

Executive summary

Health at a Glance 2019 provides the latest comparable data and trends over time on population health and health system performance across OECD members, candidate and partner countries.

Gains in longevity are stalling; chronic diseases and mental ill health affect more and more people

- On average across OECD countries, a person born today can expect to live almost 81 years. But life expectancy gains have slowed recently across most OECD countries, especially in the United States, France and the Netherlands. 2015 was a particularly bad year, with life expectancy falling in 19 countries.
- The causes are multifaceted. Rising levels of obesity and diabetes have made it difficult to maintain previous progress in cutting deaths from heart disease and stroke. Respiratory diseases such as influenza and pneumonia have claimed more lives in recent years, notably amongst older people.
- In some countries the opioid crisis has caused more working-age adults to die from drug-related accidental poisoning. Opioid-related deaths have increased by about 20% since 2011, and have claimed about 400 000 lives in the United States alone. Opioid-related deaths are also relatively high in Canada, Estonia and Sweden.
- Heart attacks, stroke and other circulatory diseases caused about one in three deaths across the OECD; and one in four deaths were related to cancer. Better prevention and health care could have averted almost 3 million premature deaths.
- Almost one in ten adults consider themselves to be in bad health. This reflects in part the burden of chronic diseases – almost a third of adults live with two or more chronic conditions. Mental ill health also takes its toll, with an estimated one in two people experiencing a mental health problem in their lifetime.

Smoking, drinking and obesity continue to cause people to die prematurely and worsen quality of life

- Unhealthy lifestyles – notably smoking, harmful alcohol use and obesity – are the root cause of many chronic health conditions, cutting lives short and worsening quality of life.
- Whilst smoking rates are declining, 18% of adults still smoke daily.
- Alcohol consumption averaged 9 litres of pure alcohol per person per year across OECD countries, equivalent to almost 100 bottles of wine. Nearly 4% of adults were alcohol dependent.

- Obesity rates continue to rise in most OECD countries, with 56% of adults overweight or obese and almost one-third of children aged 5-9 overweight.
- Air pollution caused about 40 deaths per 100 000 people, across OECD countries. Death rates were much higher in partner countries India and China, at around 140 deaths per 100 000 people.

Barriers to access persist, particularly amongst the less well-off

- An estimated one in five adults who needed to see a doctor did not do so, with worse access for the less well-off. Uptake of cancer screening is also lower amongst poorer individuals, even though most OECD countries provide screening programmes at no cost.
- Direct payments by households (out-of-pocket payments) make up just over a fifth of all health spending on average, and over 40% in Latvia and Mexico. Cost concerns lead people to delay or not seek care, with the least well-off three times more likely than wealthier individuals to have unmet need for financial reasons.
- Waiting times and transportation difficulties hinder access in some countries. For example, waiting times for a knee replacement were over a year in Chile, Estonia and Poland.
- Such access constraints occur despite most OECD countries having universal or near-universal coverage for a core set of services. Parts of the explanation are high cost sharing, exclusion of services from benefit packages or implicit rationing of services. Limitations in health literacy, imperfect communication strategies and low quality of care are also contributing factors.

Quality of care is improving in terms of safety and effectiveness, but more attention should be placed on patient-reported outcomes and experiences

- Patient safety has improved across many indicators, but more needs to be done. For example, 5% of hospitalised patients had a health-care associated infection.
- Strong primary care systems keep people well and can treat most uncomplicated cases. They also relieve pressure on hospitals: avoidable admissions for chronic conditions have fallen in most OECD countries, particularly in Korea, Lithuania, Mexico and Sweden.
- In terms of acute care, fewer people are dying following a heart attack or stroke, with Norway and Iceland having low case-fatality rates for both conditions. Alongside adherence to evidence-based medicine, timely care is critical.
- Survival rates for a range of cancers have also improved, reflecting better quality preventive and curative care. Across all OECD countries, for example, women diagnosed early for breast cancer have a 90% or higher probability of surviving their cancer for at least five years.
- A deeper understanding of quality of care requires measuring what matters to people. Yet few health systems routinely ask patients about the outcomes and experiences of their care. Preliminary results show improvements in patient-reported outcomes. For

example, following hip replacement, an individual's quality of life – in terms of mobility, self-care, activity, pain and depression – improved on average by around 20%.

Countries spend a lot on health, but they do not always spend it as well as they could

- Spending on health was about USD 4 000 per person (adjusted for purchasing powers), on average across OECD countries. The United States spent more than all other countries by a considerable margin, at over USD 10 000 per resident. Mexico spent the least, at around USD 1 150 per resident.
- Health expenditure has largely outpaced economic growth in the past, and despite a slowdown in recent years, is expected to do so in the future. New estimates point to health spending reaching 10.2% of GDP by 2030 across OECD countries, up from 8.8% in 2018. This raises sustainability concerns, particularly as most countries draw funding largely from public sources.
- Reforms to improve economic efficiency are critical. Increased use of generics has generated cost-savings, though generics only represent around half of the volume of pharmaceuticals sold across OECD countries. Increases in day surgery, lower hospitalisation rates and shorter stays may also indicate a more efficient use of expensive hospital resources.
- In OECD countries, health and social systems employ more workers now than at any other time in history, with about one in every ten jobs found in health or social care. Shifting tasks from doctors to nurses and other health professionals can alleviate cost pressures and improve efficiency.
- Population ageing increases demand for health services, particularly for long-term care. This places more pressure on family members, particularly women, with around 13% of people aged 50 and over providing informal care at least once a week for a dependent relative or friend. By 2050, the share of the population aged 80 and over will more than double.



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