Health at a Glance 2019
-
OECD Indicators

Released on **November 7, 2019**
http://www.oecd.org/health/health-at-a-glance.htm

Overview

Benchmarking
How does my country compare with other OECD members?

Time trends
Has performance improved over time?

H@G as groundwork for deeper policy analysis

- Identifies relative strengths and weaknesses
- Highlights country policy reforms
- Summarises findings from related OECD reports

…with all data made as comparable as possible and subjected to rigorous checks

New indicators in the 2019 edition

- Avoidable mortality
- Chronic diseases
- Opioids – use, deaths, prescribing
- Extent of health care coverage
- Safe care – hospital-acquired infections, safe prescribing, safe LTC
- Patient-reported outcomes – hip and knee, breast cancer
- Breast cancer survival by stage
- Prices in the health sector
- Public funding of health spending
- Health expenditure projections
- LTC workers, LTC costs

- Inequality indicators (health status, risk factors, access)

OECD

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Information on data for Israel: http://oe.cd/israel-disclaimer

1. Indicator overview: OECD snapshots and country dashboards

- e.g. Risk factors for health

Example of dashboard:
Risk factors for health

	Smoking		Alcohol		Overweight/obese		Air pollution	
	Daily smokers (% population aged 15+)		Litres consumed per capita (population aged 15+)		Population with BMI ≥ 25 (% population aged 15+)		Deaths due to pollution (per 100 000 people)	
OECD	18.0	◉	8.9	◉	55.6	◉	39.6	◉
Australia	12.4	☑	9.4	◉	65.2	◉	16.8	☑
Austria	24.3	☒	11.8	☒	46.7*	◉	38.7	◉
Belgium	18.9	◉	10.4	◉	51.0	◉	39.4	◉
Canada	12.0	☑	8.1	◉	59.1	◉	14.7	☑
Chile	24.5	☒	7.9	◉	74.2	☒	34.8	◉
Czech Republic	18.4	◉	11.6	☒	55.0	◉	64.3	☒
Denmark	16.9	◉	9.1	◉	51.0*	◉	30.4	◉
Estonia	17.2	◉	10.3	◉	51.3	◉	59.9	☒
Finland	14.0	◉	8.4	◉	67.6	☒	18.7	☑
France	25.4	☒	11.7	☒	49.0	◉	25.2	◉
Germany	18.8	◉	10.9	◉	60.0	◉	45.3	◉
Greece	27.3	☒	6.5	◉	55.0*	◉	76.7	☒
Hungary	25.8	☒	11.1	◉	62.3	◉	82.7	☒
Iceland	8.6	☑	7.7	◉	65.4*	◉	16.9	☑
Ireland	17.0	◉	11.2	◉	62.0	◉	20.2	☑
Israel	16.9	◉	2.6	☑	50.9	◉	23.2	◉
Italy	19.9	◉	7.6	◉	46.0*	◉	48.7	◉

Source: Health at a Glance 2019.

Example of dashboard:
Risk factors for health

|							
Japan	17.7	◉	7.2	◉	25.9	☑	42.9	◉
Korea	17.5	◉	8.7	◉	33.7	☑	35.0	◉
Latvia	24.1	⊠	11.2	◉	54.6	◉	97.8	⊠
Lithuania	20.3	◉	12.3	⊠	53.3*	◉	82.1	⊠
Luxembourg	14.5	◉	11.3	◉	58.1	◉	22.6	◉
Mexico	7.6	☑	4.4	☑	72.5	⊠	33.0	◉
Netherlands	16.8	◉	8.3	◉	47.3*	◉	31.3	◉
New Zealand	13.8	◉	8.8	◉	66.6	⊠	13.6	☑
Norway	12.0	☑	6.0	☑	46.0*	◉	18.7	☑
Poland	22.7	◉	10.6	◉	53.3*	◉	76.3	⊠
Portugal	16.8	◉	10.7	◉	67.6	⊠	28.3	◉
Slovak Republic	22.9	◉	9.7	◉	51.5	◉	59.1	⊠
Slovenia	18.9	◉	10.1	◉	55.6*	◉	56.8	◉
Spain	22.1	◉	8.6	◉	53.0*	◉	27.1	◉
Sweden	10.4	☑	7.1	◉	48.2*	◉	18.5	☑
Switzerland	19.1	◉	9.2	◉	41.8*	☑	25.2	◉
Turkey	26.5	⊠	1.4	☑	64.4	◉	46.2	◉
United Kingdom	17.2	◉	9.7	◉	64.3	◉	32.1	◉
United States	10.5	☑	8.9	◉	71.0	⊠	24.1	◉

Note: ☑ Better than OECD average; ◉ Close to OECD average; ⊠ Worse than OECD average. Hungary, Latvia and Lithuania excluded from standard deviation calculation for air pollution. * Likely under-estimate of obesity as self-reported.

◉》OECD

There is a clear positive association between health spending per capita and life expectancy as well as breast cancer five-year net survival

Life expectancy and health expenditure
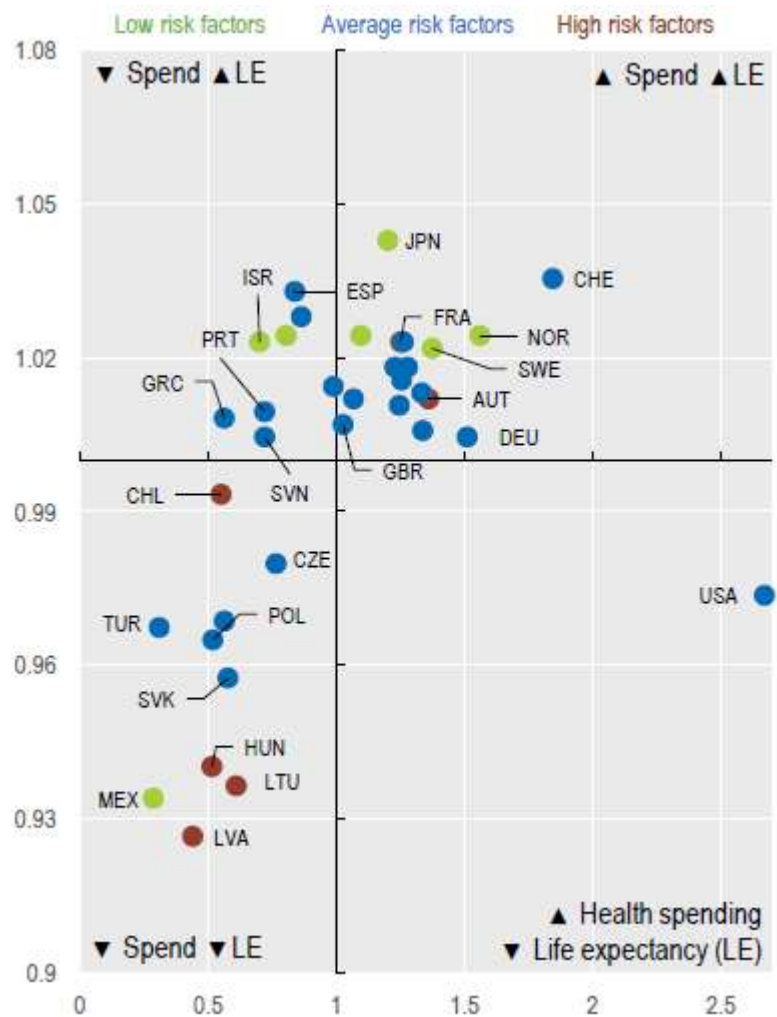
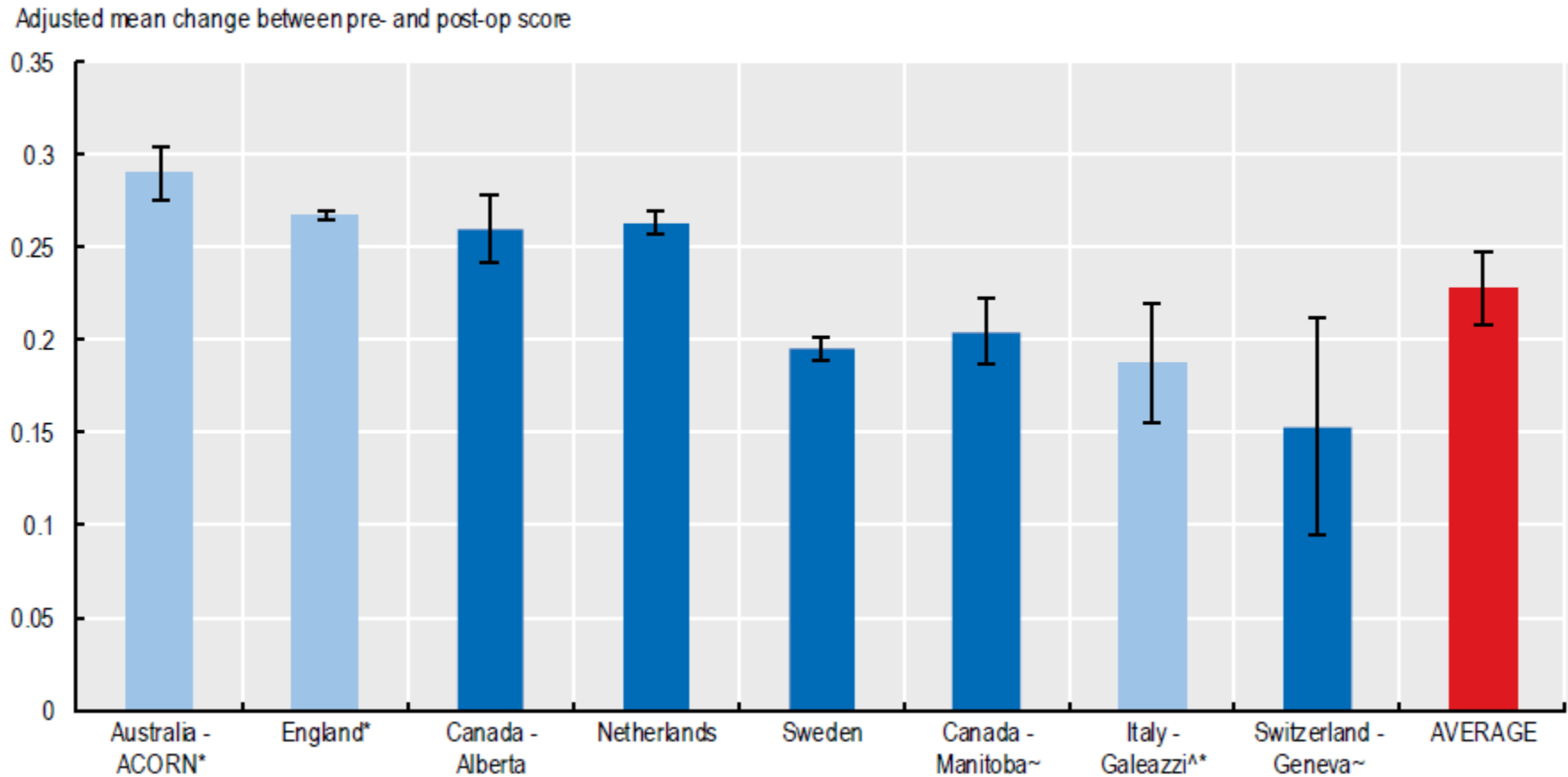**Breast cancer survival and health expenditure**
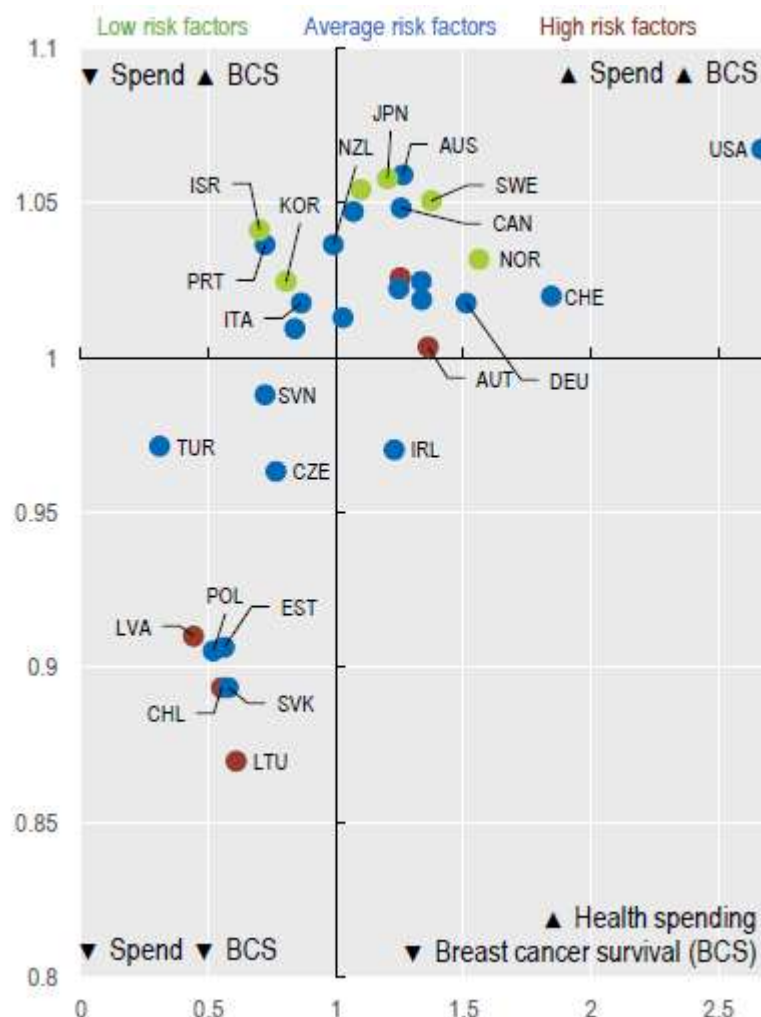
2. Measuring what matters for people-centred health systems

The average patient reported improvement in their health-related quality of life following a hip replacement

Hip replacement: adjusted mean change between pre- and post-operative EQ-5D-3L scores (US valuation), 2013-16 (or nearest years)

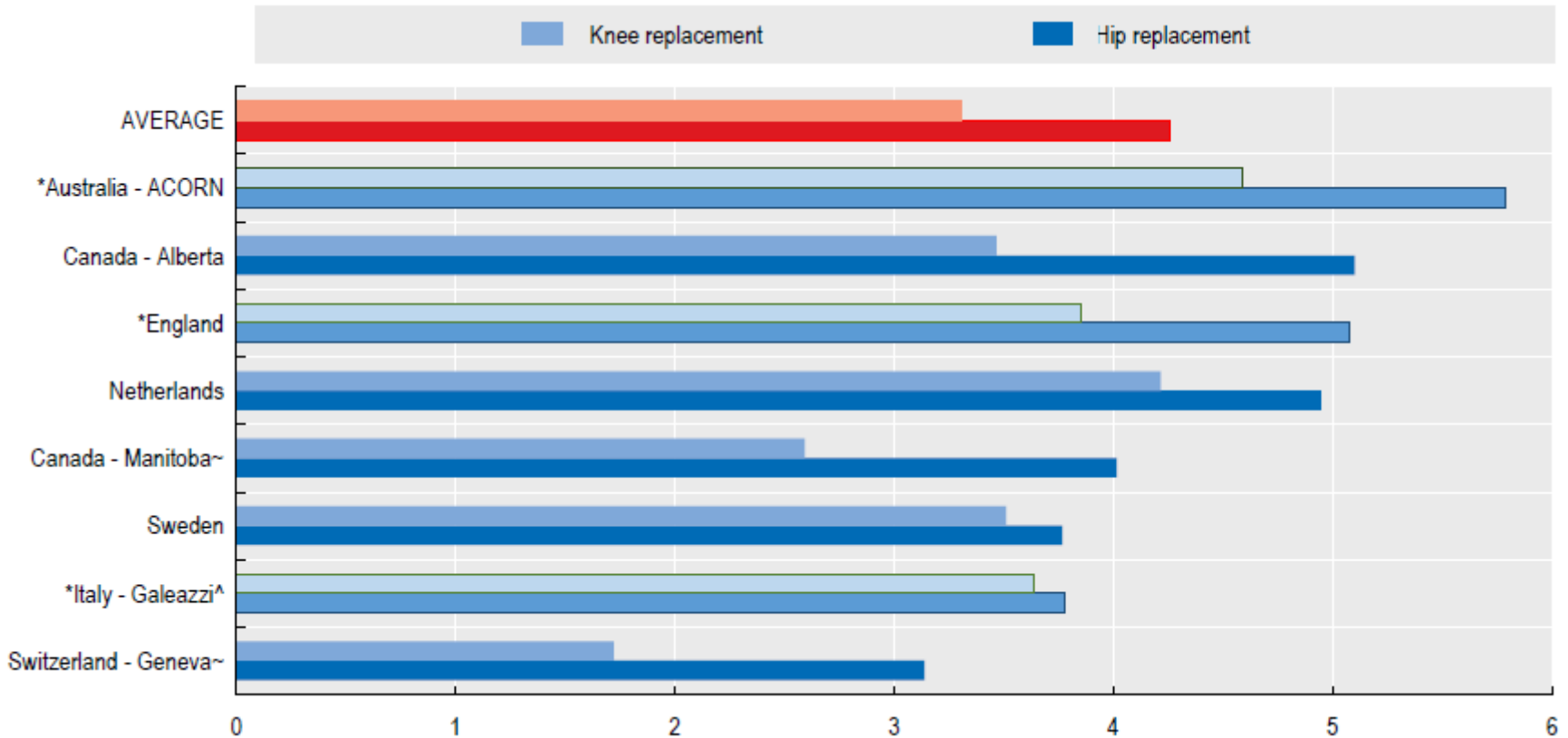Adjusted mean change between pre- and post-op score

Note: ^ results converted from SF-12v1 instrument; ~converted from SF-12v2 instrument; *6-month post-op collection - lighter shade blue (all others are 12 months). H lines show 95% confidence intervals.
Source: PaRIS Hip/Knee Replacement Pilot Data Collection.

***Source*: Health at a Glance 2019.**

Results suggest that – all other things being equal – the average 65-year-old patient undergoing a knee replacement in the contributing programmes gained an additional (incremental) 3.3 quality adjusted life years (QALYs), and 4.3 QALYS for hip replacement

Both hip and knee replacements generate additional QALYs for patients

Legend: Knee replacement | Hip replacement

Categories (top to bottom): AVERAGE, *Australia - ACORN, Canada - Alberta, *England, Netherlands, Canada - Manitoba~, Sweden, *Italy - Galeazzi^, Switzerland - Geneva~

X-axis: 0 to 6

Note: ^ results converted from SF-12v1 instrument; ~converted from SF-12v2 instrument; *6-month post-op collection (all others are 12 months).
Source: PaRIS Hip/Knee Replacement Pilot Data Collection.

***Source*: Health at a Glance 2019.**

# 3. HEALTH STATUS

- Trends in life expectancy
- Avoidable mortality (preventable and treatable)
- Prevalence of diabetes
- Self-rated health

Comparing the last five years (2012-17) with a decade earlier (2002-07), 27 OECD countries experienced slower gains in life expectancy
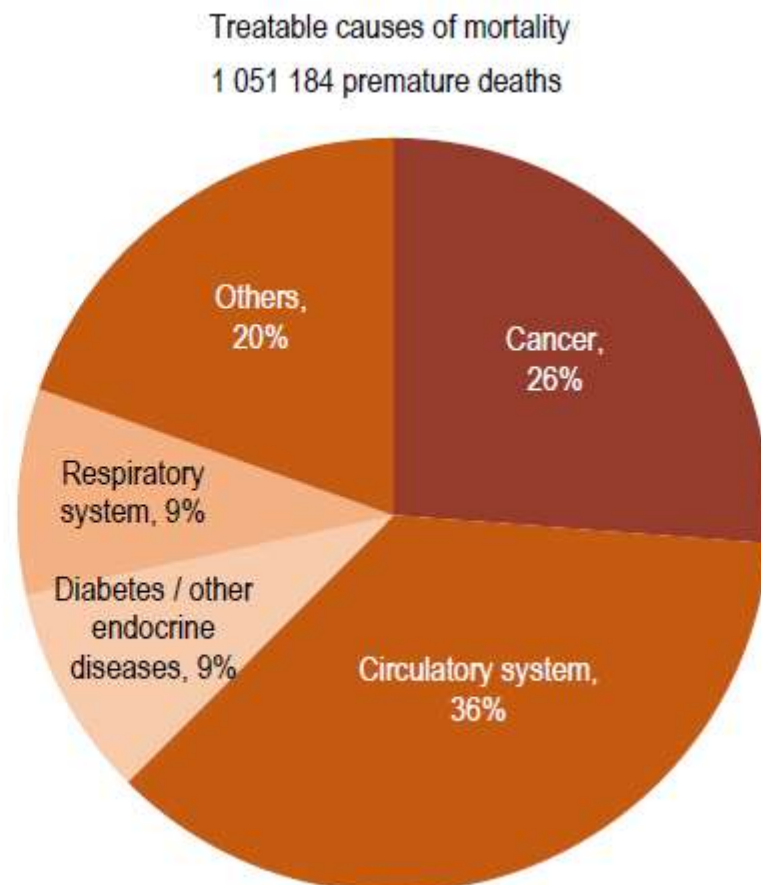
Slowdown in life expectancy gains, 2012-17 and 2002-07

1. Three-year average.

Source: **Health at a Glance 2019.**
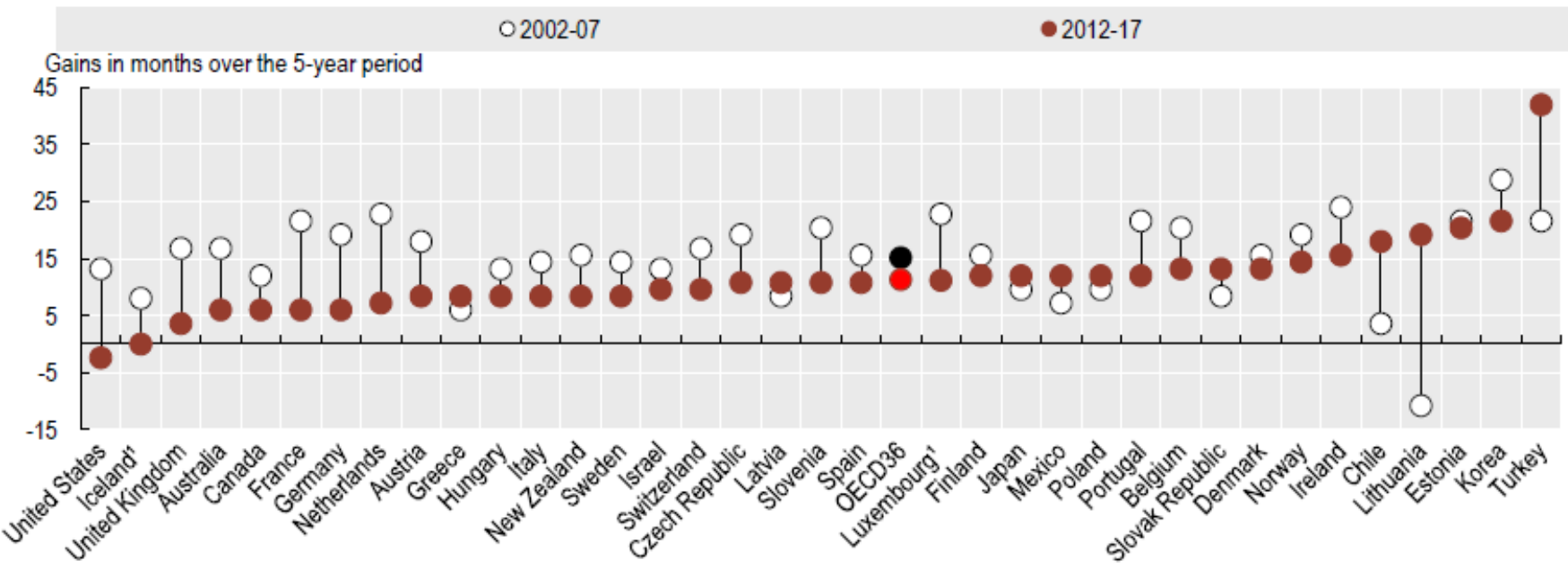
Some cancers that are preventable through public health measures were the main causes of preventable mortality (32% of all preventable deaths), particularly lung cancer

Main causes of avoidable mortality, OECD countries, 2017 (or nearest year)

Preventable causes of mortality
1 856 450 premature deaths

- Others, 7%
- Respiratory system, 8%
- Alcohol and drugs effects, 9%
- Cancer, 32%
- Circulatory system, 19%
- External causes of death, 25%

Treatable causes of mortality
1 051 184 premature deaths

- Others, 20%
- Cancer, 26%
- Respiratory system, 9%
- Diabetes / other endocrine diseases, 9%
- Circulatory system, 36%
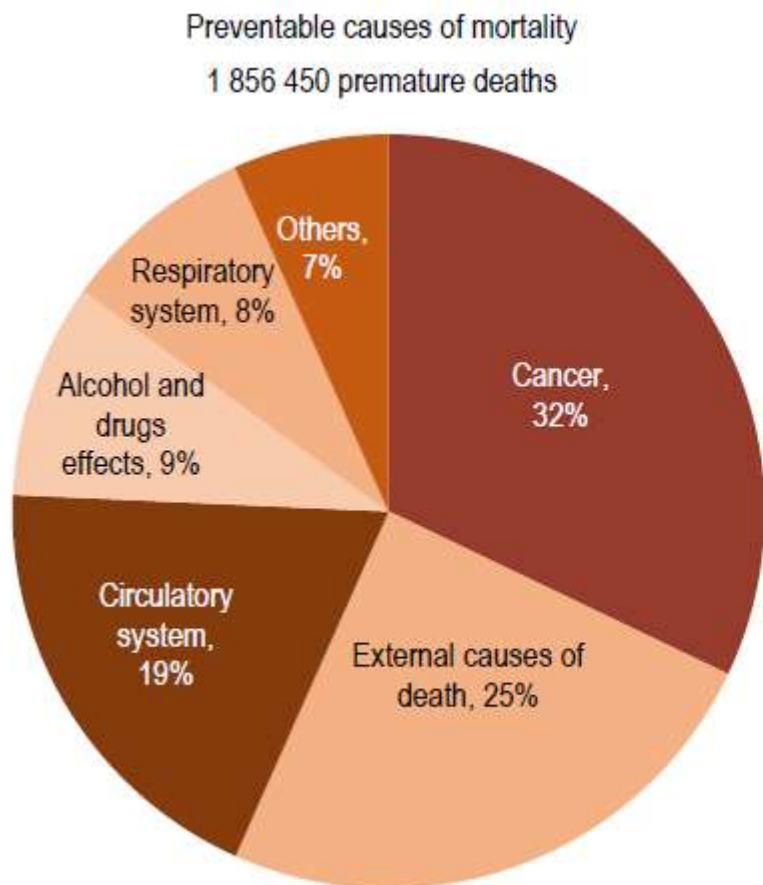
Note: The 2019 OECD/Eurostat list of preventable and treatable causes of death classifies specific diseases and injuries as preventable and/or treatable. For example, lung cancer is classified as preventable; whereas breast and colorectal cancers are classified as treatable.
Source: OECD calculations, based on WHO Mortality Database.

***Source*: Health at a Glance 2019.**

In 2017, about 98 million adults – or 6.4% of the adult population – were living with diabetes across OECD countries

Type I and II diabetes prevalence among adults, 2017 (or nearest year)
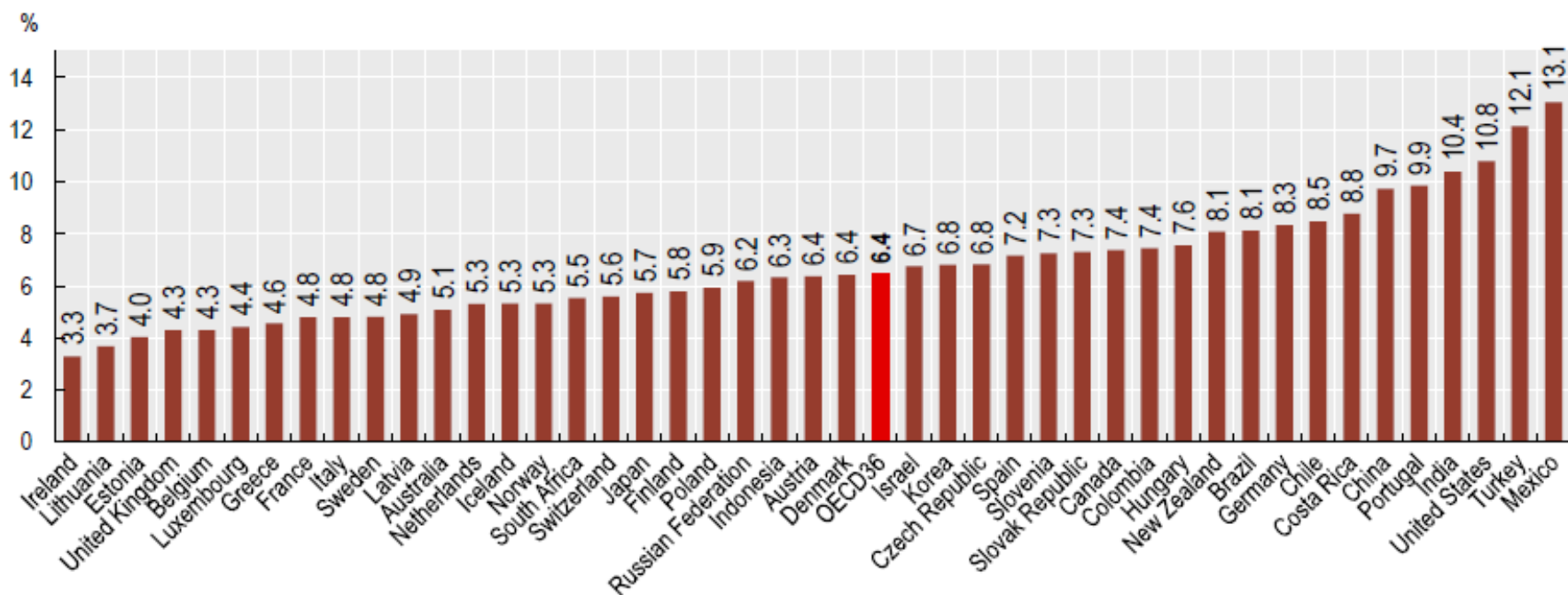
Almost 9% of adults consider themselves to be in poor health, on average across OECD countries

Adults rating their own health as bad or very bad, 2017 (or nearest year)

% of population aged 15 years and over

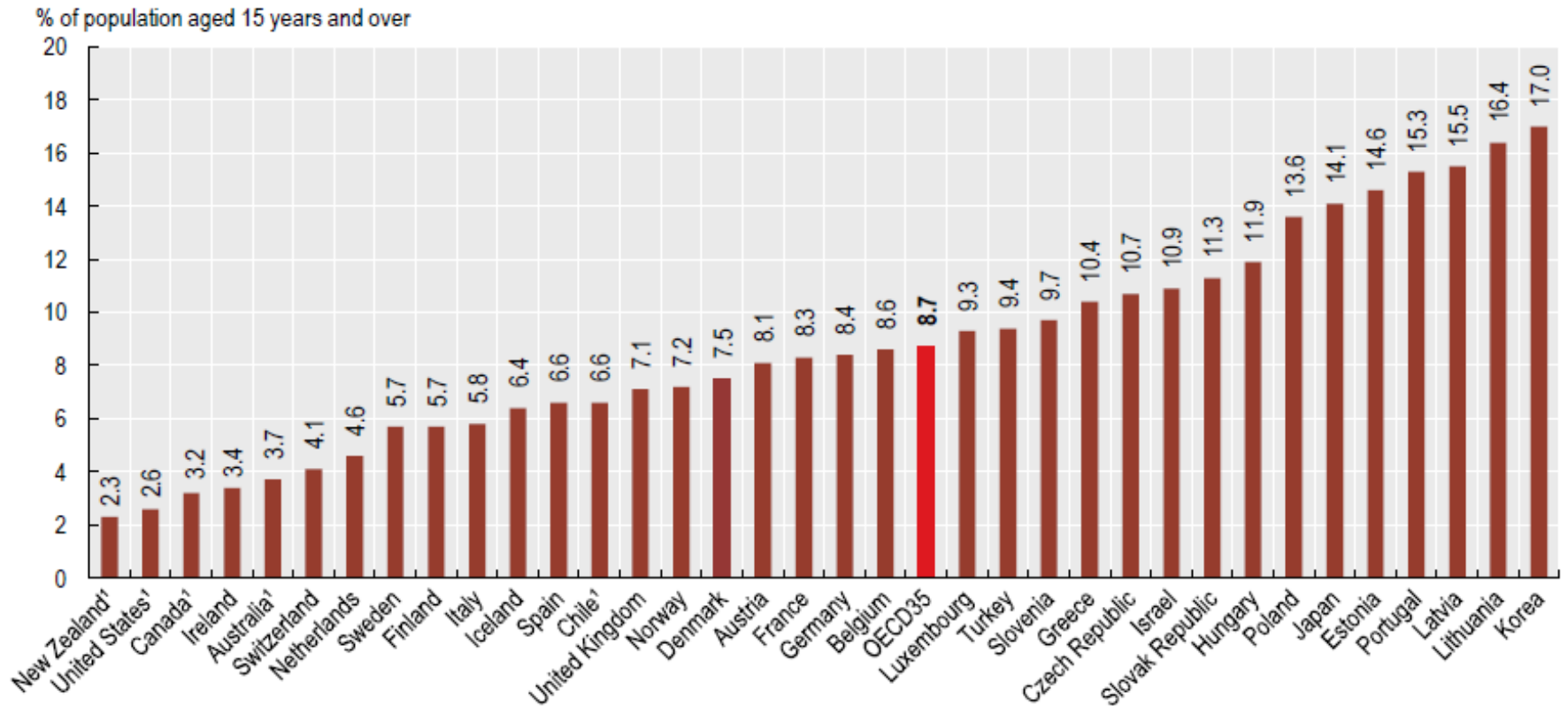| Country	Value
New Zealand[1]	2.3
United States[1]	2.6
Canada[1]	3.2
Ireland	3.4
Australia[1]	3.7
Switzerland	4.1
Netherlands	4.6
Sweden	5.7
Finland	5.7
Italy	5.8
Iceland	6.4
Spain	6.6
Chile[1]	6.6
United Kingdom	7.1
Norway	7.2
Denmark	7.5
Austria	8.1
France	8.3
Germany	8.4
Belgium	8.6
OECD35	8.7
Luxembourg	9.3
Turkey	9.4
Slovenia	9.7
Greece	10.4
Czech Republic	10.7
Israel	10.9
Slovak Republic	11.3
Hungary	11.9
Poland	13.6
Japan	14.1
Estonia	14.6
Portugal	15.3
Latvia	15.5
Lithuania	16.4
Korea	17.0

1. Results for these countries are not directly comparable with those for other countries, due to methodological differences in the survey questionnaire resulting in a bias towards a more positive self-assessment of health.
EU-SILC for European countries.

Source: **Health at a Glance 2019.**

4. RISK FACTORS FOR HEALTH

- Smoking among adults
- Alcohol consumption among adults
- Opioids use
- Overweight and obesity among adults

Across OECD countries, 18% of adults smoke tobacco daily. Men smoke more than women in all countries except Iceland – on average across the OECD, 23% of men smoke daily compared with 14% among women

Adult population smoking daily by sex, 2017 (or nearest year)
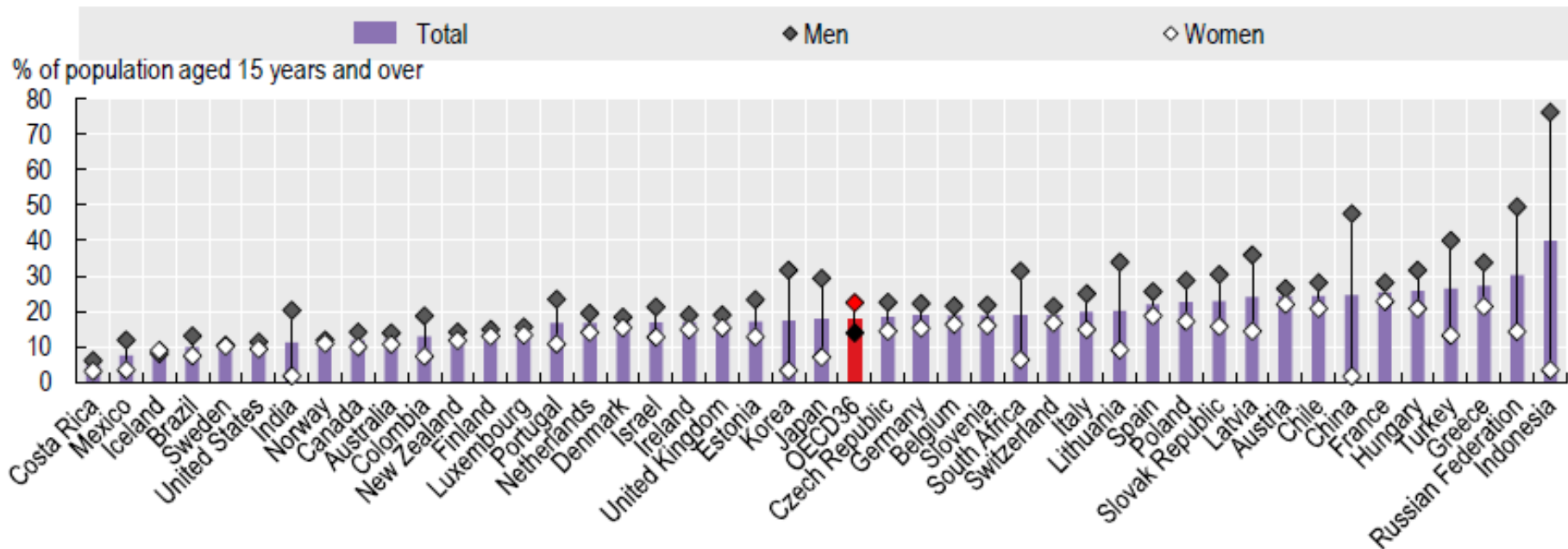
Overall alcohol consumption averaged 8.9 litres of pure alcohol per person per year (equivalent to almost 100 bottles of wine) across OECD countries in 2017, down from 10.2 litres in 2007

Recorded alcohol consumption among adults, 2007 and 2017 (or nearest year)

Source: Health at a Glance 2019.
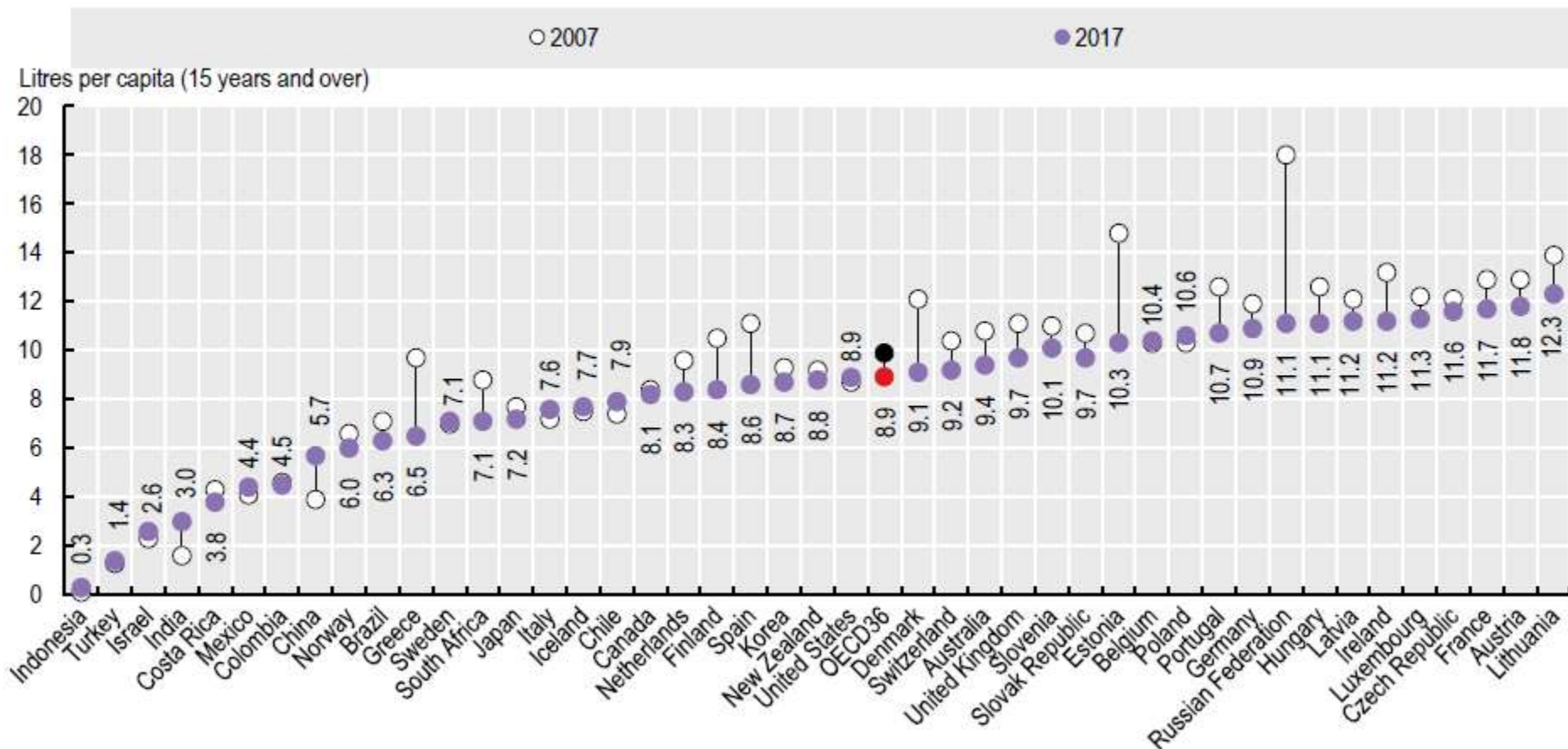
On average across 25 OECD countries for which data are available, there were 26 opioid-related deaths per million inhabitants in 2016.
However, death rates were over five times higher in the United States, followed closely by Canada

Opioid-related deaths, 2011 and 2016 (or nearest year)
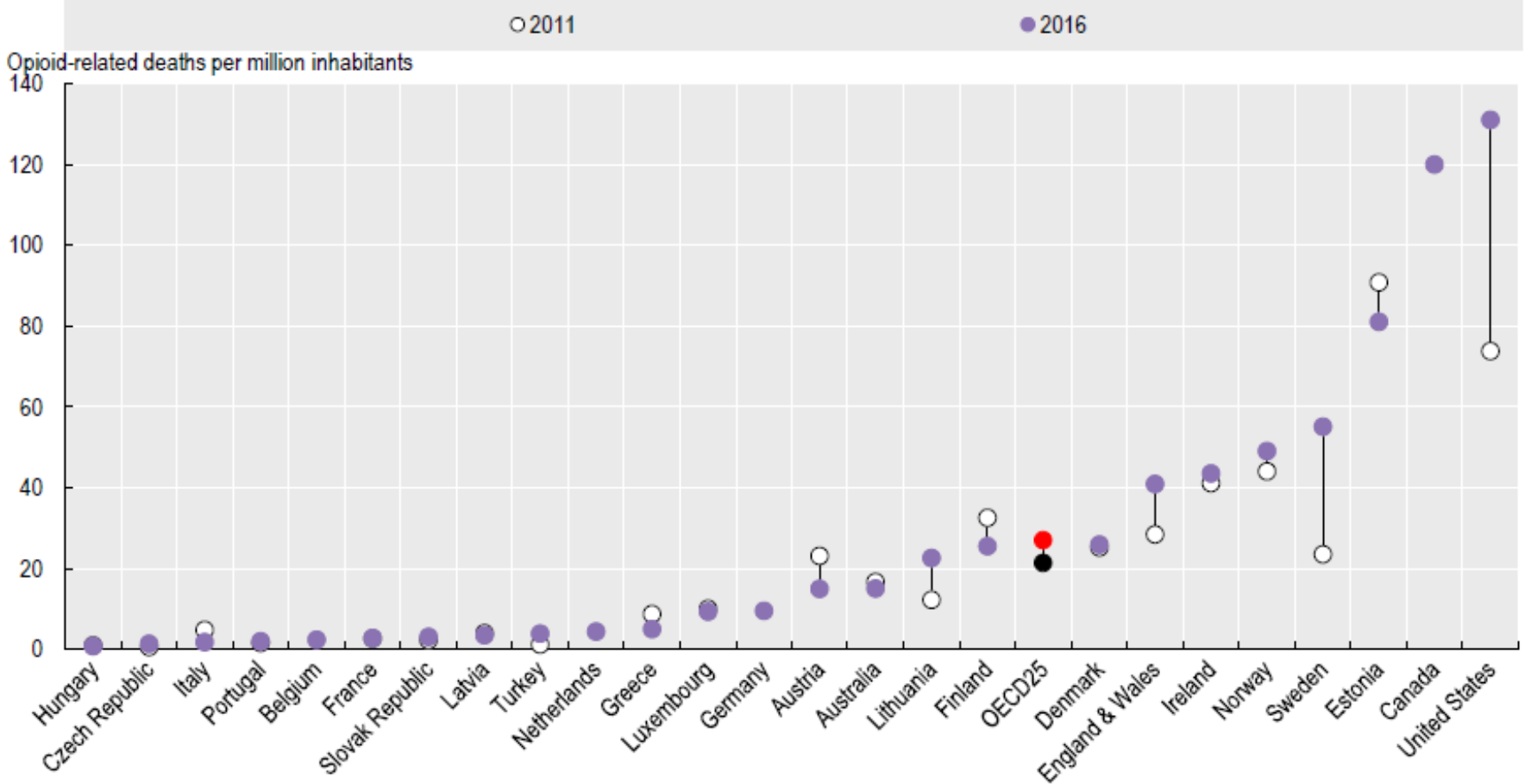
Note: Canada's data corresponds to 2018.
Source: EMCDDA for European countries and country responses to OECD opioid data questionnaire 2018.

***Source*: Health at a Glance 2019.**

Based on measured data, 58% of adults were overweight or obese in 2017 on average across 23 OECD countries with comparable data. For both measured and self-reported data, men are more likely than women to be overweight

Overweight including obesity among adults by sex, measured and self-reported, 2017 (or nearest year)

Total | Men | Women | OECD36

% of population aged 15 years and over

Japan 25.9
Korea 33.7
France 49.0
Israel 50.9
Belgium 51.0
Estonia 51.3
Slovak Republic 51.5
Latvia 54.6
Czech Republic 55.0
OECD23 58.2
Luxembourg 58.1
Canada 59.1
Germany 60.0
Ireland 62.0
Hungary 62.3
United Kingdom 64.3
Turkey 64.4
Australia 65.2
New Zealand 66.6
Finland 67.6
Portugal 67.6
United States 71.0
Mexico 72.5
Chile 74.2

Switzerland 41.8
Italy 46.0
Norway 46.0
Austria 46.7
Netherlands 47.3
Sweden 48.2
Denmark 51.0
Spain 53.0
Lithuania 53.3
Poland 53.3
Greece 55.0
Slovenia 55.6
Iceland 65.4

Note: Left- and right-hand side estimates utilise measured and self-reported data, respectively. OECD36 average includes both data types.

Source: **Health at a Glance 2019.**

5. ACCESS TO CARE

- Population coverage for health care
- Use of primary care services
- Financial hardship and out-of-pocket expenditure

Most OECD countries have achieved universal (or near universal) coverage for a core set of health services

Population coverage for a core set of services, 2017 (or nearest year)

Source: Health at a Glance 2019.
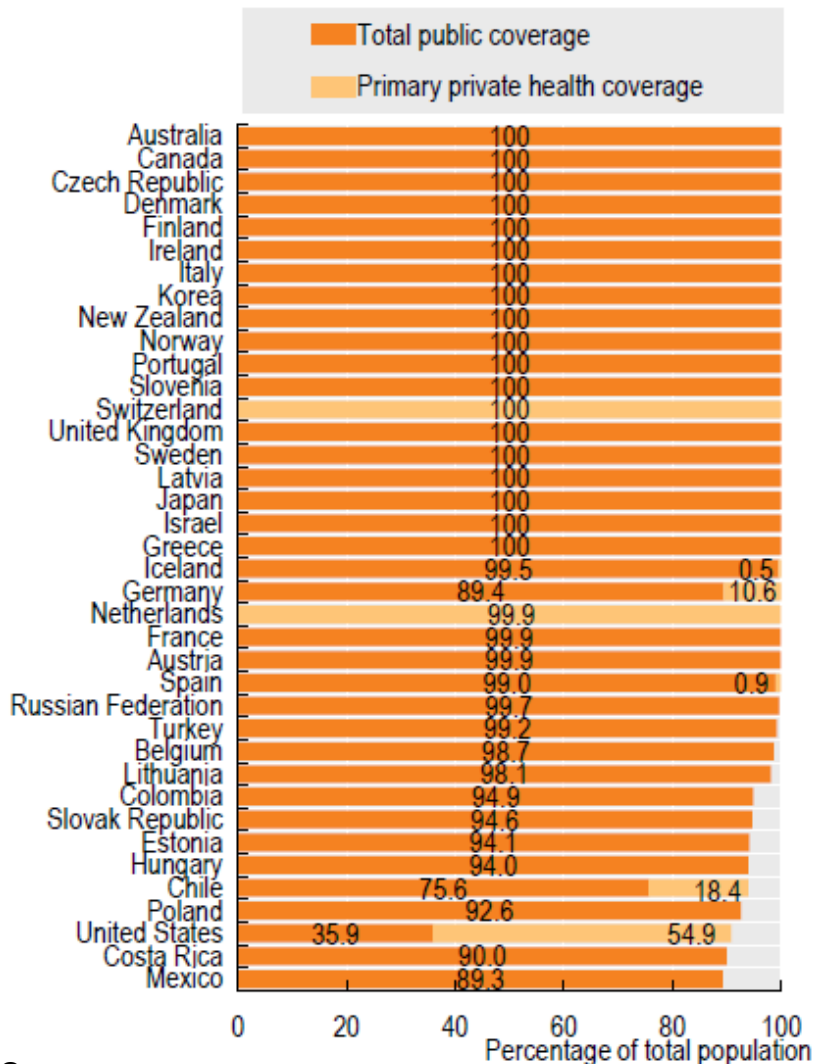
On average just under 80% of individuals aged 15 or over reported visiting a doctor in the past year, adjusting for need

Need-adjusted probability of visiting a doctor, by income, 2014
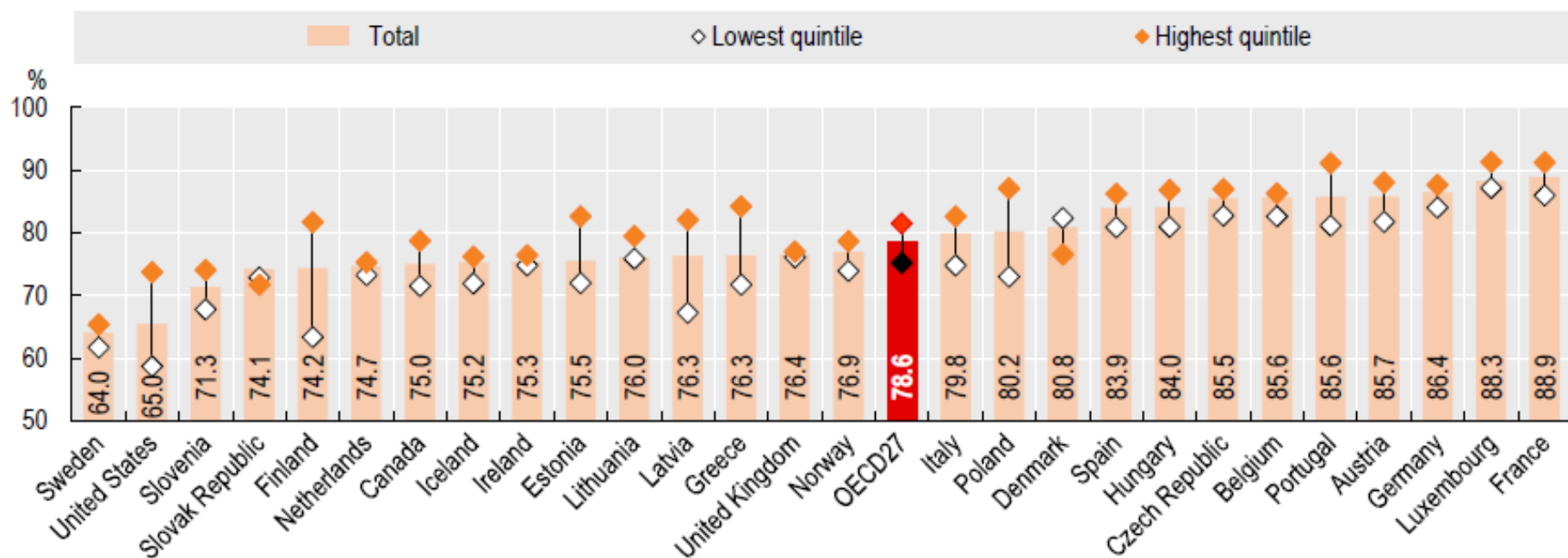
Note: OECD estimates based on EHIS-2 and other national survey data.

***Source*: Health at a Glance 2019.**

Across all countries, poorer households (i.e. those in the bottom consumption quintile) are most likely to experience catastrophic health spending, despite the fact that many countries have put in place policies to safeguard financial protection

Share of households with catastrophic health spending by consumption quintile, latest year available
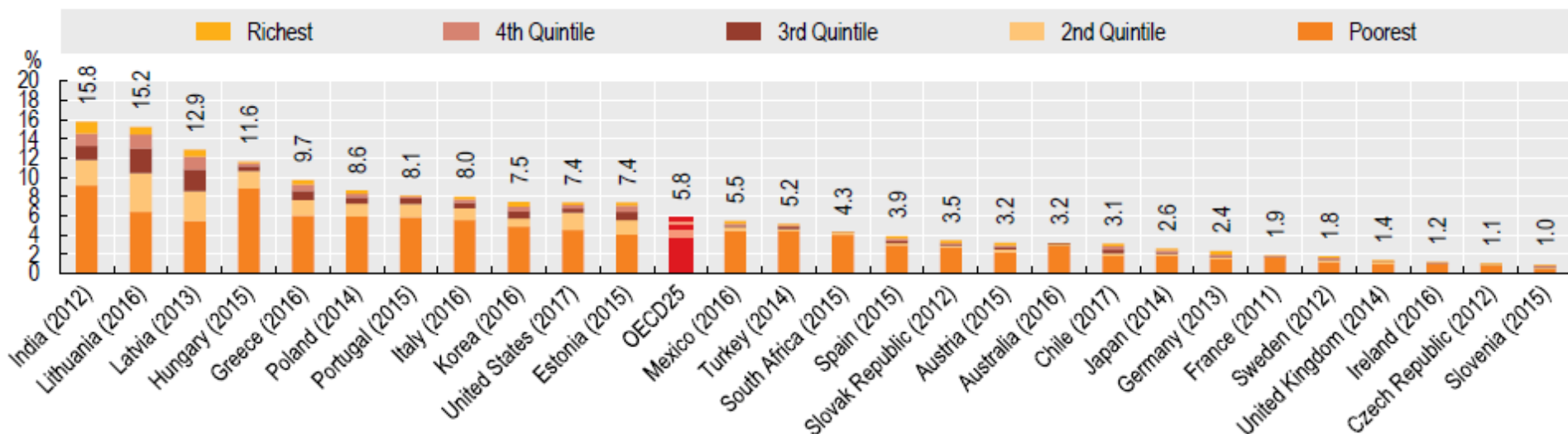
Source: WHO Regional Office for Europe, 2019.

Source: **Health at a Glance 2019.**

6. QUALITY OF CARE

- Volume of antibiotics prescribed
- Safe acute care: health care-associated infections
- Avoidable hospital admissions: asthma & COPD
- Mortality following acute myocardial infarction (AMI)
- Breast cancer 5-year net survival

Unnecessary use of antibiotics contributes to antimicrobial resistance. Total volumes of antibiotics prescribed in primary care in 2017 vary more than three-fold across countries, while volumes of second-line antibiotics vary more than 24-fold

Overall volume of antibiotics prescribed, 2017 (or nearest year)
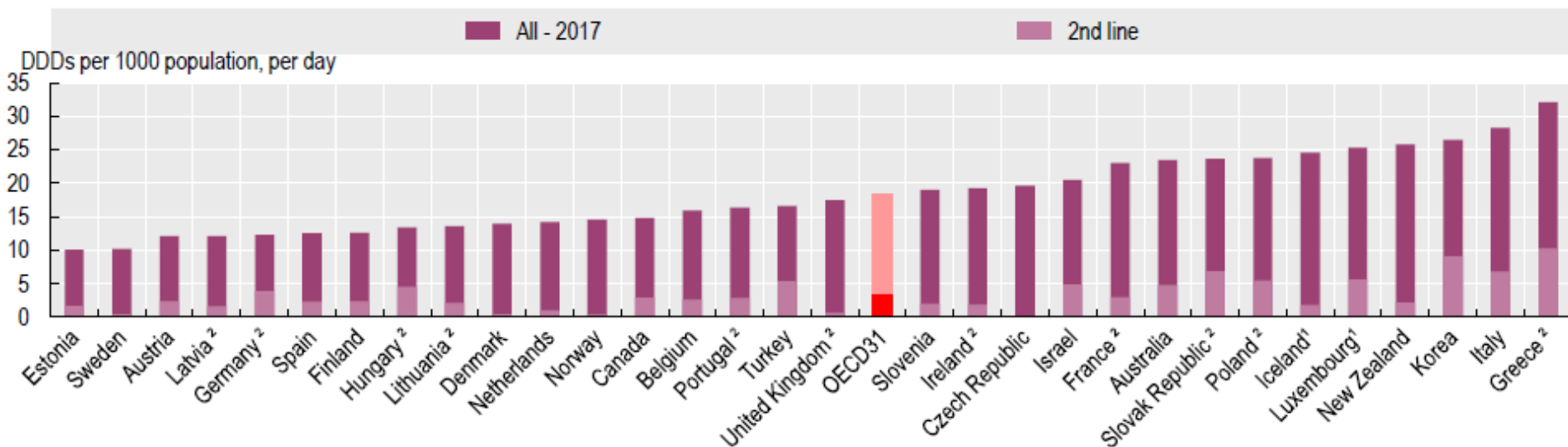
1. Three-year average.
2. Data from European Centre for Disease Prevention and Control as OECD Health Statistics data are not available.

Source: **Health at a Glance 2019.**

Health care associated infections (HAIs) are the single most deadly and costly adverse event, representing up to 6% of public hospital budgets. On average, across OECD countries, just under 4.9% of hospital patients had an HAI in 2015-17

Percentage of hospitalised patients with at least one health care-associated infection and proportion of bacteria isolated from these infections resistant to antibiotics, 2015-17

Legend: ■ Prevalence of HAI %   ◆ % resistant

% HAI (left axis 0–9), % resistant (right axis 0–90)

Countries (x-axis): Lithuania[1], Latvia[1], Germany[2], United States[2], Slovak Republic[1], Netherlands[1], Austria[1], Hungary[1], Estonia[1], Norway[2], United Kingdom[1], Luxembourg[2], Poland[1], Ireland[1], OECD24, Slovenia[1], Czech Republic[2], France[1], Italy[2], Belgium[2], Spain[2], Finland[1], Iceland[1], Greece[2], Portugal[1]

Note: No resistance data available for Iceland, Norway and the United States.
1. Under 5% of patients from ICUs. 2. Over 5% of patients from ICUs.
Source: ECDC 2016-17 Point prevalence survey. CDC 2015 point prevalence study.

***Source*: Health at a Glance 2019.**

Admission rates specifically for asthma vary 12-fold across OECD countries, while admission rates specifically for COPD vary 15-fold across OECD countries

Asthma and COPD hospital admission in adults, 2017 (or nearest year)

| | Asthma | COPD |

Country	Value
Hungary	428
Turkey	425
Australia	403
New Zealand	363
Ireland	329
Denmark	325
Belgium	291
Germany	289
United Kingdom	281
United States	268
Lithuania	263
Korea	263
Canada	253
Austria	248
Norway	244
Latvia	242
Netherlands	236
Poland	236
OECD35	225
Israel	214
Spain	210
Slovak Republic	209
Luxembourg[1]	203
Iceland[1]	201
Finland	182
Czech Republic	174
Sweden	169
France	150
Switzerland	138
Colombia	132
Slovenia	128
Costa Rica	126
Estonia	122
Chile	98
Portugal	90
Mexico	85
Italy	64
Japan	58

Age-sex standardised rates per 100 000 population

1. Three-year average.

Source: Health at a Glance 2019.

In terms of acute care, fewer people are dying following acute myocardial infarction (heart attack), but differences across countries suggest that AMI patients do not always receive recommended care in countries with the highest rates

Thirty-day mortality after admission to hospital for AMI based on unlinked data, 2007 and 2017 (or nearest year)

○ 2007   ● 2017

Age-sex standardised rate per 100 admissions of adults aged 45 years and over

Iceland[1] 2.3 | Denmark 3.2 | Norway 3.5 | Netherlands 3.5 | Australia 3.8 | Sweden 3.9 | Poland 4.1 | Slovenia 4.1 | New Zealand 4.7 | Canada 4.8 | United States 5.0 | Ireland 5.4 | Italy 5.4 | Israel 5.5 | France 5.6 | Colombia 5.6 | Slovak Republic 5.9 | Czech Republic 6.2 | Austria 6.2 | Spain 6.5 | Turkey 6.8 | Belgium 6.8 | OECD32 6.9 | United Kingdom 7.0 | Portugal 7.3 | Switzerland | Finland 8.0 | Chile 8.2 | Luxembourg[1] 8.5 | Germany 8.5 | Lithuania 8.6 | Estonia 9.6 | Korea 9.6 | Japan 9.7 | Latvia 13.4 | Hungary | Mexico 27.5

1. Three-year average.

Source: Health at a Glance 2019.

Five-year net survival for women with breast cancer has improved in recent years, reflecting overall improvement in the quality of cancer care. In all OECD countries, for women diagnosed at early or localised stage, the cumulative probability of surviving their cancer for at least 5 years is 90%

Breast cancer five-year net survival by stage of breast cancer at diagnosis, 2010-14

Legend: Early or localised stages | Advanced stage | ◆ All stages

Age-standardised five-year net survival (%)

Countries (left to right): United States[2] 98.7, Australia[1] 99.5, Japan[2] 99.0, Iceland[3,4] 98.7, Canada[2] 98.0, Finland 98.5, Israel 99.0, Portugal[1] 98.7, New Zealand 98.9, Norway 98.7, Belgium 96.8, Switzerland[2] 96.8, Denmark 98.6, Germany[2] 99.1, Italy[2] 98.9, United Kingdom 99.0, Spain[2] 95.1, OECD26 97.4, Austria 97.1, Slovenia 92.9, Turkey[2] 96.9, Ireland 95.8, Czech Republic[4] 95.2, Estonia 96.8, Poland[1] 94.5, Slovak Republic 94.6, Brazil[2,4] 89.5, Lithuania 95.3, Russian Federation[2] 95.7

Note: H line shows 95% confidence intervals. 1. Coverage is less than 100% of the national population for stage-specific survival estimates. 2. Coverage is less than 100% of the national population. 3. Survival estimates for advanced stage are not age-standardised. 4. Data for 2004-09.
Source: CONCORD programme, London School of Hygiene and Tropical Medicine.
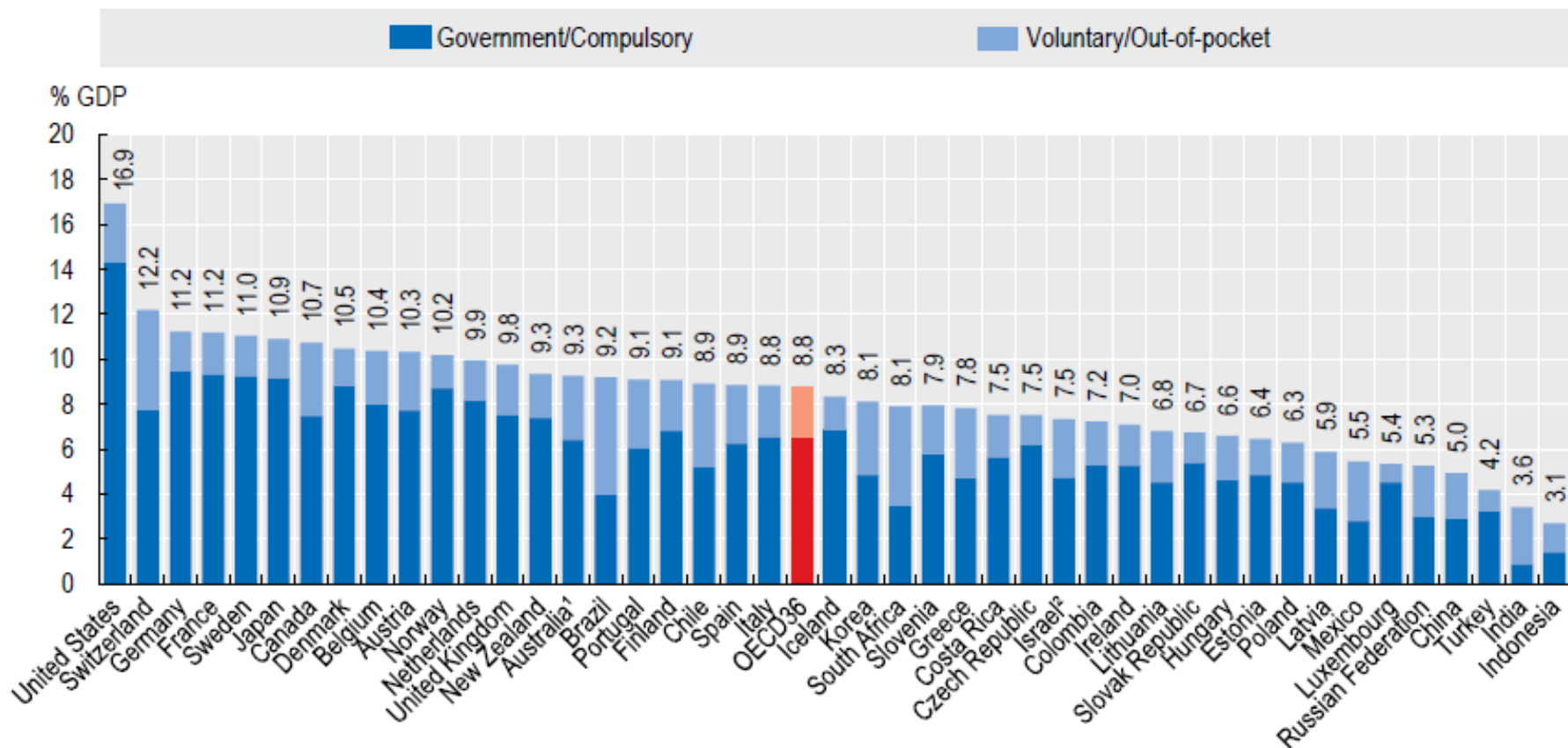
***Source*: Health at a Glance 2019.**

7. HEALTH EXPENDITURE

- Health expenditure in relation to GDP
- Prices in the health sector
- Health expenditure by type of service
- Projections of health expenditure

On average, OECD countries are estimated to have spent 8.8% of GDP on health care in 2018, a figure more or less unchanged since 2013. The United States spent by far the most on health care, equivalent to 16.9% of its GDP

Health expenditure as a share of GDP, 2018 (or nearest year)

Legend: ■ Government/Compulsory ■ Voluntary/Out-of-pocket

Values (% GDP) by country: United States 16.9, Switzerland 12.2, Germany 11.2, France 11.2, Sweden 11.0, Japan 10.9, Canada 10.7, Denmark 10.5, Belgium 10.4, Austria 10.3, Norway 10.2, Netherlands 9.9, United Kingdom 9.8, New Zealand 9.3, Australia¹ 9.3, Brazil 9.2, Portugal 9.1, Finland 9.1, Chile 8.9, Spain 8.9, Italy 8.8, OECD36 8.8, Iceland 8.3, Korea 8.1, South Africa 8.1, Slovenia 7.9, Greece 7.8, Costa Rica 7.5, Czech Republic 7.5, Israel² 7.5, Colombia 7.2, Ireland 7.0, Lithuania 6.8, Slovak Republic 6.7, Hungary 6.6, Estonia 6.4, Poland 6.3, Latvia 5.9, Mexico 5.5, Luxembourg 5.4, Russian Federation 5.3, China 5.0, Turkey 4.2, India 3.6, Indonesia 3.1

Note: Expenditure excludes investments, unless otherwise stated.
1. Australia expenditure estimates exclude all expenditure for residential aged care facilities in welfare (social) services.
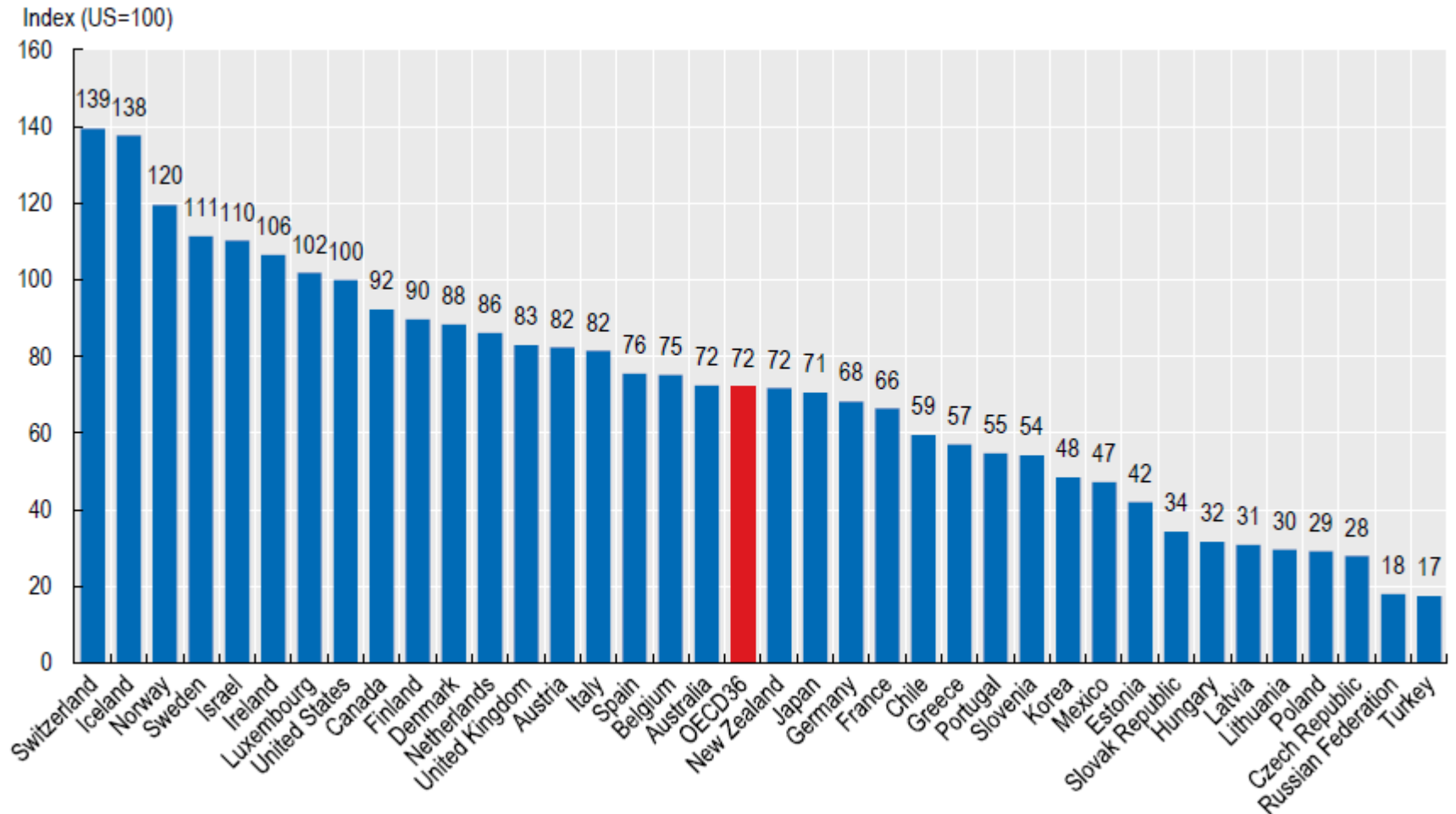2. Includes investments.
Source: OECD Health Statistics 2019, WHO Global Health Expenditure Database.

***Source*: Health at a Glance 2019.**

Prices in the health sector based on the same set of goods and services are estimated to be about 10% more in Sweden, 20% more in Norway and up to 39% higher in Switzerland. Prices across all OECD countries are on average around 28% lower than in the United States.

Comparative price levels for health, 2017, US=100

Index (US=100)

Switzerland 139, Iceland 138, Norway 120, Sweden 111, Israel 110, Ireland 106, Luxembourg 102, United States 100, Canada 92, Finland 90, Denmark 88, Netherlands 86, United Kingdom 83, Austria 82, Italy 82, Spain 76, Belgium 75, Australia 72, OECD36 72, New Zealand 72, Japan 71, Germany 68, France 66, Chile 59, Greece 57, Portugal 55, Slovenia 54, Korea 48, Mexico 47, Estonia 42, Slovak Republic 34, Hungary 32, Latvia 31, Lithuania 30, Poland 29, Czech Republic 28, Russian Federation 18, Turkey 17

Growth in health expenditure resumed across all areas following the general slowdown after the economic crisis.
# Prevention was the fastest growing area between 2013-17 at 3.2% on average, annually

Annual growth in health expenditure for selected services (real terms), OECD average, 2009-13 and 2013-17

Source: Health at a Glance 2019.
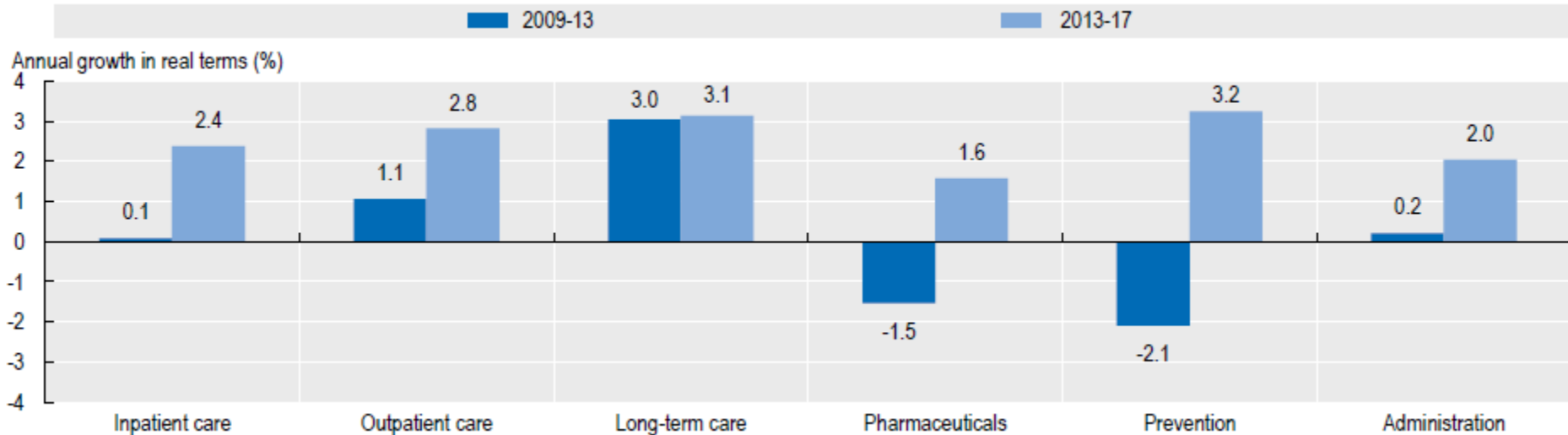
Health expenditure is projected to outpace GDP growth in the next 15 years in all scenarios

Health expenditure per capita vs GDP growth trends, observed and projected, 2000-30
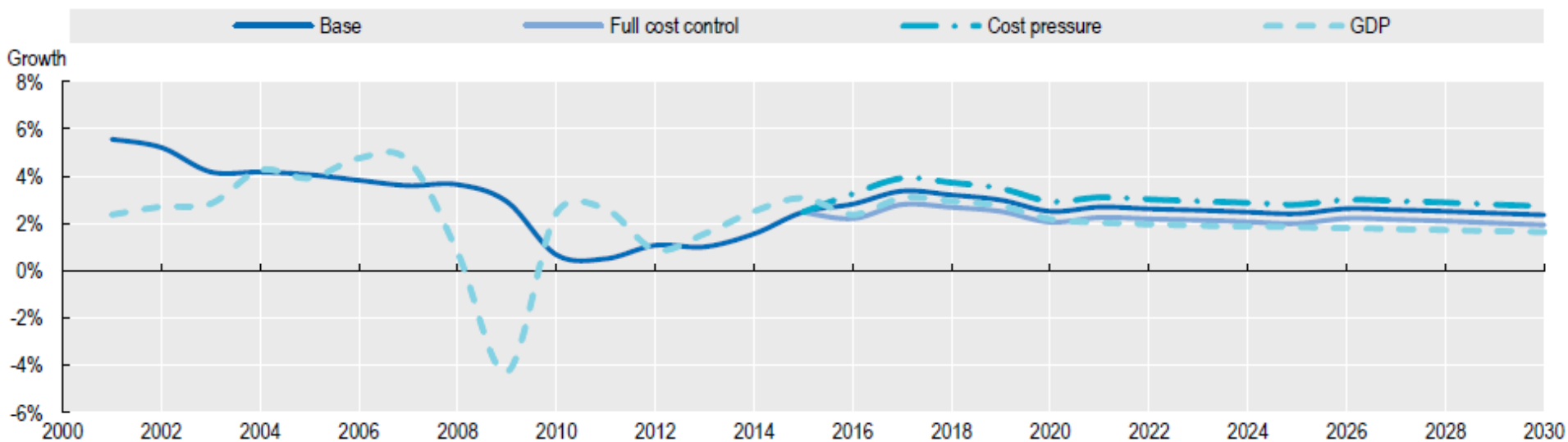
Source: OECD Health Division projections, 2019.

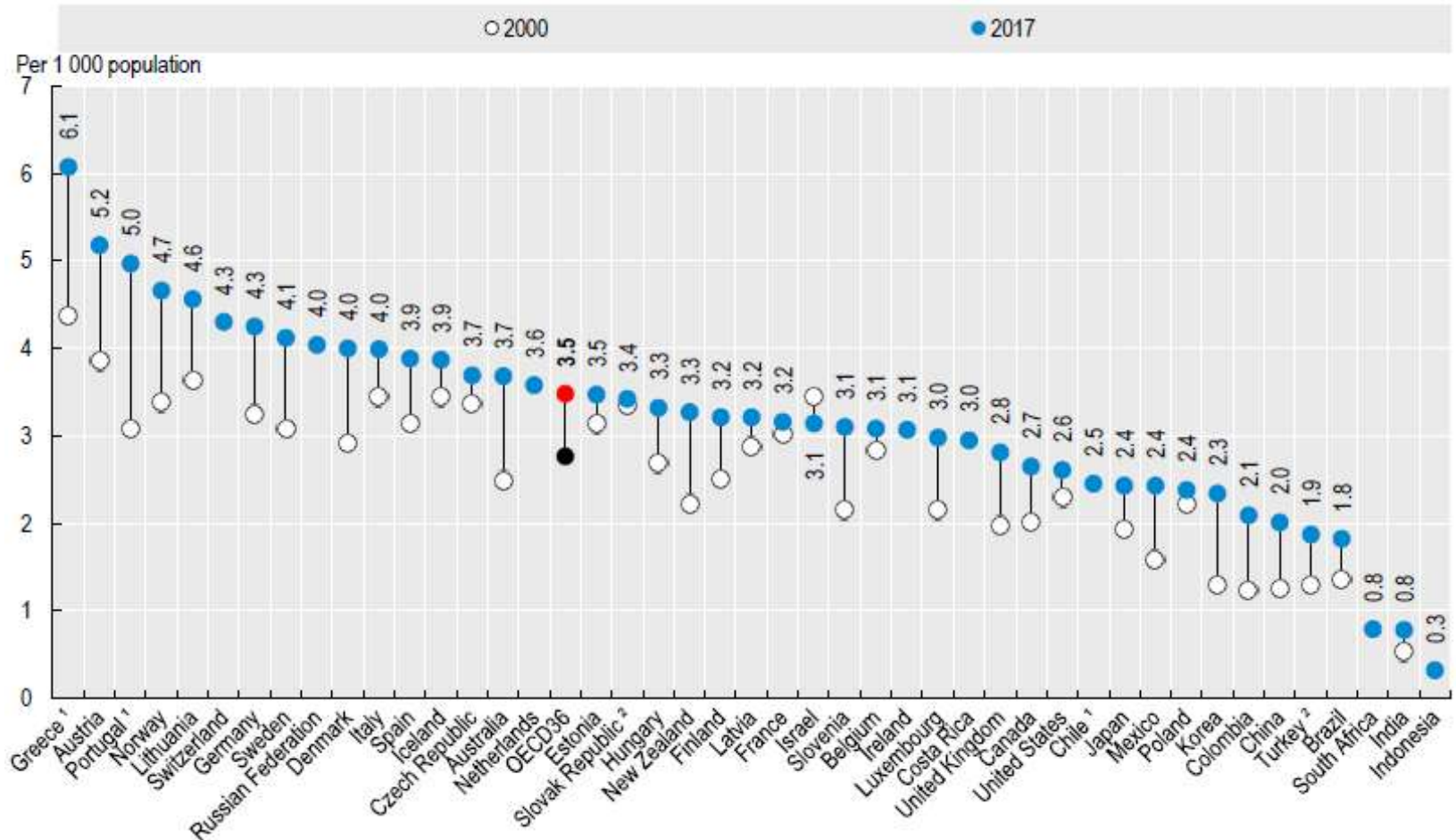*Source*: **Health at a Glance 2019.**

8. HEALTH WORKFORCE

- Doctors per capita
- Nurses per capita
- Ratio nurses to doctors

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

Practising doctors per 1 000 population, 2000 and 2017 (or nearest year)

Legend: ○ 2000   ● 2017

Per 1 000 population

Values (2017): Greece[1] 6.1, Austria 5.2, Portugal[1] 5.0, Norway 4.7, Lithuania 4.6, Switzerland 4.3, Germany 4.3, Sweden 4.1, Russian Federation 4.0, Denmark 4.0, Italy 4.0, Spain 3.9, Iceland 3.9, Czech Republic 3.7, Australia 3.7, Netherlands 3.6, OECD36 3.5, Estonia 3.5, Slovak Republic[2] 3.4, Hungary 3.3, New Zealand 3.3, Finland 3.2, Latvia 3.2, France 3.2, Israel 3.1, Slovenia 3.1, Belgium 3.1, Ireland 3.1, Luxembourg 3.0, Costa Rica 3.0, United Kingdom 2.8, Canada 2.7, United States 2.6, Chile[1] 2.5, Japan 2.4, Mexico 2.4, Poland 2.4, Korea 2.3, Colombia 2.1, China 2.0, Turkey[2] 1.9, Brazil 1.8, South Africa 0.8, India 0.8, Indonesia 0.3
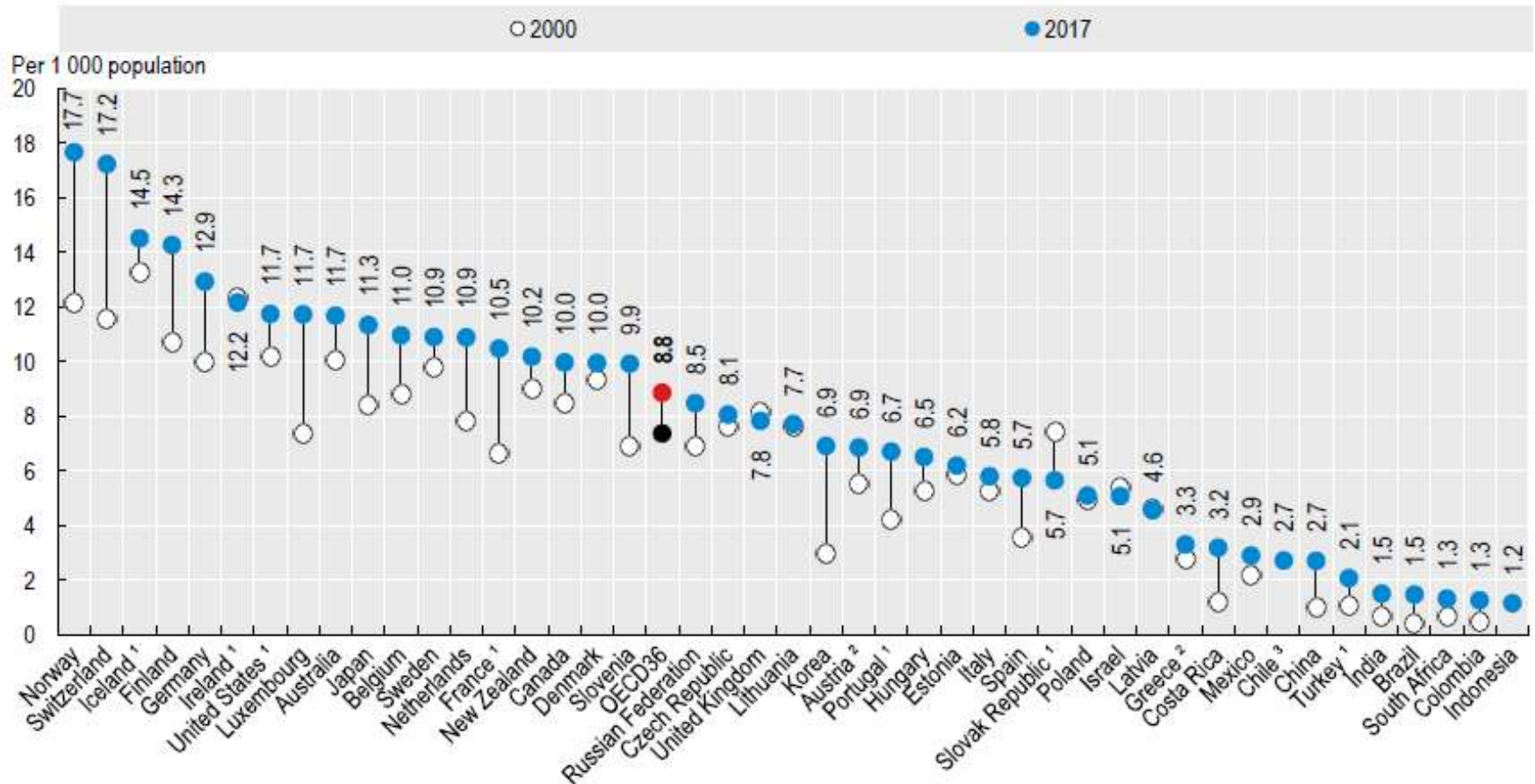
Notes:
1. Data refer to all doctors licensed to practice, resulting in a large over-estimation of the number of practising doctors (e.g. of around 30% in Portugal).
2. Data include not only doctors providing direct care to patients but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors).

Source: **Health at a Glance 2019.**

Between 2000 and 2017 the number of nurses per capita grew in almost all OECD countries, and the average rose from 7.4 per 1 000 population in 2000 to 8.8 per 1 000 population in 2017

Practising nurses per 1 000 population, 2000 and 2017 (or nearest year)
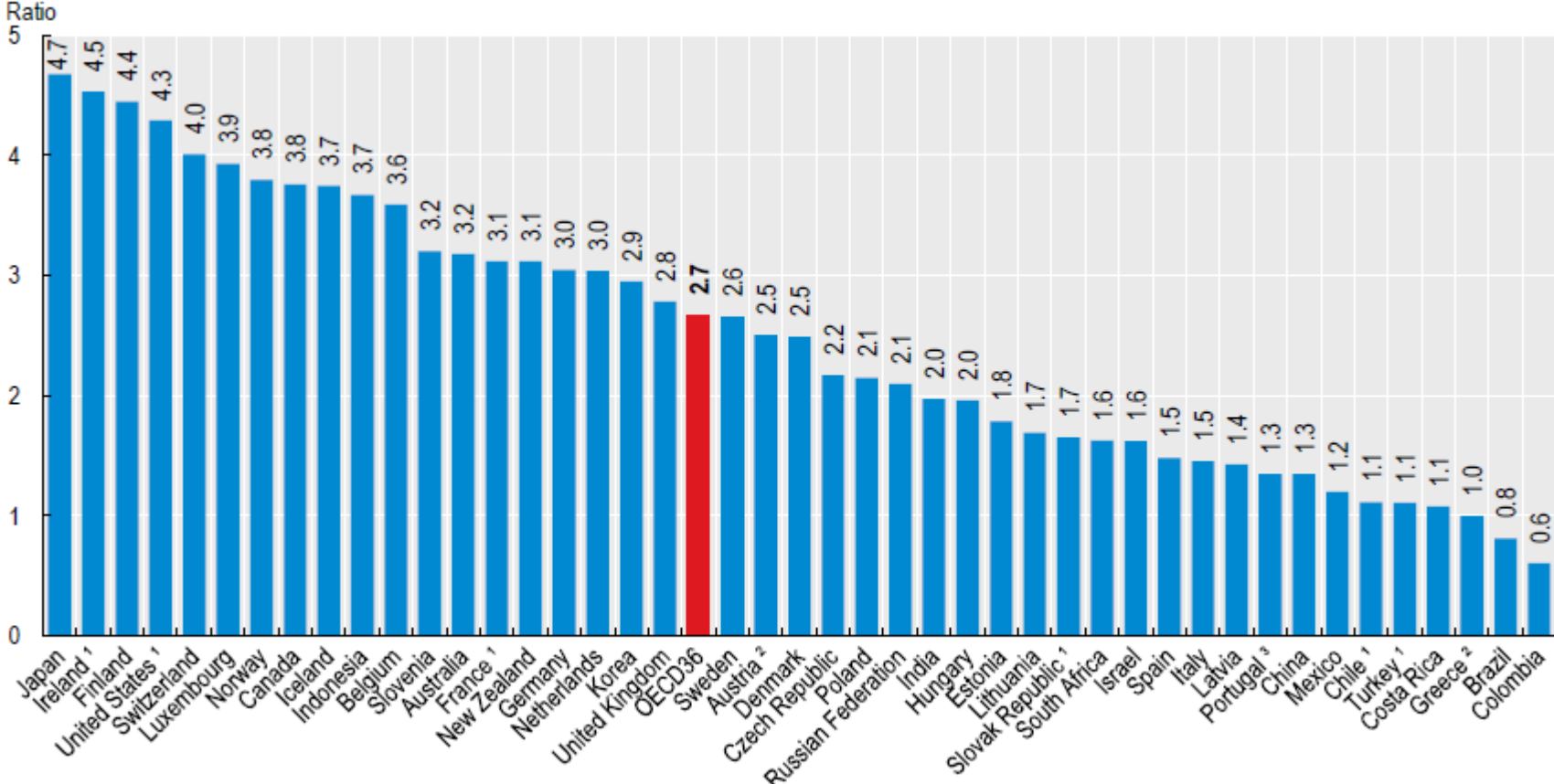

Notes:
1. Data include not only nurses providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. 2. Austria and Greece report only nurses employed in hospital. 3. Data in Chile refer to all nurses who are licensed to practice.

Source: **Health at a Glance 2019.**

Nurses outnumber physicians in most OECD countries, and on average there are 3 nurses to every doctor. The ratio of nurses to doctors ranges from about 1 nurse per doctor in Chile, Turkey and Greece, to more than 4 nurses per doctor in Japan, Ireland, Finland and the United States

Ratio of nurses to doctors, 2017 (or nearest year)

Notes:
1. For countries that have not provided data for practising nurses and/or practising doctors, the numbers relate to the "professionally active" concept for both nurses and doctors (except Chile, where numbers include all nurses and doctors licensed to practise). 2. For Austria and Greece, the data refer to nurses and doctors employed in hospitals. 3. The ratio for Portugal is underestimated because the numerator refers to professionally active nurses while the denominator includes all doctors licensed to practise.
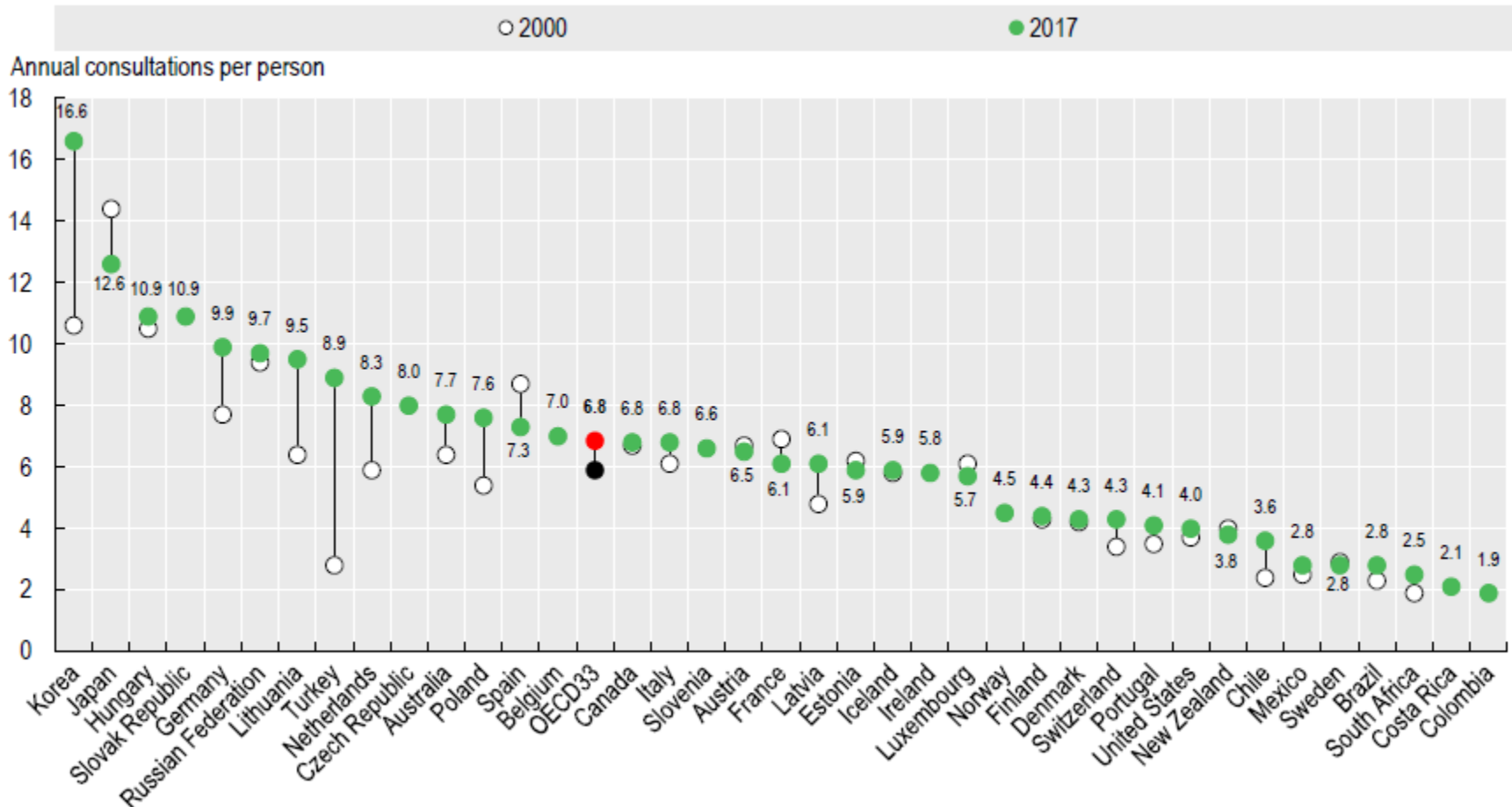
Source: Health at a Glance 2019.

9. HEALTH CARE ACTIVITIES

- Consultations with doctors
- Hospital beds
- Occupancy rate of curative care beds
- Average length of stay in hospitals

The average number of doctor consultations per person across OECD countries has remained relatively stable since 2000.
In 2017, the number of doctor consultations per person ranged from less than 3 in Mexico and Sweden, to almost 17 in Korea

Number of doctor consultations per person, 2000 and 2017 (or nearest year)

○ 2000   ● 2017

Annual consultations per person

Korea 16.6, Japan 12.6, Hungary 10.9, Slovak Republic 10.9, Germany 9.9, Russian Federation 9.7, Lithuania 9.5, Turkey 8.9, Netherlands 8.3, Czech Republic 8.0, Australia 7.7, Poland 7.6, Spain 7.3, Belgium 7.0, OECD33 6.8, Canada 6.8, Italy 6.8, Slovenia 6.6, Austria 6.5, France 6.1, Latvia 6.1, Estonia 5.9, Iceland 5.9, Ireland 5.8, Luxembourg 5.7, Norway 4.5, Finland 4.4, Denmark 4.3, Switzerland 4.3, Portugal 4.1, United States 4.0, New Zealand 3.8, Chile 3.6, Mexico 2.8, Sweden 2.8, Brazil 2.8, South Africa 2.5, Costa Rica 2.1, Colombia 1.9

Across OECD countries, there were on average 4.7 hospital beds per 1 000 people in 2017. Since 2000, the number of beds per capita has decreased in nearly all OECD countries.

Hospital beds, 2000 and 2017 (or nearest year)

○ 2000   ● 2017

Per 1 000 population

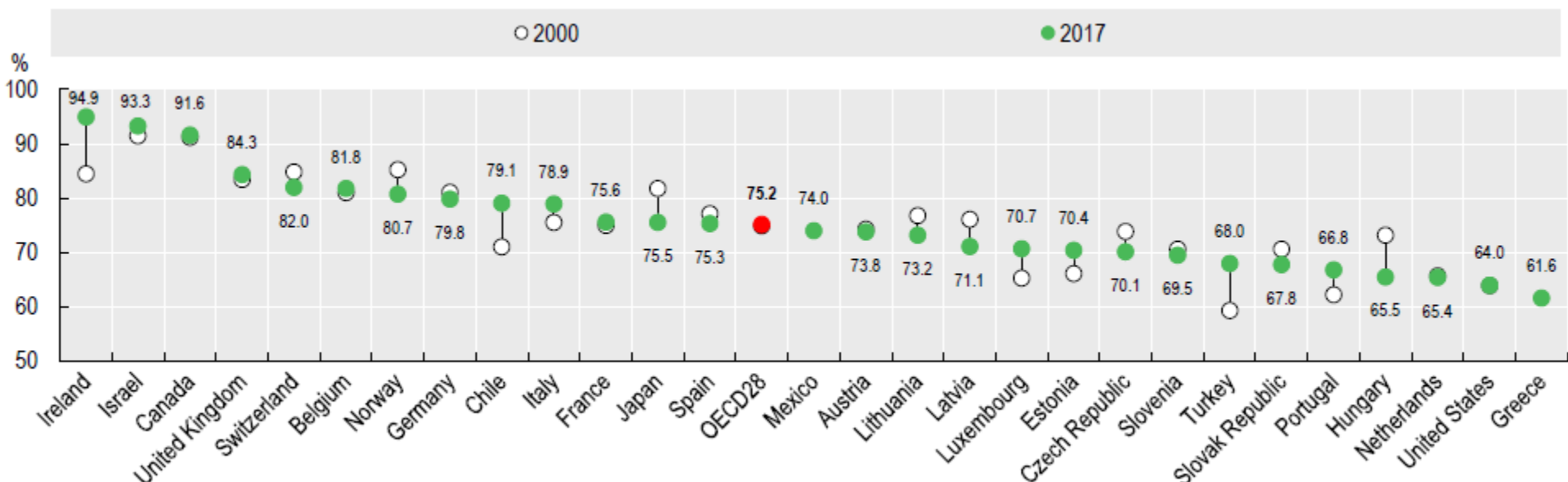13.1, 12.3, 8.1, 8.0, 7.4, 7.0, 6.6, 6.6, 6.6, 6.0, 5.8, 5.7, 5.6, 4.7, 4.7, 4.7, 4.5, 4.5, 4.3, 4.2, 3.8, 3.6, 3.4, 3.3, 3.3, 3.2, 3.1, 3.0, 3.0, 3.0, 2.8, 2.8, 2.7, 2.6, 2.5, 2.5, 2.3, 2.3, 2.2, 2.1, 1.7, 1.4, 1.1, 1.0, 0.5

Japan, Korea, Russian Federation, Germany, Austria, Hungary, Czech Republic, Poland, Lithuania, France, Slovak Republic, Belgium, Latvia, Estonia, Luxembourg, OECD36, Switzerland, Slovenia, China, Greece, Australia, Norway, Portugal, Netherlands, Finland, Italy, Iceland, Israel, Spain, Ireland, Turkey, United States, New Zealand, Denmark, United Kingdom, Canada, South Africa, Brazil, Sweden, Chile, Colombia, Mexico, Costa Rica, Indonesia, India

The occupancy rate was over 90% in Ireland, Israel and Canada in 2017. Occupancy rates were comparatively low in Greece, the United States, the Netherlands and Hungary (around 65% or less). Around half of OECD countries have bed occupancy rates of 70-80%, and the OECD average is 75%

Occupancy rate of curative (acute) care beds, 2000 and 2017 (or nearest year)

○ 2000   ● 2017

Country	2017	2000
Ireland	94.9	
Israel	93.3	
Canada	91.6	
United Kingdom	84.3	
Switzerland	82.0	
Belgium	81.8	
Norway	80.7	
Germany	79.8	
Chile	79.1	
Italy	78.9	
France	75.6	
Japan	75.5	
Spain	75.3	
OECD28	75.2	
Mexico	74.0	
Austria	73.8	
Lithuania	73.2	
Latvia	71.1	
Luxembourg	70.7	
Estonia	70.4	
Czech Republic	70.1	
Slovenia	69.5	
Turkey	68.0	
Slovak Republic	67.8	
Portugal	66.8	
Hungary	65.5	
Netherlands	65.4	
United States	64.0	
Greece	61.6	

In 2017, the average length of stay in hospitals was slightly less than 8 days across OECD countries. Since 2000, the average length of stay has decreased in most countries, potentially indicating efficiency gains

Average length of stay in hospital, 2000 and 2017 (or nearest year)
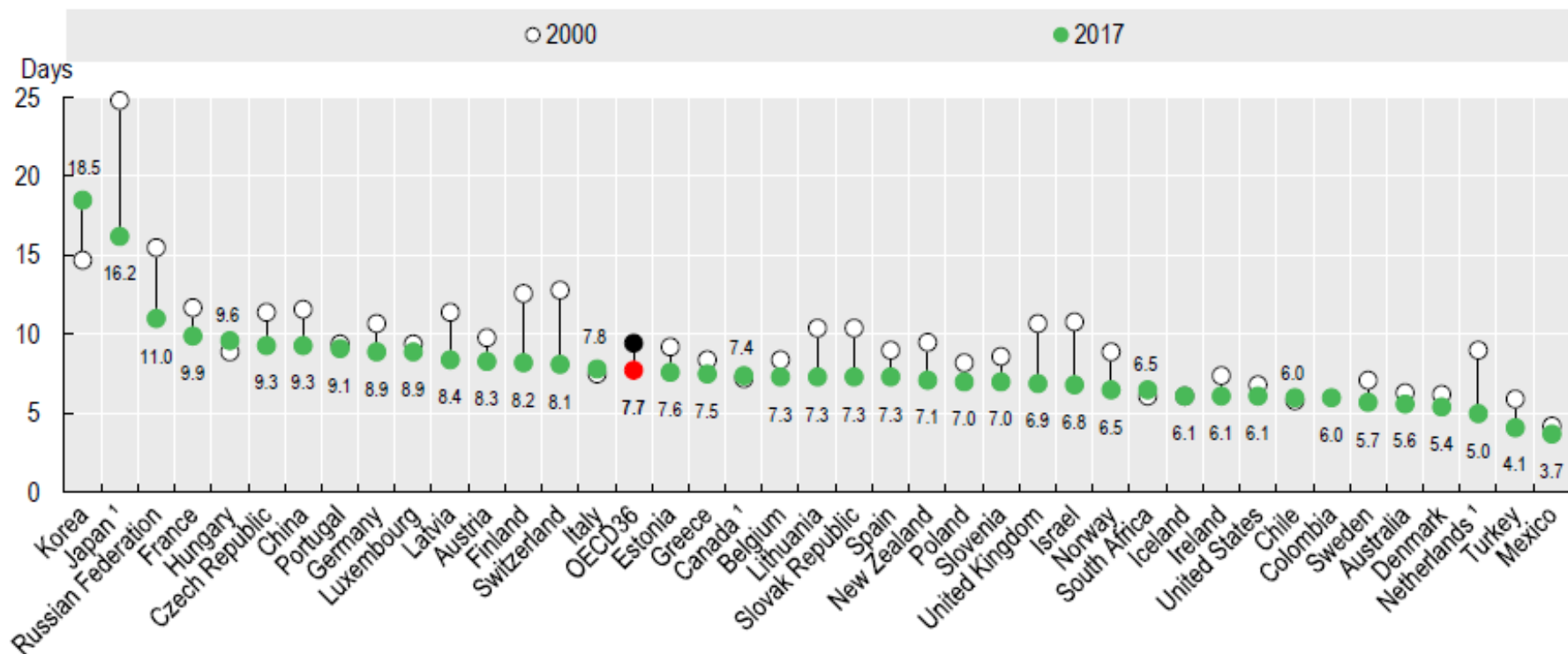
Notes: 1. Data refer to average length of stay for curative (acute) care (resulting in an under-estimation). In Japan, the average length of stay for all inpatient care was 28 days in 2017 (down from 39 days in 2000).

Source: **Health at a Glance 2019.**

10. PHARMACEUTICAL SECTOR

- Pharmaceutical expenditure
- Share of generic market

Across OECD countries, funding from governments and compulsory insurance schemes played the largest role in purchasing pharmaceuticals. On average, these schemes covered 58% of spending on retail pharmaceuticals

Expenditure on retail pharmaceuticals[1] by type of financing, 2017 (or nearest year)
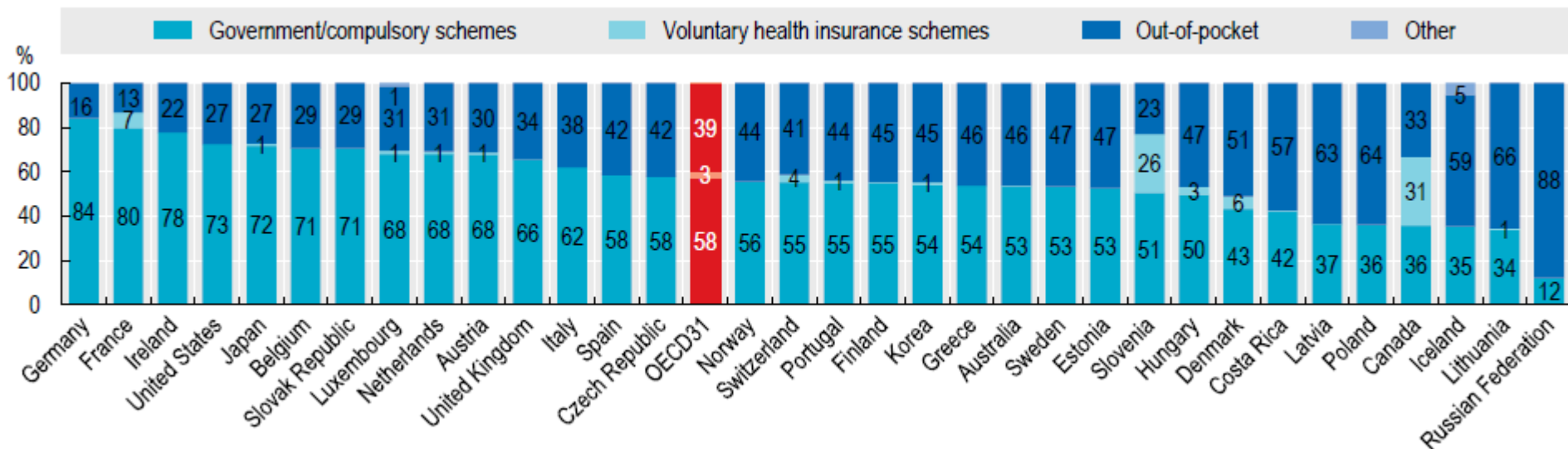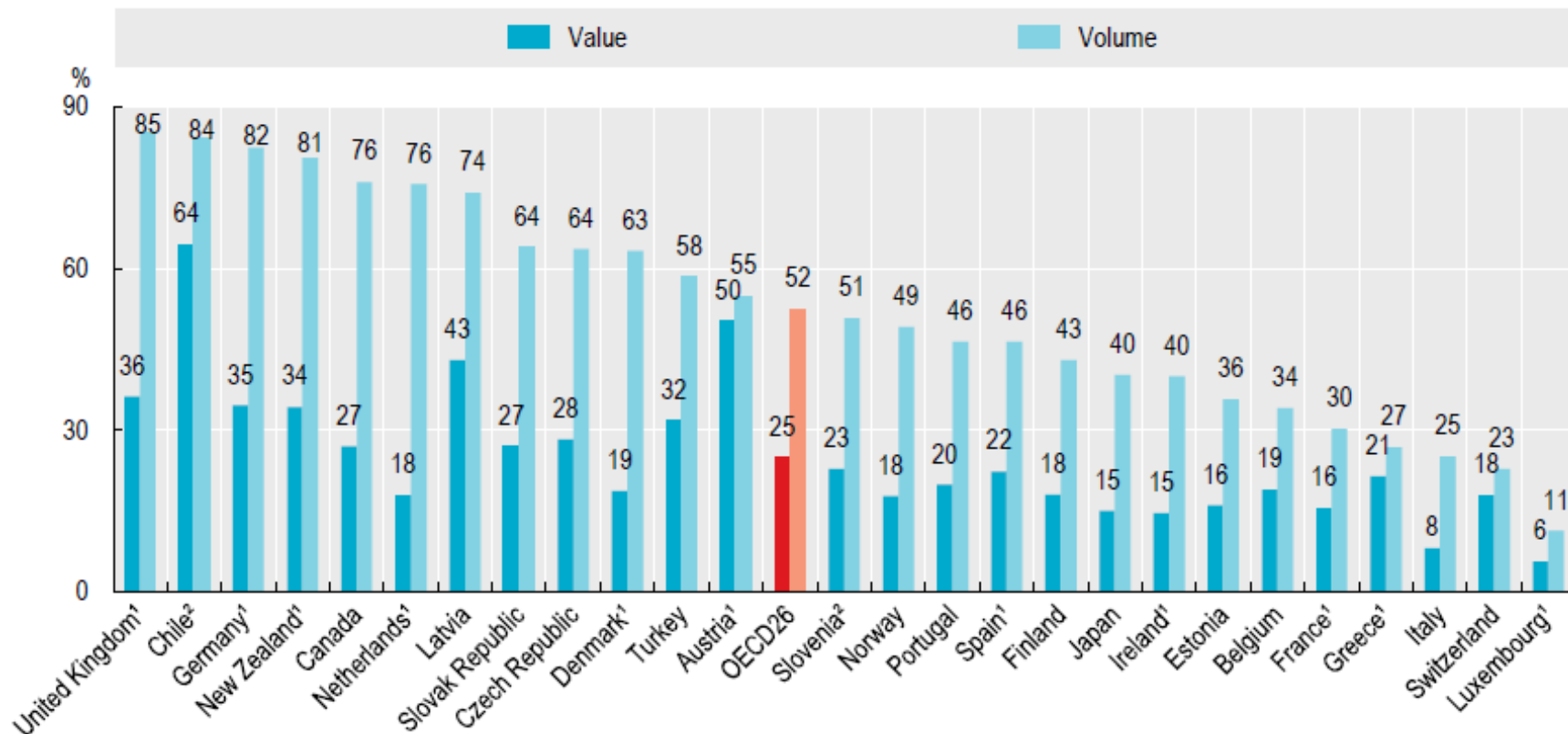

Notes: "Other" includes financing from non-profit-schemes, enterprises and the rest of the world.
1. Includes medical non-durables.

Source: **Health at a Glance 2019.**

In 2017, generics accounted for more than three-quarters of the volume of pharmaceuticals sold in the United Kingdom, Chile, Germany and New Zealand, but less than one-quarter in Luxembourg and Switzerland

Share of generics in the total pharmaceutical market, 2017 (or nearest year)

Country	Value	Volume
United Kingdom[1]	36	85
Chile[2]	64	84
Germany[1]	35	82
New Zealand[1]	34	81
Canada	27	76
Netherlands[1]	18	76
Latvia	43	74
Slovak Republic	27	64
Czech Republic	28	64
Denmark[1]	19	63
Turkey	32	58
Austria[1]	50	55
OECD26	25	52
Slovenia[2]	23	51
Norway	18	49
Portugal	20	46
Spain[1]	22	46
Finland	18	43
Japan	15	40
Ireland[1]	15	40
Estonia	16	36
Belgium	19	34
France[1]	16	30
Greece[1]	21	27
Italy	8	25
Switzerland	18	23
Luxembourg[1]	6	11

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

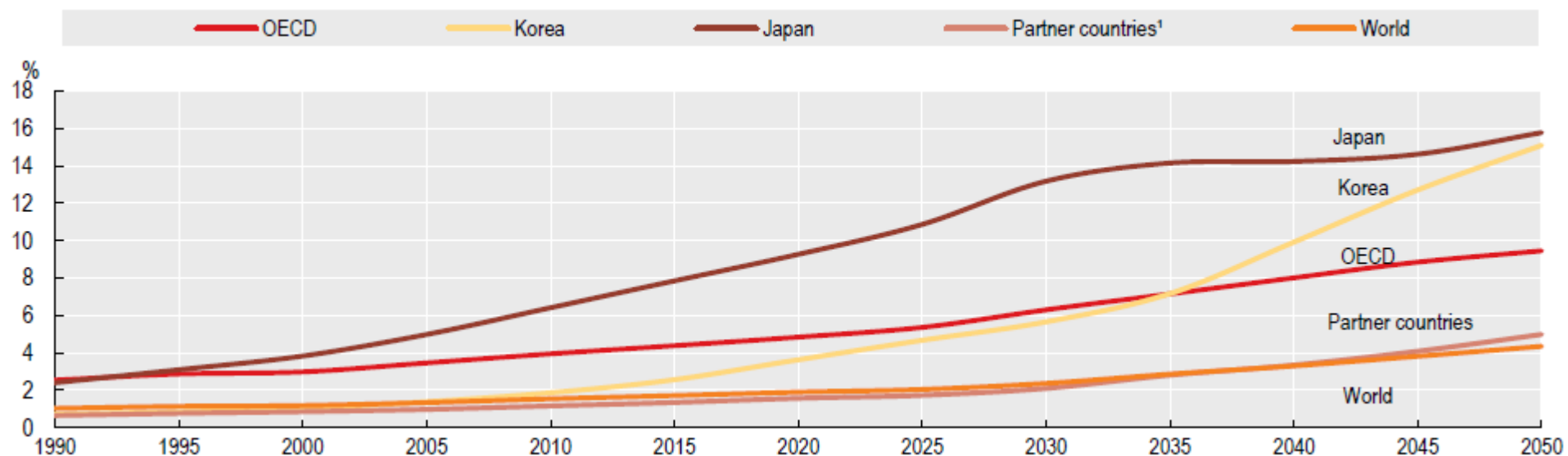*Source*: **Health at a Glance 2019.**

11. AGEING AND LONG-TERM CARE

- Demographic trends
- Informal carers
- Long-term care costs

The speed of population ageing has varied markedly across OECD countries, with Japan in particular experiencing rapid ageing over the past three decades. In the coming years, Korea is projected to undergo the most rapid population ageing among OECD members

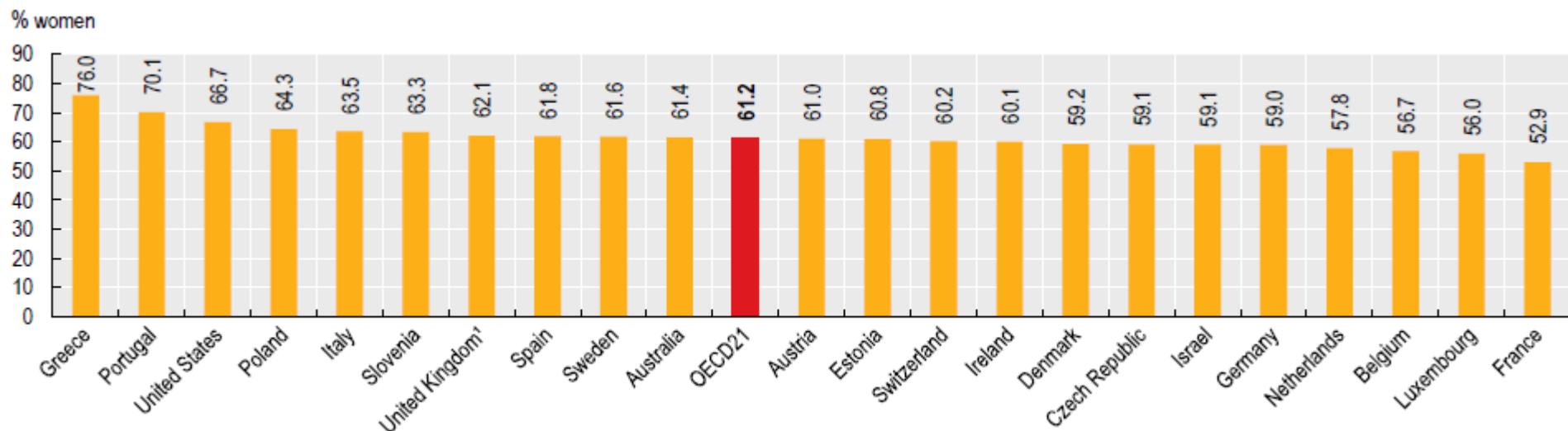**Trends in the share of the population aged over 80 years, 1990-2050**

Note: 1. Partner countries include Brazil, China, Colombia, Costa Rica, India, Indonesia, the Russian Federation and South Africa.
Source: OECD Historical Population Data and Projections Database, 2019.

Source: **Health at a Glance 2019.**

On average across OECD countries, 61% of those providing daily informal care are women. Greece and Portugal have the greatest gender imbalance, with over 70% of informal carers being women

Share of women among informal daily carers aged 50 and over, 2017 (or nearest year)

% women

Country	% women
Greece	76.0
Portugal	70.1
United States	66.7
Poland	64.3
Italy	63.5
Slovenia	63.3
United Kingdom[1]	62.1
Spain	61.8
Sweden	61.6
Australia	61.4
OECD21	61.2
Austria	61.0
Estonia	60.8
Switzerland	60.2
Ireland	60.1
Denmark	59.2
Czech Republic	59.1
Israel	59.1
Germany	59.0
Netherlands	57.8
Belgium	56.7
Luxembourg	56.0
France	52.9

1. The United Kingdom refers to England.
Note: The definition of informal carers differs between surveys (see the "Definition and comparability" box).
Source: Survey of Health, Ageing and Retirement in Europe, wave 7 (2017); Survey of Disability, Ageing and Carers for Australia (2015); English Longitudinal Study of Ageing, wave 8 (2017); Health and Retirement Survey for the United States, wave 13 (2016); Census 2016 for Ireland.

Source: **Health at a Glance 2019.**

For institutional care, the costs for a person with severe LTC needs represent between just under one the median disposable income for individuals of retirement age and more than four times that income, depending on the country or region

Costs of institutional long-term care for an older person with severe needs, as a share of the median income among people of retirement age and older, 2018 (or nearest year)
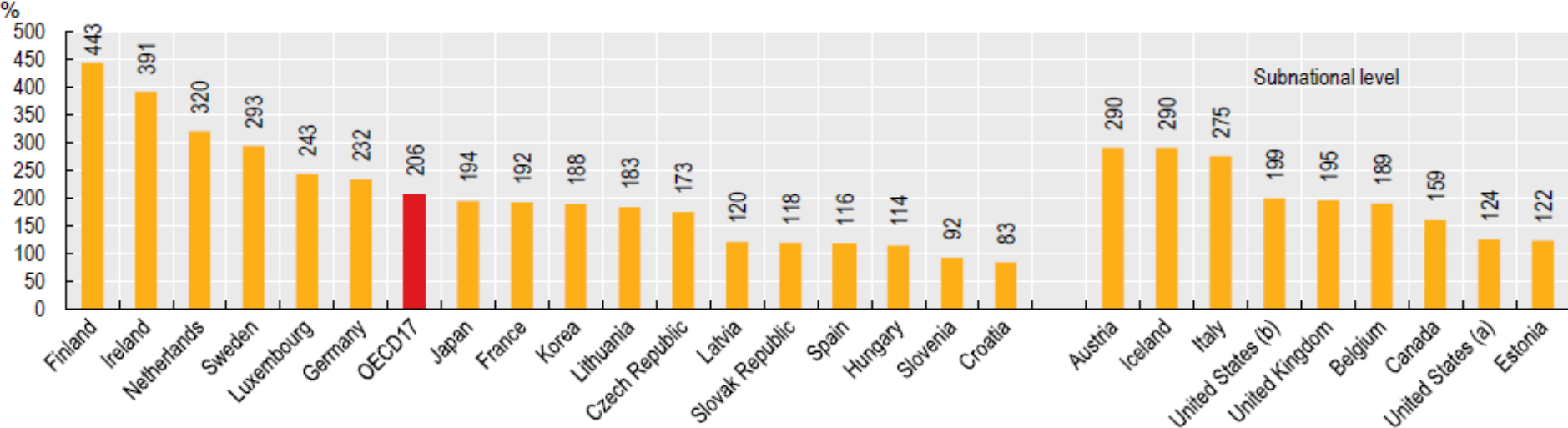
Note: Belgium refers to Flanders, Iceland refers to Reykjavik, Canada refers to Ontario, Estonia refers to Tallinn, Austria refers to Vienna, the United States refers to (a) California and (b) Illinois, Italy refers to South Tyrol, and the United Kingdom refers to England.
Source: OECD Long-Term Care Social Protection questionnaire (2018) and OECD Income Distribution Database (2018).

***Source*: Health at a Glance 2019.**

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