

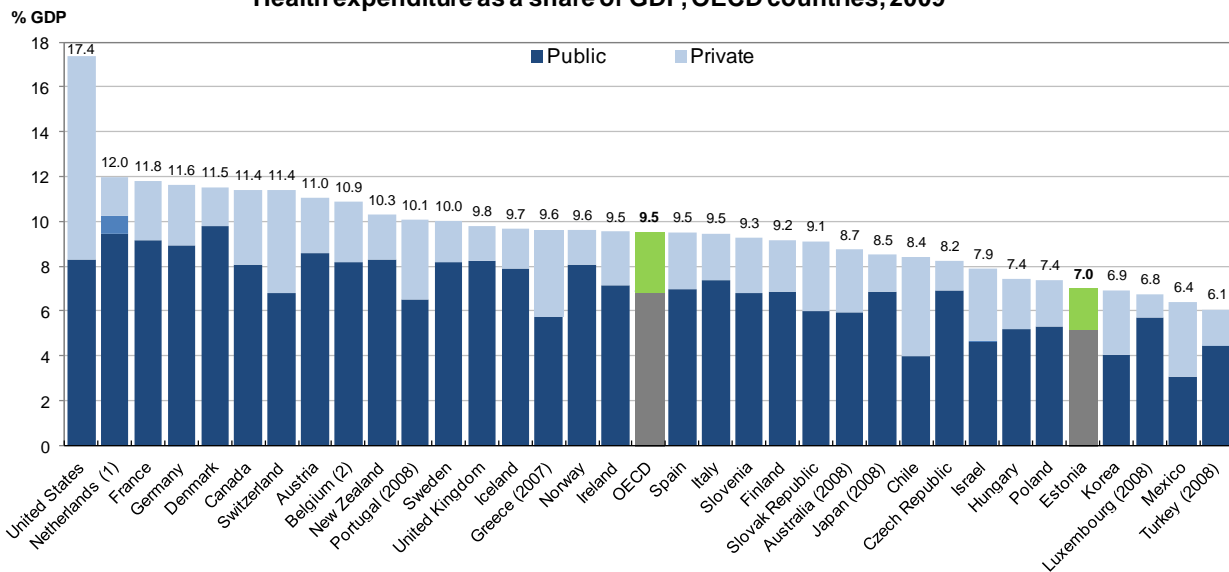
OECD Health Data 2011

How Does Estonia Compare

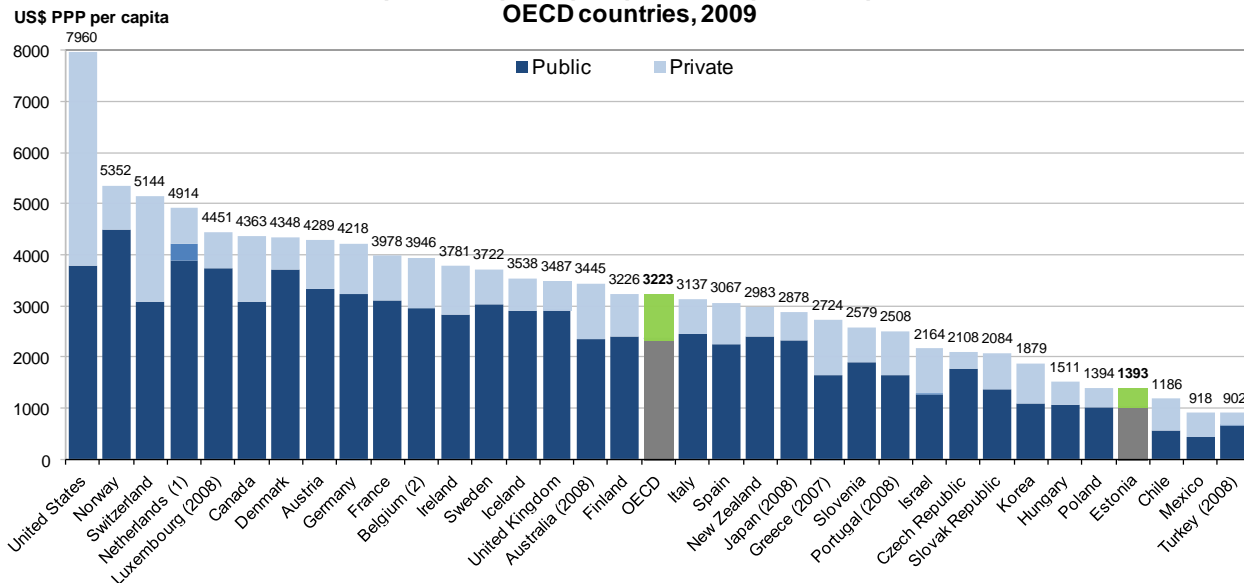
Total health spending accounted for 7.0% of GDP in **Estonia** in 2009, lower than the average of 9.5% in OECD countries. The United States is, by far, the country that spends the most on health as a share of its economy (with 17.4% of its GDP allocated to health in 2008), followed by the Netherlands (12.0%), France (11.8%) and Germany (11.6%).

Estonia also ranks well below the OECD average in terms of total health spending per capita, with spending of 1393 USD in 2009 (adjusted for purchasing power parity), compared with an OECD average of 3223 USD. OECD countries with high health spending per capita include the United States (which spent 7960 USD per capita in 2009), Norway, Switzerland and the Netherlands.

Health expenditure as a share of GDP, OECD countries, 2009



Health expenditure per capita, public and private expenditure, OECD countries, 2009



1. In the Netherlands, it is not possible to distinguish clearly the public and private share for the part of health expenditures related to investments.

2. Total expenditure excluding investments. Source: OECD Health Data 2011, June 2011.

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.

Health spending per capita in **Estonia** grew, in real terms, by an average of 7.5% per year between 2000 and 2009. This growth rate was almost double the OECD average of 4.0% per year, and third among OECD countries, behind only the Slovak Republic and Korea.

The public sector is the main source of health funding in all OECD countries, except for Chile, Mexico and the United States. In **Estonia**, 75.3% of health spending was funded by public sources in 2009, above the OECD average of 71.7%.

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

In 2009, **Estonia** had 3.3 practising physicians per 1 000 population, which was just above the OECD average of 3.1. There were 6.1 nurses per 1 000 population, which was below the average in OECD countries of 8.4.

The number of acute care hospital beds in **Estonia** was 3.6 per 1 000 population in 2009, just above the OECD average of 3.5. The number of hospital beds per capita in **Estonia** has fallen over time. This decline has coincided with a reduction of average length of stays in hospitals.

During the past decade or so, there has been 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 **Estonia**, the number of CT and MRI scanners was 14.9 and 7.5 per million population respectively in 2009, below the OECD averages of 22.1 and 12.0.

Health status and risk factors

Most OECD countries have enjoyed large gains in life expectancy over the past decades, thanks to improvements in living conditions, public health interventions and progress in medical care. In 2009, life expectancy at birth in **Estonia** stood at 75.0 years – 4.5 years below the OECD average of 79.5 years.

The infant mortality rate in **Estonia** stood at 3.6 deaths per 1 000 live births in 2009, below the OECD average of 4.4. Infant mortality is lowest in Iceland, Japan, Slovenia, Luxembourg and Sweden.

The proportion of daily smokers among adults has shown marked decline over the past two decades in most OECD countries. In **Estonia**, 26.2% of the adult population reported that they smoke every day in 2008—above the OECD average of 22.3%. Compared to current smoking rates in OECD countries such as Sweden, Iceland, the United States, Canada and Australia (14-17%), the smoking rate among adults in **Estonia** is still relatively high.

Alcohol consumption is high in **Estonia**, at 12 litres of alcohol per adult in 2009. This level of consumption is above the OECD average of 9.3 litres per adult. France (highest at 12.3), Portugal, Austria and the Czech Republic have slightly higher consumption rates.

Obesity rates have increased in recent decades in all OECD countries, although there are notable differences. In **Estonia**, the obesity rate among adults - based on self-reported height and weight - was 18.0% in 2008. This is significantly lower than the United States which had the highest obesity rate (27.7% in 2009) among OECD countries based on self-reported measures. The average obesity rate for the 28 OECD countries with self-reported data was 15.1% in 2009. Obesity's growing prevalence foreshadows increases in the occurrence of health problems (such as diabetes and cardiovascular diseases), and higher health care costs in the future.

More information on *OECD Health Data 2011* is available at www.oecd.org/health/healthdata.

For more information on OECD's work on **Estonia**, please visit www.oecd.org/estonia.