Australia spends 9.3% of its GDP on health, slightly higher than the OECD average, and is projected to reach 13% by 2030. Australia also has more nurses (11.7 per 1000 people, compared to an OECD average of 8.8) and slightly more doctors (3.7 doctors versus an OECD average of 3.5) serving the population than in many OECD countries. These resources have contributed to good health outcomes, with life expectancy at birth two years above the OECD average (82.6 compared to 80.7 years in the OECD). Furthermore, few Australians view their health as poor (3.7% of adults, compared to an OECD average of 8.7%). Still, gains in life expectancy have slowed in recent years.

Access to care is close to the OECD average across a range of indicators. In terms of quality of care, acute care is strong, reflected by relatively high survival after cancer. For example, Australia has the second highest breast cancer five year net survival, and relatively few deaths after heart attacks and strokes. However, high rates of avoidable hospitalisations for some conditions indicate that primary care could be strengthened.
How far is Australia from the OECD average?

**Health Status**
- **Life expectancy** // Years of life at birth
- **Avoidable mortality** // Deaths per 100 000 people*
- **Chronic disease morbidity** // Diabetes prevalence, %*
- **Self-rated health** // Population in poor health, %

**Risk Factors**
- **Smoking** // Daily smokers, %
- **Alcohol** // Litres consumed per capita
- **Overweight / obese** // Population with BMI ≥ 25, %
- **Air pollution** // Deaths per 100 000 people

**Access to Care**
- **Population coverage** // Population covered by govt schemes / insurance, %
- **Financial protection** // Spending from public sources, %
- **Service coverage, primary care** // Access to a doctor when needed, % adults
- **Service coverage, preventive care** // Timely access to cervical cancer screening, % women

**How far is Australia from the OECD average?**

<table>
<thead>
<tr>
<th>Metric</th>
<th>AUS</th>
<th>OECD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy (years)</td>
<td>82.6</td>
<td>80.7</td>
</tr>
<tr>
<td>Avoidable mortality (deaths)</td>
<td>145</td>
<td>208</td>
</tr>
<tr>
<td>Chronic disease morbidity (diabetes)</td>
<td>5.1</td>
<td>6.4</td>
</tr>
<tr>
<td>Self-rated health (poor health)</td>
<td>3.7</td>
<td>8.7</td>
</tr>
<tr>
<td>Smoking (daily smokers)</td>
<td>12.4</td>
<td>18.0</td>
</tr>
<tr>
<td>Alcohol (litres per capita)</td>
<td>9.4</td>
<td>8.9</td>
</tr>
<tr>
<td>Overweight / obese (BMI ≥ 25)</td>
<td>65.2</td>
<td>55.6</td>
</tr>
<tr>
<td>Air pollution (deaths)</td>
<td>16.8</td>
<td>39.6</td>
</tr>
<tr>
<td>Population coverage</td>
<td>100</td>
<td>98</td>
</tr>
<tr>
<td>Financial protection</td>
<td>69</td>
<td>71</td>
</tr>
<tr>
<td>Service coverage, primary care</td>
<td>n/a</td>
<td>79</td>
</tr>
<tr>
<td>Service coverage, preventive care</td>
<td>n/a</td>
<td>73</td>
</tr>
</tbody>
</table>
Quality of Care

Safe prescribing
// Antibiotics prescribed, DDDs/1,000 people

Effective primary care
// Avoidable asthma/COPD admissions**

Effective secondary care
// 30-day mortality following AMI**

Effective cancer care
// Breast cancer 5-year net survival, %*

Resources

Health spending
// Per capita (USD based on PPPs)

Health spending share
// As a % of GDP

Practising doctors
// per 1,000 people

Practising nurses
// per 1,000 people

Notes – These charts indicate how far a country is from the OECD average, based on the standard deviation. *age-standardised. **age-sex standardised. AMI = acute myocardial infarction; BMI = body mass index; COPD = chronic obstructive pulmonary disease; DDD = defined daily dose; PPPs = purchasing power parities.

Key data available for download here:
www.oecd.org/health/health-at-a-glance.htm

How does it compare?

Health at a Glance 2019 compares key indicators for population health and health system performance across OECD members, candidate and partner countries. It highlights how countries differ in terms of the health status and health-seeking behaviour of their citizens; access to and quality of health care; and the resources available for health. Analysis is based on the latest comparable data across 80 indicators, with data coming from official national statistics, unless otherwise stated.
Strengthening primary care

Primary care services are the main entry point into a health system. They keep people well through health promotion and disease prevention services, manage long-term conditions and treat the majority of uncomplicated cases. Whilst acute care in Australia is generally strong, some areas of primary care may warrant further attention. For example, Australia has the third highest hospital admission rates for asthma and chronic obstructive pulmonary disease, a rate that is almost twice the OECD average (403 v 225 admissions per 100 000 population). Antibiotic prescriptions in primary care are also higher than in many OECD countries (24 defined daily doses per 1 000 people, compared to an OECD average of 18).

Australia has the highest share of health spending dedicated to primary care activities (18%) among OECD countries. But the quality of primary care can still be improved. For example, OECD reports on primary care (Realising the Full Potential of Primary Health Care, 2019 and Towards better primary health care in the 21st century, forthcoming) highlight that the right resource mix, training, incentives and platforms for service delivery are also key to improving primary care, especially for underserved populations. Specific approaches highlighted in this report include wide adaptation of team-based care including doctors, nurses and community pharmacists; new configurations and platforms of care tailored to the needs of vulnerable population groups; and better use of digital tools for integrated care.

Reducing obesity

In Australia, almost two-thirds of adults (65%) are overweight or obese, and over a third of children aged 5–9 (36%) are overweight. Furthermore, the proportion of Australians overweight or obese has been gradually increasing in recent decades. Australia does have the highest rates of daily fruit and vegetable consumption in the OECD. However, unhealthy diets and sedentary environments may still be an issue for vulnerable groups, such as amongst indigenous populations and families with low incomes.

To tackle the obesity epidemic, Australia has put in place a number of policies, as highlighted in The Heavy Burden of Obesity: The Economics of Prevention, OECD, 2019. These include the LiveLighter and “2+5 a day” mass campaigns, “Health Star Rating” system front-of-pack labelling system, displaying calorie counts on restaurant menus, tightening regulation of advertising and adverts on public transport in some Australian states and territories.

Whilst rates of overweight and obesity are high in Australia, mortality rates from diseases related to obesity, such as heart attacks and strokes are lower than the OECD average. Furthermore, diabetes prevalence in Australia, at 5.1% of adults, is lower than the OECD average of 6.4%.

How does it compare?

Health at a Glance 2019: OECD Indicators
www.oecd.org/health/health-at-a-glance.htm