

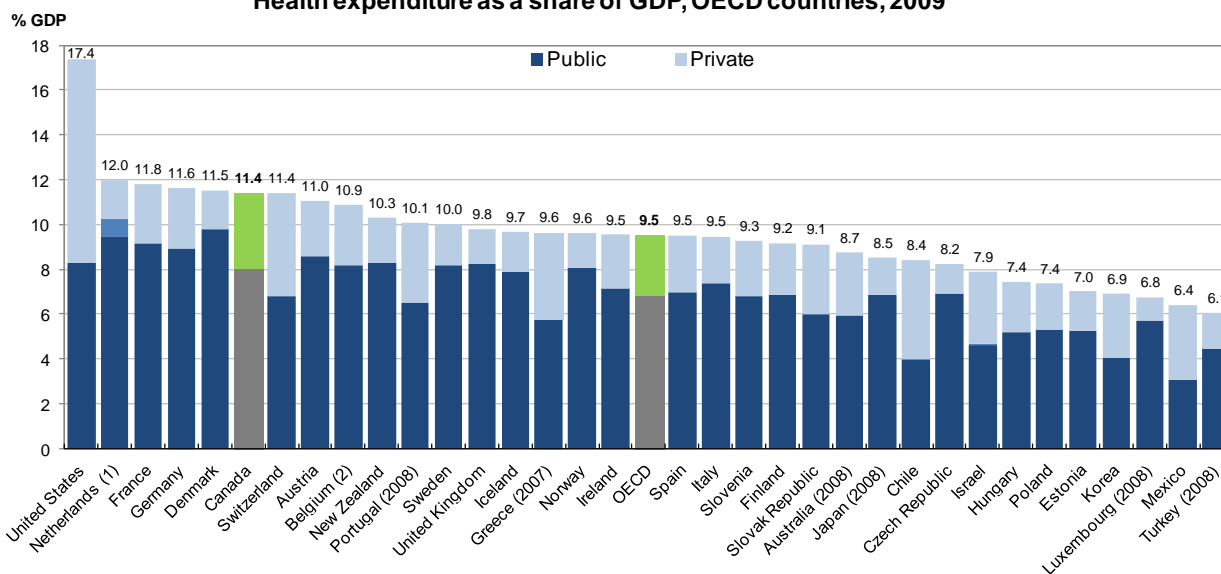
OECD Health Data 2011

How Does Canada Compare

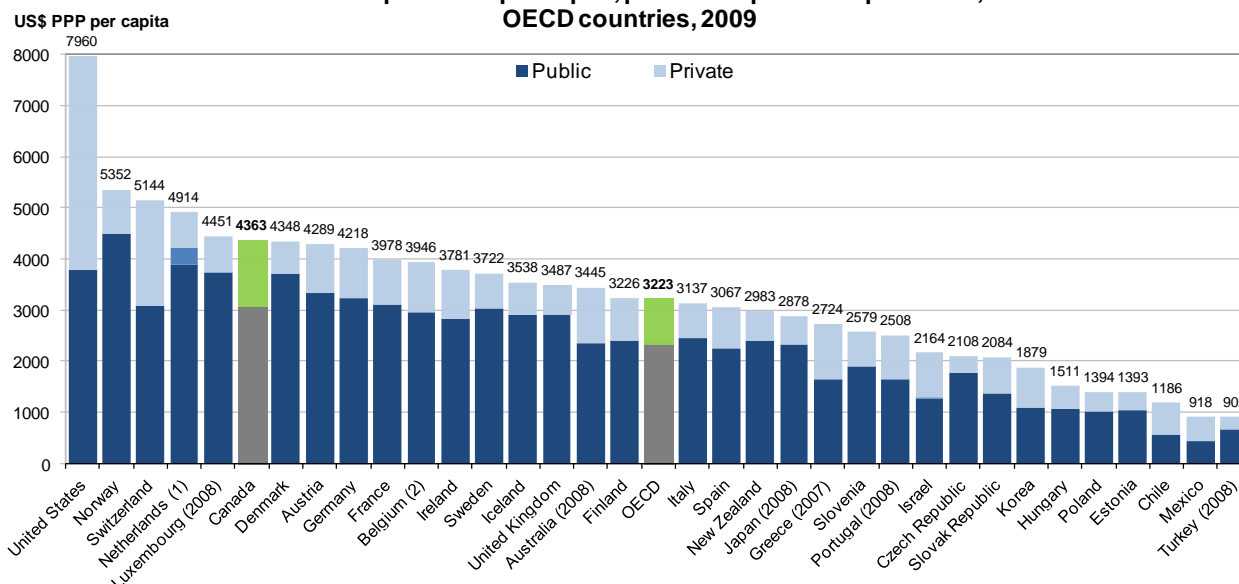
Health spending accounted for 11.4% of GDP in **Canada** in 2009, almost two percentage points higher than the OECD average of 9.5%. However, health spending as a share of GDP is much lower in **Canada** than in the United States (which spent 17.4% of its GDP on health in 2009) and it is also lower than in a number of European countries such as the Netherlands (12.0%), France (11.8%) and Germany (11.6%).

Canada also ranks above the OECD average in terms of health spending per capita, with spending of 4,363 USD in 2009 (adjusted for purchasing power parity), compared with an OECD average of 3,223 USD. Health spending per capita in **Canada** remains nonetheless much lower than in the United States (which spent 7,960 USD per capita in 2009), as well as in Norway and Switzerland.

Health expenditure as a share of GDP, OECD countries, 2009



Health expenditure per capita, public and private expenditure, OECD countries, 2009



1. In the Netherlands, it is not possible to distinguish clearly the public and private share for the part of health expenditures related to investments.
 2. Total expenditure excluding investments. Source: OECD Health Data 2011, June 2011.

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 2009, health spending per capita in **Canada** increased in real terms by 3.7% per year on average, a growth rate slightly lower than the OECD average (4.0% per year).

The public sector is the main source of health funding in all OECD countries, except the United States, Mexico and Chile. In **Canada**, 70.6% of health spending was funded by public sources in 2009, slightly less than the OECD average of 71.7% in OECD countries. The share of public spending in **Canada** decreased from 74.5% in 1990. In 2009, the share of public spending on health among OECD countries was the lowest in Chile and the United States (47.4 and 47.7% 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, although their numbers have been growing in recent years. In 2009, **Canada** had 2.4 physicians per 1 000 population, well below the OECD average of 3.1. However, over the past five years, the number of doctors per capita in **Canada** has increased quite rapidly (from 2.1 per 1 000 population in 2004 to 2.4 in 2009).

There were 9.4 nurses per 1 000 population in **Canada** in 2009, slightly more than the average of 8.4 in OECD countries.

The number of curative care hospital beds in **Canada** was 1.8 per 1 000 population in 2008, about half of the OECD average (3.5 beds per 1 000 population in 2009). 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 8 per million population in 2009. Despite this increase, Canada was still lagging behind the OECD average of 12 MRI units per million population in 2009. Similarly, the number of CT scanners in Canada stood at 14 per million population in 2009, below the OECD average of 22.

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 (latest year available), life expectancy at birth in **Canada** stood at 80.7 years, more than 1 year higher than the OECD average (79.5 years in 2009) and 2 ½ years greater than in the United States (78.2 years in 2009). Still, a number of countries (e.g., Japan, Switzerland, Italy, Spain 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 (6.5 in 2008), but higher than the OECD average (4.4 in 2009). 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 more than half since 1980 (from 34% in 1980 to 16% in 2009). 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 in the United States (33.8% in 2008) and about equal to Australia (24.6% in 2008), New Zealand (26.5% in 2007), the United Kingdom (23.0% in 2008) and Ireland (23.0% in 2007). The average for the 14 OECD countries with measured data was 21.0% around 2009. Obesity's growing prevalence foreshadows increases in the occurrence of health problems (such as diabetes and cardiovascular diseases), and higher health care costs in the future.

More information on *OECD Health Data 2011* is available at www.oecd.org/health/healthdata.

For more information on OECD's work on **Canada**, please visit www.oecd.org/canada.