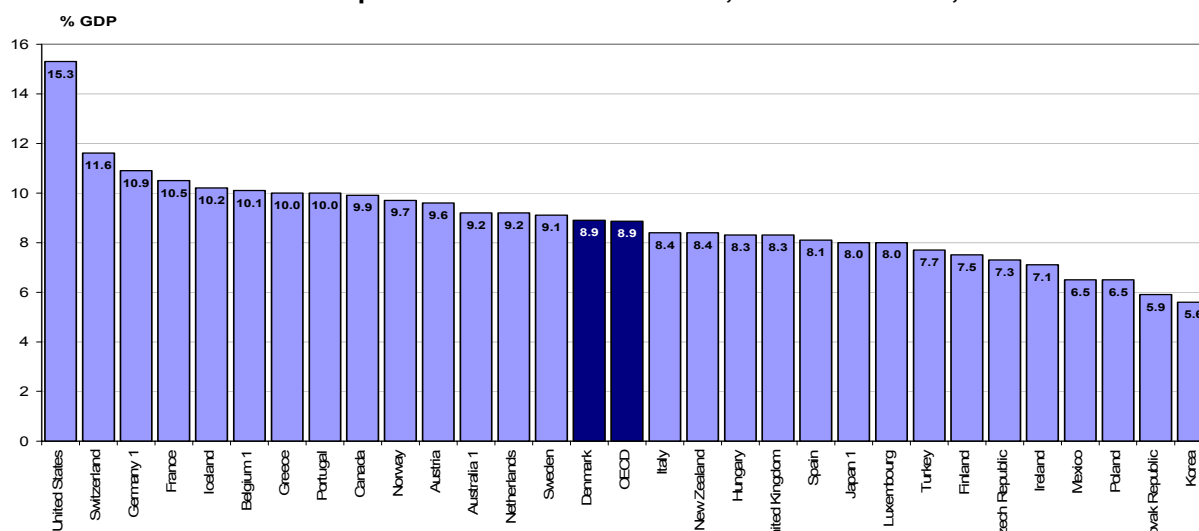


OECD Health Data 2006 How Does Denmark Compare

Total health spending accounted for 8.9% of GDP in **Denmark** in 2004, which is also the average in OECD countries. The United States is, by far, the country that spends the most on health as a share of its economy, with 15.3% of its GDP allocated to health in 2004. Switzerland and Germany followed with 11.6% and 10.9% of their GDP spent on health, respectively. Several EU countries - France, Belgium, Greece and Portugal – also devote 10% or more of GDP to health.

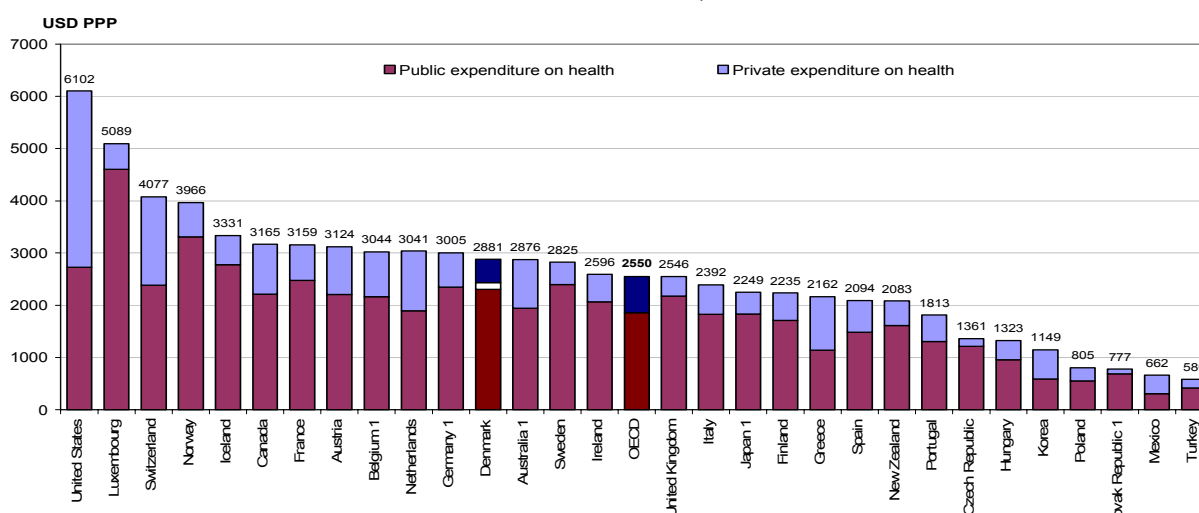
Denmark ranks above the OECD average in terms of health spending per capita, with spending of 2881 USD in 2004 (adjusted for purchasing power parity), compared with an OECD average of 2550 USD. Health spending per capita in **Denmark** remains nonetheless much lower than in the United States (which spent 6100 USD per capita in 2004) and in European countries like Luxembourg, Switzerland and Norway.

Health expenditure as a share of GDP, OECD countries, 2004



1. 2003. 2. For Denmark, current public and current private expenditure are shown as well as total investment, which cannot be separated into public and private. Source: OECD Health Data 2006, June

Health expenditure per capita, public and private expenditure, OECD countries, 2004



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Data are expressed in US dollars adjusted for purchasing power parities (PPPs), which provide a means of comparing spending between countries on a common base. PPPs are the rates of currency conversion that equalise the cost of a given 'basket' of goods and services in different countries.

Spending on pharmaceutical drugs has increased in **Denmark**, but less rapidly than in many other OECD countries. In 2004, spending on pharmaceuticals accounted for 9.4% of total health expenditure in **Denmark**, much less than the average of 17.7% in OECD countries.

The public sector is the main source of health funding in all OECD countries, except the United States and Mexico. In **Denmark**, 83% of health spending was funded by public sources in 2004, above the average of 73% in OECD countries. The share of public spending in **Denmark** has been relatively stable since 1990.

Resources in the health sector (human, physical, technological)

In 2003, **Denmark** had 3 practising physicians per 1 000 population, which is equal to the OECD average. There were 7 qualified nurses per 1 000 population in **Denmark** in 2003, a figure lower than the average of 8.3 in OECD countries.

The number of acute care hospital beds in **Denmark** was 3.3 per 1 000 population in 2003, lower than the OECD average of 4.1 beds. As in most OECD countries, the number of hospital beds per capita in **Denmark** has fallen over time. This decline has coincided with a reduction of average length of stays in hospitals and an increase in the number of surgical procedures performed on a same-day (or ambulatory) basis.

During the past decade, there has been a rapid growth in the availability of diagnostic technologies such as computed tomography (CT) scanners and magnetic resonance imaging (MRI) units in most OECD countries. In **Denmark**, the number of MRIs has increased over time, to reach 10.2 per million population in 2004, higher than the OECD average of 8.0. On the other hand, the number of CT scanners in **Denmark** stood at 14.6 per million population in 2004, below the OECD average of 18.0.

Health status and risk factors

Most OECD countries have enjoyed large gains in life expectancy over the past 40 years, thanks to improvements in living conditions, public health interventions and progress in medical care. In 2004, life expectancy at birth in **Denmark** stood at 77.6 years, slightly lower than the OECD average of 78.3 years. Life expectancy in **Denmark** is much lower than in Japan (82.1 years) and in other Nordic countries.

The infant mortality rate in **Denmark**, as in other OECD countries, has fallen greatly over the past decades. It stood at 4.4 deaths per 1 000 live births in 2004, lower than the OECD average of 5.7. Infant mortality is the lowest in Japan and in other Nordic countries (Iceland, Sweden, Norway and Finland).

The proportion of daily smokers among adults has shown a marked decline over the past twenty years in most OECD countries. In **Denmark**, the percentage of adults who report to smoke everyday has come down from 47% in 1984 to 26% in 2004. This is close to the current OECD average of 25.5%.

At the same time, obesity rates have increased in recent decades in all OECD countries, although there remain notable differences across countries. In **Denmark**, the obesity rate among adults, based on self-reported data, was 9.5% in 2000, up from 5.5% in 1987. It remains much lower than in the United States (30.6% in 2002)¹. Given the time lag between the onset of obesity and related health problems (such as

¹ It should be noted that the data for the United States are more accurate than those from most other countries since they are based on *actual measures* of people's height and weight, while estimates for other countries are based generally on *self-reported* data, which under-estimate the real prevalence of obesity.

diabetes, cardiovascular diseases and asthma), the growing prevalence of obesity in most OECD countries, including **Denmark**, will mean higher health care costs in the future.

More information on *OECD Health Data 2006* is available at www.oecd.org/health/healthdata.

For more information on OECD's work on Denmark, please visit www.oecd.org/denmark.

