

Executive summary

HHealth at a Glance 2017 presents up-to-date cross-country comparisons of the health status of populations and health system performance in OECD and partner countries. Alongside indicator-by-indicator analysis, this edition offers snapshots and dashboard indicators that summarise the comparative performance of countries, and a special chapter on the main factors driving life expectancy gains.

Most OECD countries have universal health coverage systems which promote equitable access for needed health services. Quality of care has also generally improved, but this has come at a cost: health spending now accounts for about 9% of GDP on average. Investing in cost-effective health promotion interventions is one important way to improve value for money and reduce health inequities.

People in OECD countries are living longer, but the burden of mental illness and chronic disease is rising

- Life expectancy at birth is 80.6 years, on average, across OECD countries. Japan and Spain lead a group of 25 OECD countries with life expectancies over 80 years.
- Turkey, Korea and Chile have experienced the largest gains in life expectancy since 1970.
- Health spending contributes to longevity, but only explains part of the cross-country differences and gains in life expectancy over time. New regression estimates suggest healthier habits and wider social determinants of health are also key.
- Women can expect to live just over five years longer than men, while people with tertiary level education live around six years longer than those with the lowest level of education.
- Across the OECD, more than one in three deaths are caused by ischaemic heart disease, stroke or other circulatory diseases; one in four deaths are due to cancer.
- Mortality rates for circulatory diseases have fallen rapidly, with 50% fewer deaths due to ischaemic heart disease, on average, since 1990. Cancer mortality rates have also fallen, though less markedly, by 18% since 1990.

While smoking rates continue to decline, there has been little success in tackling obesity and harmful alcohol use, and air pollution is often neglected

- Smoking rates have decreased in most OECD countries, but 18% of adults still smoke daily. Rates are highest in Greece, Hungary and Turkey, and lowest in Mexico.
- Alcohol consumption in the OECD averaged 9 litres of pure alcohol per person per year, equivalent to almost 100 bottles of wine. This figure is driven by the sizeable share of heavy drinkers: 30% of men and 12% of women binge-drink at least once per month.
- In 13 OECD countries alcohol consumption has increased since 2000, most notably in Belgium, Iceland, Latvia and Poland.

- Since the late 1990s, obesity has risen quickly in many OECD countries, and more than doubled in Korea and Norway, albeit from low levels.
- 54% of adults in OECD countries today are overweight, including 19% who are obese. Obesity rates are higher than 30% in Hungary, Mexico, New Zealand and the United States.
- Among 15 year olds, 25% are overweight and only 15% do enough physical activity. Further, 12% smoke weekly and 22% have been drunk at least twice in their lives.
- In 21 countries, over 90% of people are exposed to unsafe levels of air pollution.

Most OECD countries have achieved universal or near-universal health coverage, but access to care needs to be improved

- Population coverage for a core set of services is 95% or higher in all but seven OECD countries and lowest in Greece, the United States and Poland.
- Out-of-pocket payments by households make up 20% of all health spending on average in the OECD, and over 40% in Latvia and Mexico.
- Cost concerns lead about 10% of people to skip consultations, while 7% do not purchase prescribed medicines. Poorer households are most affected.
- The number of physicians per 1000 people is much higher in capitals and other cities, with variation between areas most marked in the United States and the Netherlands.
- Waiting times for elective surgery are long in a number of countries, particularly Estonia, Poland and Chile.

Patient experiences and outcomes of care are improving, with lower mortality rates after a heart attack or stroke and higher survival rates for people with cancer

- Over 80% of patients report positive experiences in terms of their time spent with a doctor, easy-to-understand explanations and involvement in treatment decisions.
- Avoidable hospital admissions for chronic conditions have fallen in most OECD countries, indicating an improving quality of primary care.
- In terms of acute care, fewer people are dying following heart attack or stroke. Improvements are particularly striking among heart attack patients in Finland, and stroke patients in Australia.
- Timeliness of hip fracture surgery (a measure of patient safety) has improved in most countries, with over 80% occurring within two days of admission.
- Rates of obstetric trauma have remained relatively unchanged, with tearing of the perineum in 5.7% of instrument-assisted vaginal deliveries.
- Across the OECD, five-year survival rates for breast cancer were 85% and just over 60% for colon and rectal cancers, with survival rates improving in most countries over time.
- Childhood vaccinations are near universal in most OECD countries, though measles coverage has fallen slightly in Australia and Italy in recent years.

Having sufficient financial and material resources is critical to the functioning of a health system. These resources need to be used wisely to avoid ineffective spending

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

- Health spending was 9% of GDP on average in the OECD, ranging from 4.3% in Turkey to 17.2% in the United States.
- In all countries except the United States, government schemes and compulsory health insurance are the main health care financing arrangements.
- Hospitals account for nearly 40% of health spending.
- Since 2000, the number of doctors and nurses has grown in nearly all OECD countries. There are about three nurses per doctor, with the nurse-to-doctor ratio highest in Japan, Finland and Denmark.
- Hospital beds per capita have fallen in all OECD countries except Korea and Turkey, linked to lower hospitalisation rates and increased day surgery.
- Increased use of generics in most OECD countries has generated cost-savings, though generics still represent less than 25% of the volume of pharmaceuticals sold in Luxembourg, Italy, Switzerland and Greece.
- Population ageing has increased the demand for long-term care, with spending increasing more than for any other type of health care.
- On average, 13% of people aged 50 and older provide weekly care for a dependent relative or friend; 60% of informal carers are women.



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