

Executive summary

Health systems are under financial pressure. This reflects a challenging economic climate, with competing priorities squeezing the public funds available for health

- In 2019, prior to the pandemic, OECD countries spent on average 8.8% of GDP on healthcare, a figure relatively unchanged since 2013. By 2021, this proportion had jumped to 9.7%. However, 2022 estimates point to a significant fall in the ratio to 9.2%, reflecting a reduced need for spending to tackle the pandemic but also the impact of inflation.
- Per person, spending on health was just under USD 5 000 on average, ranging from USD 12 555 in the United States, to USD 1 181 in Mexico (adjusted for differences in purchasing power).
- While the health and social care workforce continues to grow, concerns about shortages are becoming even more acute. Population ageing is one reason why demand for healthcare and long-term care workers appears to be outstripping supply, with 18% of the population aged 65 and over on average in 2021.
- High inflation has eroded health sector wages recently in some countries, making it harder to attract and retain health professionals. Analysing longer trends, real wage growth of health workers has varied markedly, with large increases in most Central and Eastern European countries since 2011, whereas Finland, Italy, Portugal, Spain and the United Kingdom had stagnant or declining real wages.

Core population health indicators show that societies have not yet fully recovered from the pandemic, with many people still struggling mentally and physically

- Life expectancy fell by 0.7 years on average across OECD countries between 2019 and 2021. While provisional data for 2022 point to a recovery in some countries, life expectancy remains below pre-pandemic levels in 28 countries.
- Heart attack, strokes and other circulatory diseases caused more than one in four deaths; one in five deaths were due to cancer, and COVID-19 caused 7% of all deaths (recorded figures) in 2021. Almost one-third of all deaths could have been avoided through more effective and timely prevention and healthcare interventions.
- More than one-third of people aged 16 and over reported living with a longstanding illness or health problem, on average. Socio-economic disparities are large: 43% of people in the lowest income quintile reported a longstanding issue on average, compared to 27% in the richest quintile.
- Indicators point to a slight improvement in population mental health as we recover from the pandemic, but mental ill-health remains elevated: the share of the population reporting symptoms of depression in 2022 remains at least 20% higher than pre-pandemic.

Unhealthy lifestyles and poor environments cause millions of people to die prematurely. Smoking, harmful alcohol use, physical inactivity and obesity are the root cause of many chronic conditions

- Obesity rates continue to rise in most OECD countries, with 54% of adults overweight or obese, and 18% obese on average. Healthy diet and physical activity are critical, yet on average only 15% of adults consumed five or more portions of fruit and vegetables per day, and only 40% performed at least 150 minutes of moderate-to-vigorous intensity physical activity per week.

- While daily smoking rates continue to fall in most OECD countries, on average 16% of people aged 15 and over still smoke daily and regular use of e-cigarette products (vaping) is on the rise. Smoking rates were over 25% in France and Türkiye, and also in China, Bulgaria and Indonesia.
- Nearly one in five adults (19%) reported heavy episodic drinking at least once a month, on average, with rates over 30% in Germany, Luxembourg, the United Kingdom and Denmark.
- Premature deaths from ambient (outdoor) air pollution have declined by 31% on average between 2000 and 2019, but still cause an estimated 29 deaths per 100 000 people on average.

Barriers to access persist, despite universal health coverage in most OECD countries. A renewed focus on primary care and prevention is one important way to simultaneously improve accessibility and efficiency

- Gaps in financial protection make healthcare less affordable. Household out-of-pocket payments make up just under a fifth of health spending on average, and over 40% in Mexico. The least well-off are on average three times more likely than individuals from the highest income quintile to delay or not seek care.
- Primary care accounted for 13% of spending on average in 2021, a similar share to 2019. While large increases in spending on prevention were observed over the same period, much of this growth can be attributed to time-limited, emergency measures related to COVID-19 management rather than long-term planned investments into population health.
- Waiting times, a longstanding issue in many countries, were exacerbated by COVID-19. Waiting times for hip and knee replacements, two common elective surgeries, have generally improved since the height of the pandemic, but remain higher than pre-pandemic levels in most countries.
- Teleconsultations can improve access, particularly in remote areas. Teleconsultations have substantially increased since the pandemic and made up on average 19% of all doctor consultations in 2021.

Quality of care is improving in terms of safety and effectiveness, with greater attention to making healthcare more people-centred

- Patient safety indicators show encouraging results: for example, safe prescribing in primary care has improved in most countries over time, with reductions in the average volume of antibiotics, opioids and long-term prescriptions of anticoagulants. Still, patient safety remains a concern, with 57% of hospital physicians and nurses perceiving staff levels and work pace to be unsafe.
- Avoidable hospital admissions have fallen in most OECD countries over the past decade, with large reductions observed in Lithuania, Mexico, Poland and the Slovak Republic. This is an indication that primary care is helping to keep people well and treating uncomplicated cases.
- Acute care services continue to improve in their fundamental task of keeping people alive. In almost every OECD country, 30-day mortality rates following a heart attack or stroke are lower than ten years ago. However, these mortality rates slightly increased between 2019 and 2021 on average, due to treatment delays during the pandemic.
- A deeper understanding of quality of care requires measuring what matters to people. Patient-reported outcomes show, for example, average quality of life 6-12 months after hip surgery improved in all countries, reaching a score equivalent to 80% or higher, up from scores equivalent to 35-50% pre-surgery (based on the Oxford Hip Score).

Digital health has enormous potential to transform health systems. However, many countries are ill-prepared for a digital health transformation

- A country's readiness for the digital transformation depends on strong health data governance, coherent approaches to digital security, and the capacity to responsibly use digital tools (including artificial intelligence) for the public good.
- While 90% of OECD countries have an electronic health portal in place, only 42% reported that the public could both access and interact with all their data through the portal.
- Around one-third (38%) of countries have no clinical standards or vendor certification of electronic health record systems, limiting the interoperability of health data.



From:
Health at a Glance 2023
OECD Indicators

Access the complete publication at:
<https://doi.org/10.1787/7a7afb35-en>

Please cite this chapter as:

OECD (2023), "Executive summary", in *Health at a Glance 2023: OECD Indicators*, OECD Publishing, Paris.

DOI: <https://doi.org/10.1787/17336c13-en>

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