



Health at a Glance 2011: OECD Indicators

KEY FINDINGS: AUSTRALIA

The OECD's latest edition of *Health at a Glance* shows that medical care is improving in OECD countries, but better prevention and management of chronic diseases is required to reduce costs.

QUALITY OF CARE

Deaths in hospital following heart attack and haemorrhagic stroke have declined in Australia over the past ten years and are low compared to other OECD countries. Australia also does well in preventing costly hospital admissions for uncontrolled diabetes, but less so for other chronic conditions such as asthma and chronic obstructive pulmonary disease, which should normally be managed through proper primary care.

Details:

- In-hospital case fatality rates within 30 days of admission for acute myocardial infarction (heart attack) are significantly lower than the OECD average (3.2% vs. 5.4% in 2009). Australia had a slightly higher rate of death in hospital following ischaemic stroke (5.7% vs. OECD average of 5.2%), but a lower rate for haemorrhagic stroke (17.2% vs. 19.0% average).
- Avoidable hospital admissions for COPD and asthma complications are higher in Australia than the OECD average. For COPD, Australia's rate was 312 per 100 000 adults (OECD average 198), and for asthma admissions, the rate in Australia was 67 (OECD average of 52). For uncontrolled diabetes, Australia's rate was 8 per 100 000 population, much less than the OECD average of 50.

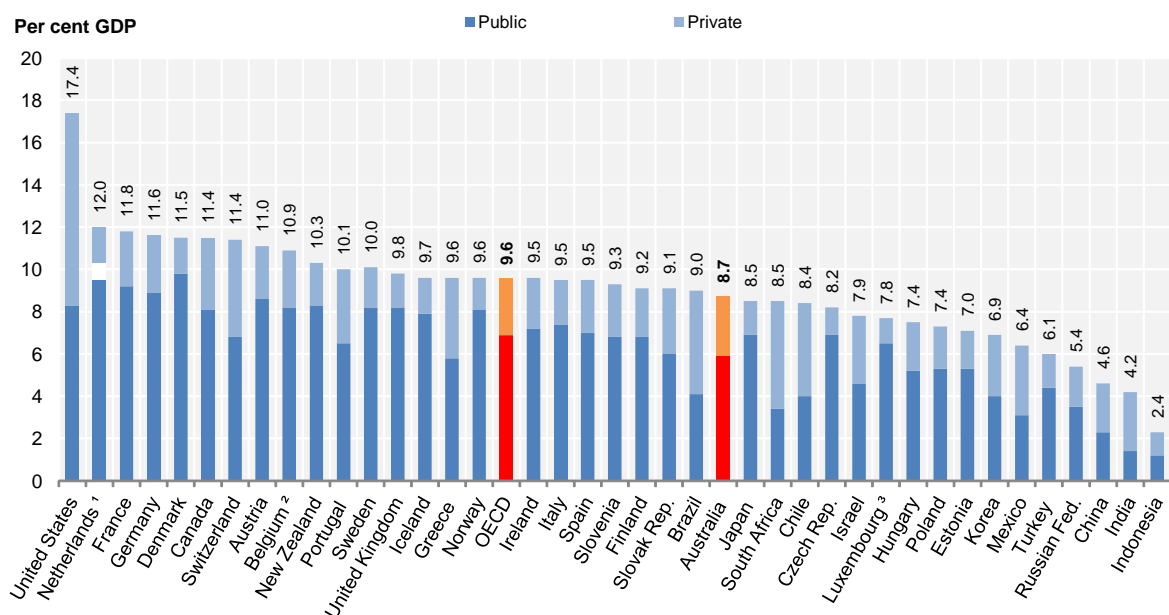
HEALTH EXPENDITURE

Australia spent 8.7% of GDP on health in 2008-09, less than the OECD average of 9.6% in 2009. Spending per person, however, is slightly higher than average.

Details:

- Total health spending accounted for 8.7% of GDP in Australia in 2008-09, compared with an average of 9.6% across OECD countries in 2009. The United States (17.4%), the Netherlands (12.0%), France (11.8%) and Germany (11.6%) had the highest share.
- Australia's spending on health per person is slightly more than the OECD average, with spending of USD 3445 in 2008-09, adjusted for purchasing power parity. The average was USD 3233. Per capita health spending since 2000 grew in real terms by 2.8% in Australia, less than the OECD average of 4.0%.
- The public sector is the main source of health funding in all OECD countries, except Chile, Mexico and the United States. In Australia, 68% of health spending was funded by public sources in 2008-09, similar to the average of 72% for OECD countries.

Health expenditure as a share of GDP, 2009 (or nearest year)



1. In the Netherlands, it is not possible to clearly distinguish the public and private share related to investments. 2. Total expenditure excluding investments. 3. Health expenditure is for the insured population rather than the resident population.

Information on data for Israel: <http://dx.doi.org/10.1787/888932315602>

Source: OECD Health Data 2011; WHO Global Health Expenditure Database.

- Journalists are invited to contact the OECD's Media Relations Division (tel.: 33 1 45 24 97 00 or news.contact@oecd.org) to obtain a copy of *Health at a Glance 2011*.
- For further information about the content of *Health at a Glance 2011*, please contact Mark Pearson (tel. 33 1 45 24 92 69 or mark.pearson@oecd.org) or Gaétan Lafortune (tel. 33 1 45 24 92 67 or gaetan.lafortune@oecd.org) in the OECD Health Division.
- More information on *Health at a Glance 2011* is available at www.oecd.org/health/healthataglance.
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