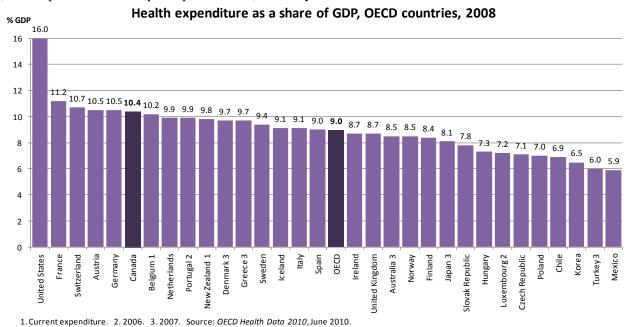


## *OECD Health Data 2010* How Does Canada Compare

Total health spending accounted for 10.4% of GDP in **Canada** in 2008, more than one percentage point higher than the average of 9.0% in OECD countries. Health spending as a share of GDP is lower in **Canada** than in the United States (which spent 16.0% of its GDP on health in 2008) and in a number of European countries such as France (11.2%), Switzerland (10.7%), Germany (10.5%) and Austria (10.5%).

**Canada** also ranks above the OECD average in terms of total health spending per capita, with spending of 4,079 USD in 2008 (adjusted for purchasing power parity), compared with an OECD average of 3,060 USD. Health spending per capita in **Canada** remains nonetheless much lower than in the United States (which spent 7,538 USD per capita in 2008), Norway, and Switzerland.



## **USD PPP OECD** countries, 2008 8000 Private expenditure on health 7000 6000 5000 **4079** 4063 3970 3793 3737 3696 3677 3540 3470 3359 3353 3129 **3060** 3008 2902 2870 2729 2687 2683 4000 2000 1213 1000 Hungary Canada OECD Korea Chile Iceland Australia United States Norway Switzerland uxembourg 1,3 Netherlands Austria Germany France 3elgium 2 Sweden United Kingdom Finland Spain Italy Greece 4 **New Zealand 2** Portugal 3 Czech Republic Slovak Republic Poland Mexico urkey4

Health expenditure per capita, public and private expenditure,

1. Refers to insured population rather than resident population. 2. Current expenditure. 3. 2006. 4. 2007. Source: OECD Health Data 2010, June 2010.

Data are expressed in US dollars adjusted for purchasing power parities (PPPs), which provide a means of comparing spending between countries on a common base. PPPs are the rates of currency conversion that equalise the cost of a given 'basket' of goods and services in different countries.

Between 2000 and 2008, health spending per capita in **Canada** increased in real terms by 3.4% per year on average, a growth rate lower than the OECD average (4.2% per year).

The public sector is the main source of health funding in all OECD countries, except the United States and Mexico. In **Canada**, 70.2% of health spending was funded by public sources in 2008, below the average of 72.8% in OECD countries. The share of public spending in **Canada** decreased from 74.5% in 1990. In 2008, the share of public spending among OECD countries was the lowest in the United States and Mexico (46.5 and 46.9% respectively) and the highest in Luxembourg, several Nordic countries (Denmark, Iceland, Norway and Sweden), the United Kingdom and Japan.

## Resources in the health sector (human, physical, technological)

Despite the relatively high level of health expenditure in **Canada**, there are fewer physicians per capita than in most other OECD countries. In 2008, Canada had 2.3 practising physicians per 1 000 population, well below the OECD average of 3.2. Between 1990 and 2008, the number of doctors per capita remained relatively stable in **Canada**, while it continued to increase in most OECD countries.

There were 9.2 nurses per 1 000 population in **Canada** in 2008, slightly higher than the average of 9.0 in OECD countries.

The number of curative care hospital beds in **Canada** was 2.7 per 1 000 population in 2007, the same number as in the United States, but lower than the OECD average of 3.6 beds per 1 000 population in 2008. As in most OECD countries, the number of hospital beds per capita in **Canada** has fallen over time. This decline has coincided with a reduction of average length of stays in hospitals and an increase in the number of surgical procedures performed on a same-day (or ambulatory) basis.

During the past decade, there has been rapid growth in the availability of diagnostic technologies such as computed tomography (CT) scanners and magnetic resonance imaging (MRI) units in most OECD countries. In **Canada**, the number of MRIs also increased over time, to reach 6.7 per million population in 2007. Despite this increase, Canada was still lagging behind the OECD average of 12.6 MRI units per million population in 2008. Similarly, the number of CT scanners in Canada stood at 12.7 per million population in 2007, below the OECD average of 23.8 in 2008.

## Health status and risk factors

Most OECD countries have enjoyed large gains in life expectancy over the past decades, thanks to improvements in living conditions, public health interventions and progress in medical care. In 2007, life expectancy at birth in **Canada** stood at 80.7 years, more than 1 year higher than the OECD average (79.4 years in 2008) and 2 ½ years greater than in the United States (77.9 years in 2007). Still, a number of countries (e.g., Japan, Switzerland, Italy and Australia) registered a higher life expectancy than **Canada**.

The infant mortality rate in **Canada**, as in other OECD countries, has fallen greatly over the past decades. It stood at 5.1 deaths per 1 000 live births in 2007, lower than in the United States (6.7 in 2006), but slightly above the OECD average (4.7 in 2008). Infant mortality is the lowest in some Nordic countries (Iceland, Sweden and Finland), Luxembourg and Japan.

The proportion of daily smokers among adults has shown a marked decline over the past thirty years in most OECD countries. **Canada** provides an example of a country that has achieved remarkable progress in reducing tobacco consumption, with the rate of daily smokers among adults having been cut by nearly half since 1980 (from 34% in 1980 to 17.5% in 2008). Much of this decline in **Canada**, as well as in other countries, can be attributed to policies aimed at reducing tobacco consumption through public awareness campaigns, advertising bans and increased taxation.

At the same time, obesity rates have increased in recent decades in all OECD countries, although there are notable differences. In **Canada**, the obesity rate among adults - based on actual measures of height and

weight - was 24.2% in 2008. This is lower than for the United States (33.8% in 2008) and about equal to the United Kingdom (24.5% in 2008). The average for the 13 OECD countries with measured data was 21.0% in 2008. Obesity's growing prevalence foreshadows increases in the occurrence of health problems (such as diabetes, cardiovascular diseases and asthma), and higher health care costs in the future.

More information on *OECD Health Data 2010* is available at <a href="www.oecd.org/health/healthdata">www.oecd.org/health/healthdata</a>.

For more information on OECD's work on Canada, please visit <a href="www.oecd.org/canada">www.oecd.org/canada</a>.