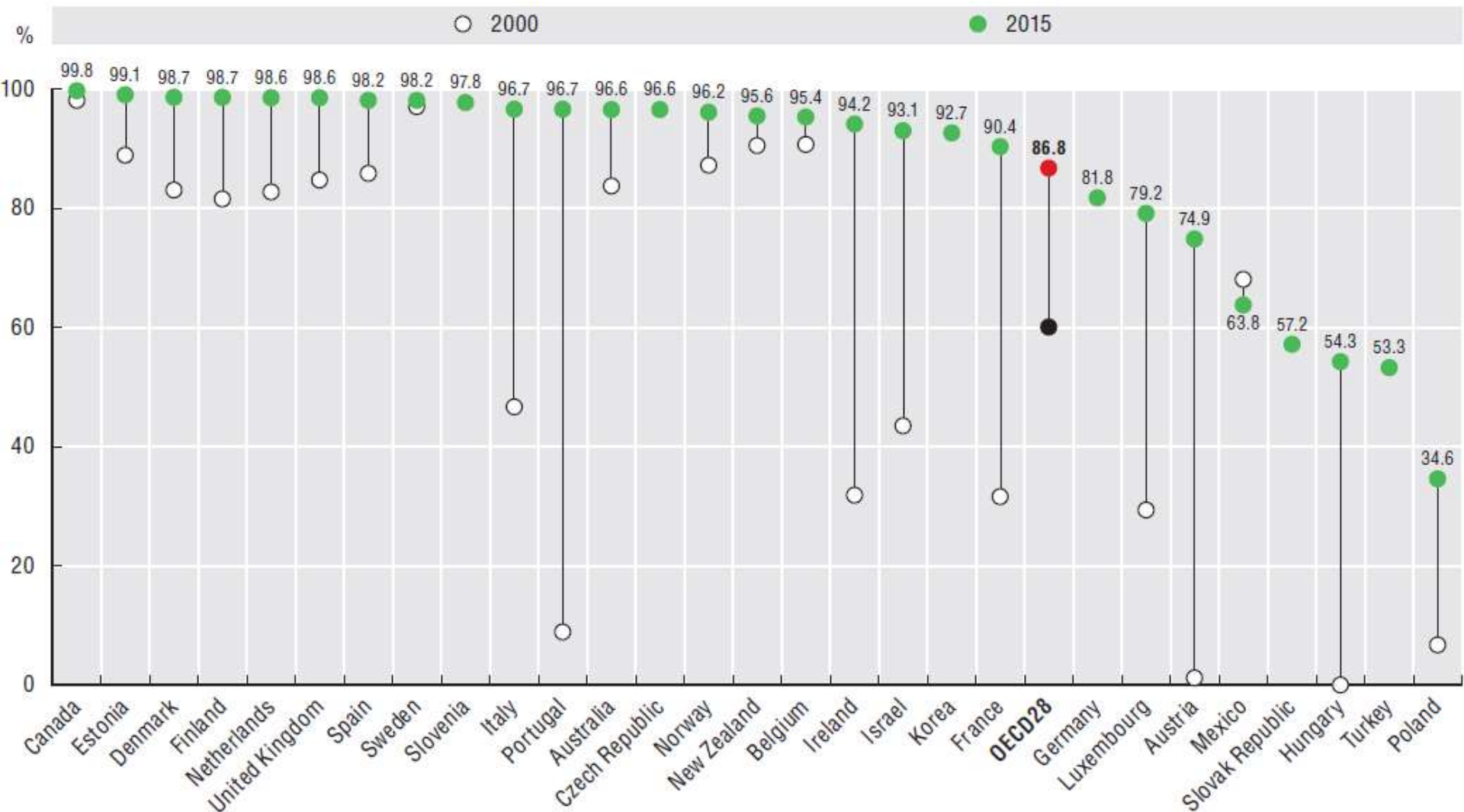
Notes: 1. Data refer to average length of stay for curative (acute) care (resulting in an under-estimation). In Japan, the average length of stay for all inpatient care was 29 days in 2015 (down from 39 days in 2000).

Source: Health at a Glance 2017.



# Day surgery now accounts for 90% or more of all cataract surgeries in a majority of OECD countries

Share of cataract surgeries carried out as ambulatory cases, 2000 and 2015 (or nearest year)



Source: Health at a Glance 2017.

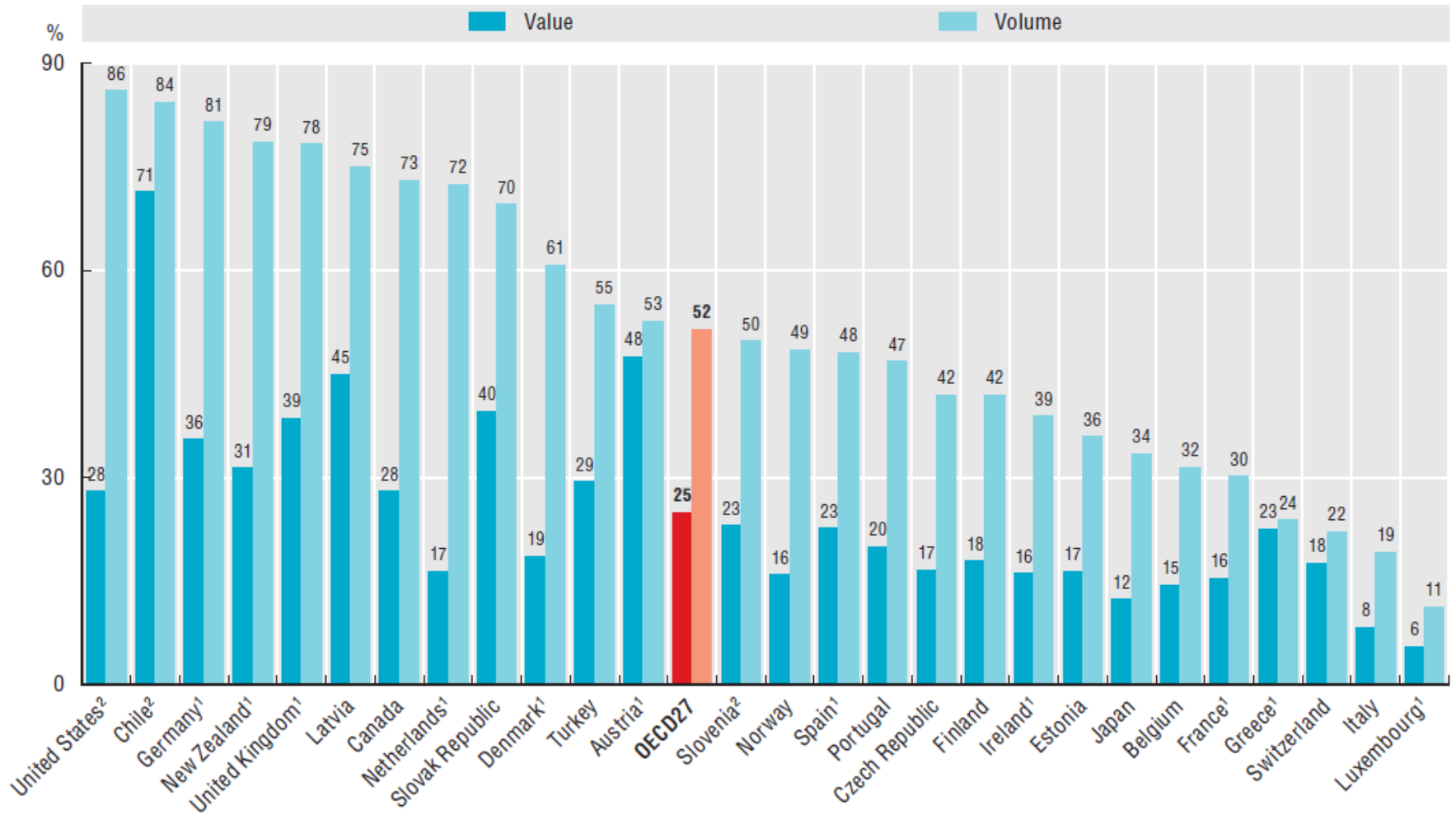


## 10. PHARMACEUTICAL SECTOR

- Share of generic market

# Increased use of generics has generated cost-savings, though they still represent < 25% of the volume of pharmaceuticals sold in Luxembourg, Italy, Switzerland and Greece

Share of generics in the total pharmaceutical market, 2015 (or nearest year)



Notes: 1. Reimbursed pharmaceutical market. 2. Community pharmacy market.

Source: Health at a Glance 2017.

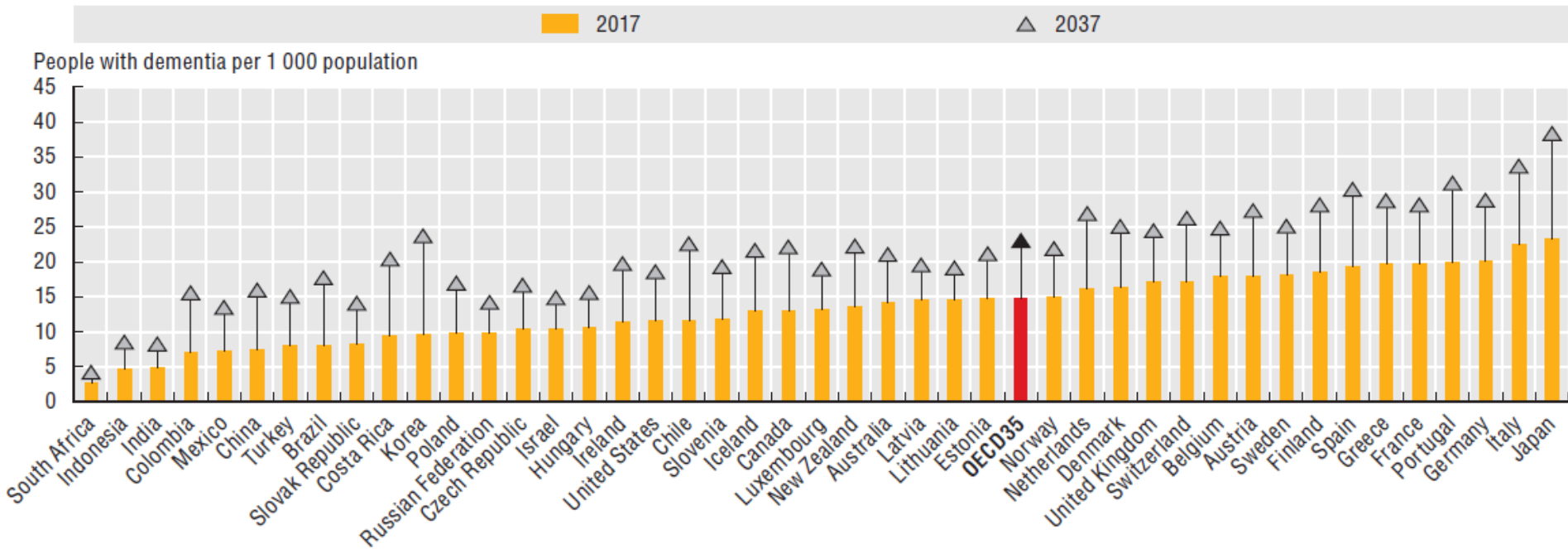


# 11. AGEING AND LONG-TERM CARE

- Prevalence of dementia
- Long-term care recipients and caregivers
- Long-term care expenditure

# The prevalence of dementia is forecast to increase in all OECD countries, due to ageing populations

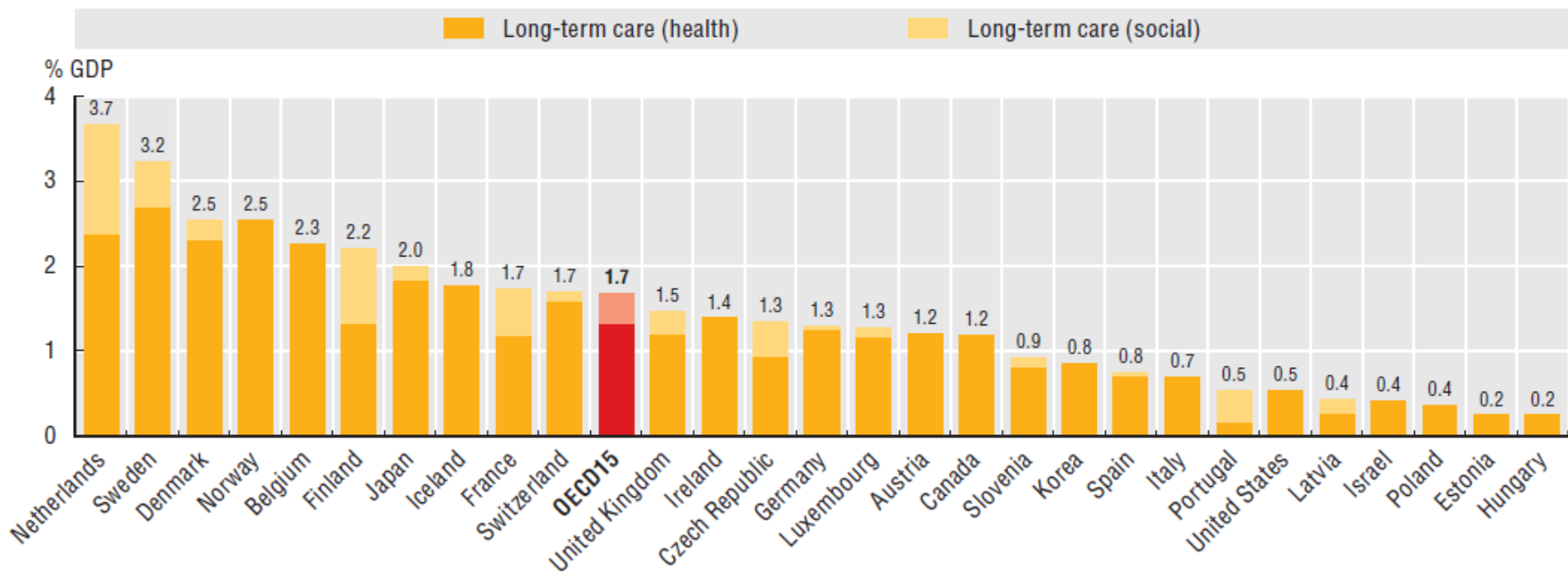
## Dementia prevalence



**Source: Health at a Glance 2017, OECD analysis of data from the World Alzheimer Report 2015 and the United Nations.**

# Spending on long-term care has increased more than for any other type of care, but spending varies considerably across countries

Long-term care public expenditure (health and social components), by government and compulsory insurance schemes, as share of GDP, 2015 (or nearest year)



Note: The OECD average only includes the 15 countries that report health and social Long Term Care.

Source: Health at a Glance 2017.

# More information

<http://www.oecd.org/health/health-at-a-glance.htm>

