

Executive summary

HHealth at a Glance 2013 presents the trends and influences shaping health status, services and policies in OECD countries and the BRIICS. Although indicators such as life expectancy or infant mortality suggest that things are improving overall, inequalities in wealth, education and other social indicators still have a significant impact on health status and access to health services. These health disparities may be explained by differences in living and working conditions, as well as differences that show up in the health-related lifestyle data presented here (e.g., smoking, harmful alcohol drinking, physical inactivity, and obesity).

Health expenditures show considerable variations across countries, in terms of spending per capita, as a share of GDP and recent trends. On average across the OECD, per capita health spending grew by 4.1% annually in real terms over 2000-2009, but this slowed to 0.2% in 2009-10 and 2010-11 as many countries reduced health spending to help cut budget deficits and government debt, especially in Europe. Countries outside of Europe have continued to see health spending grow, albeit at a reduced pace in many cases, notably in Canada and the United States.

Different areas of spending have been affected in different ways: in 2010-11, spending on pharmaceuticals and prevention dropped by 1.7%, while hospital costs rose by 1.0%.

Life expectancy in OECD countries is rising, but so is the burden of chronic diseases

- Average life expectancy exceeded 80 years across OECD countries in 2011, an increase of ten years since 1970. Those born in Switzerland, Japan and Italy can expect to live the longest among OECD countries.
- Across OECD countries, women can expect to live 5.5 years longer than men. People with the highest level of education can expect to live 6 years longer than those with the lowest level of education.
- Chronic diseases such as diabetes and dementia are increasingly prevalent. In 2011, close to 7% of 20-79 year-olds in OECD countries, or over 85 million people, had diabetes.

There are more doctors per capita in most countries, but twice as many specialists as generalists

- Since 2000, the number of doctors has grown in most OECD countries, both in absolute number and on a per capita basis, with only a few exceptions. There was virtually no growth in the number of doctors per capita in Estonia and France, and a decline in Israel.

- There were two specialists for every generalist on average across the OECD, in 2011. The slow growth in, or reduction of, the number of generalists raises concerns about access to primary care for all the population.

Shorter hospital stays and growing use of generic drugs help to contain costs, but large variations in medical practice point towards overuse

- The length of stay in hospital dropped from 9.2 days in 2000 to 8.0 days in 2011 in OECD countries.
- The market share of generic drugs has increased significantly over the past decade in many countries. However, generics still represent less than 25% of the market in Luxembourg, Italy, Ireland, Switzerland, Japan and France, compared with about 75% in Germany and the United Kingdom.
- Wide variations in the utilisation rate of different diagnostic and surgical procedures cannot be explained by differences in clinical needs. For example, in 2011, caesarean sections made up more than 45% of all births in Mexico and Turkey, triple the rate in Iceland and the Netherlands, suggesting possible overuse.

The quality of acute care and primary care has improved in most countries, but could improve more

- Progress in the treatment of life-threatening conditions such as heart attack, stroke and cancer has led to higher survival rates in most OECD countries. On average, mortality rates following hospital admissions for heart attack fell by 30% between 2001 and 2011 and for stroke by almost 25%. Survival has also improved for many types of cancer, including cervical cancer, breast cancer and colorectal cancer.
- The quality of primary care has also improved in most countries, as shown by the reduction in avoidable hospital admissions for chronic diseases such as asthma and diabetes. Still, there is room in all countries to improve primary care to further reduce costly hospital admissions for these conditions.

Nearly all OECD countries have achieved universal health coverage, but the scope and degree of coverage varies

- All OECD countries have universal (or quasi-universal) health coverage for a core set of health services and goods, except Mexico and the United States. Following the 2004 reforms in Mexico, the proportion of the population covered has grown rapidly to reach nearly 90%. In the United States, where 15% of the population was still uninsured in 2011, the Affordable Care Act will further expand health insurance coverage, from January 2014.
- The burden of out-of-pocket spending creates barriers to health care access in some countries. On average, 20% of health spending is paid directly by patients; this ranges from less than 10% in the Netherlands and France to over 35% in Chile, Korea and Mexico.

- Around 19% of out-of-pocket medical expenditure across OECD countries in 2011 was for dental care, while another 12% was for eyeglasses, hearing aids and other therapeutic appliances.
- People in low-income groups are more likely to report unmet medical and dental needs than people in higher-income groups, and are also less likely to consult a medical specialist or a dentist.

Population ageing increases demand for long-term care and puts pressures on public spending, despite informal care

- The life expectancy of people at age 65 has continued to increase, reaching nearly 21 years for women and 18 years for men across OECD countries in 2011. However, many of these additional years are lived with some chronic conditions. For example, over a quarter of people aged 85 years and older suffers from dementia.
- Across OECD countries, more than 15% of people aged 50 and older provide care for a dependent relative or friend, and most informal carers are women.
- Public expenditures on long-term care grew by 4.8% annually between 2005 and 2011 across OECD countries, higher than the growth in health care spending.



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