Executive Summary

Health at a Glance 2015 presents cross-country comparisons of the health status of populations and the performance of health systems in OECD countries, candidate countries and key emerging economies. This edition offers two new features: a set of dashboard indicators on health outcomes and health systems (presented in Chapter 1), which summarise the comparative performance of OECD countries; and a special chapter on recent trends in pharmaceutical spending across OECD countries. The key findings of this publication are as follows.

New drugs will push up pharmaceutical spending unless policy adapts

- Across OECD countries, pharmaceutical spending reached around USD 800 billion in 2013. This amounts to about 20% of total health spending on average when pharmaceutical consumption in hospital is added to the purchase of pharmaceutical drugs in the retail sector.
- The growth of retail pharmaceutical spending has slowed down in recent years in most OECD countries, while spending on pharmaceuticals in hospital has generally increased.
- The emergence of new high-cost, specialty medicines targeting small populations and/or complex conditions has prompted new debate on the long-term sustainability and efficiency of pharmaceutical spending.

Life expectancy continues to rise, but widespread differences persist across countries and socio-demographic groups

- Life expectancy continues to increase steadily in OECD countries, rising on average by 3-4 months each year. In 2013, life expectancy at birth reached 80.5 years on average, an increase of over ten years since 1970. Japan, Spain and Switzerland lead a group of eight OECD countries in which life expectancy now exceeds 82 years.
- Life expectancy in key emerging economies, such as India, Indonesia, Brazil and China, has increased over the past few decades, converging rapidly towards the OECD average. There has been much less progress in countries such as South Africa (due mainly to the epidemic of HIV/AIDS) and the Russian Federation (due mainly to a rise in risk-increasing behaviours among men).
- Across OECD countries, women can expect to live more than 5 years longer than men, but this gap has narrowed by 1.5 years since 1990.
- People with the highest level of education can expect to live six years longer on average than those with the lowest level. This difference is particularly pronounced for men, with an average gap of almost eight years.

The number of doctors and nurses has never been higher in OECD countries

- Since 2000, the number of doctors and nurses has grown in nearly all OECD countries, both in absolute number and on a per capita basis. The growth was particularly rapid in some countries that had fewer doctors in 2000 (e.g., Turkey, Korea, Mexico and the United Kingdom), but there was also a strong rise in countries that already had a relatively large number of doctors (e.g., Greece, Austria and Australia).
- Growth was pushed by increased student intakes in domestic medical and nursing education programmes, as well as by more foreign-trained doctors and nurses working in OECD countries in response to short-term needs.
- There are more than two specialist doctors for every generalist on average across the OECD. In several countries, the slow growth in the number of generalists raises concerns about access to primary care for all the population.

Out-of-pocket spending remains a barrier to accessing care

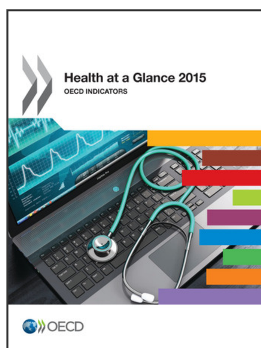
- All OECD countries have universal health coverage for a core set of services, except Greece, the United States and Poland. In Greece, the economic crisis led to a loss in health insurance coverage among long-term unemployed and many self-employed workers. However, since June 2014, measures have been taken to provide the uninsured population with access to prescribed pharmaceuticals and emergency services. In the United States, the percentage of the population uninsured has come down from 14.4% in 2013 to 11.5% in 2014 following the implementation of the Affordable Care Act and is expected to diminish further in 2015.
- Out-of-pocket spending by households can create barriers to health care access. On average across OECD countries, about 20% of health spending is paid directly by patients, ranging from less than 10% in France and the United Kingdom to over 30% in Mexico, Korea, Chile and Greece. In Greece, the share of health spending paid directly by households has increased by 4 percentage points since 2009, as public spending was reduced.
- Low-income households are four to six times more likely to report unmet needs for medical care and dental care for financial or other reasons than those with high income. In some countries, like Greece, the share of the population reporting some unmet medical care needs has more than doubled during the economic crisis.

Too many lives are still lost because quality of care is not improving fast enough

- Better treatment of life-threatening conditions such as heart attack and stroke has led to lower mortality rates in most OECD countries. On average, mortality rates following hospital admissions for heart attack fell by about 30% between 2003 and 2013 and for stroke by about 20%. Despite the progress achieved so far, there is still room in many countries to improve the implementation of best practices in acute care to further reduce mortality after heart attack and stroke.
- Survival has also improved for many types of cancer in most countries, due to earlier diagnosis and better treatment. For example, the relative five-year survival for breast cancer and colorectal cancer has increased from around 55% on average for people diagnosed and followed up in the period 1998-2003 to over 60% for those diagnosed and followed up ten years later (2008-13). Still, several countries such as Chile, Poland and the

United Kingdom are still lagging behind the best performers in survival following diagnosis for different types of cancer.

- The quality of primary care has improved in many countries, as illustrated by the continuing reduction in avoidable hospital admissions for chronic diseases. Still, there is room in all countries to improve primary care to further reduce costly hospital admissions, in the context of population ageing and a growing number of people with one or more chronic diseases.
- Pharmaceutical prescribing practices can also be used as indicators of health care quality. For example, antibiotics should be prescribed only where there is an evidence-based need, to reduce the risk of antimicrobial resistance. Total volumes of antibiotic consumption vary more than four-fold across OECD countries, with Chile, the Netherlands and Estonia reporting the lowest, and Turkey and Greece reporting the highest. Reducing unnecessary antibiotic use is a pressing, yet complex problem, requiring multiple co-ordinated initiatives including surveillance, regulation and education of professionals and patients.



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