

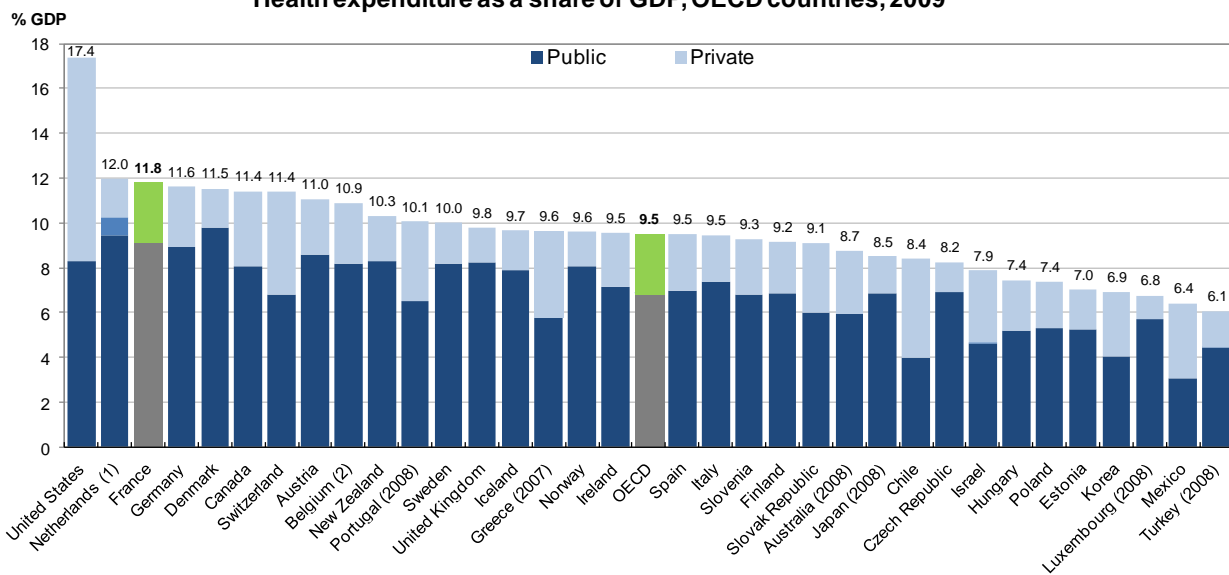
OECD Health Data 2011

How does France compare

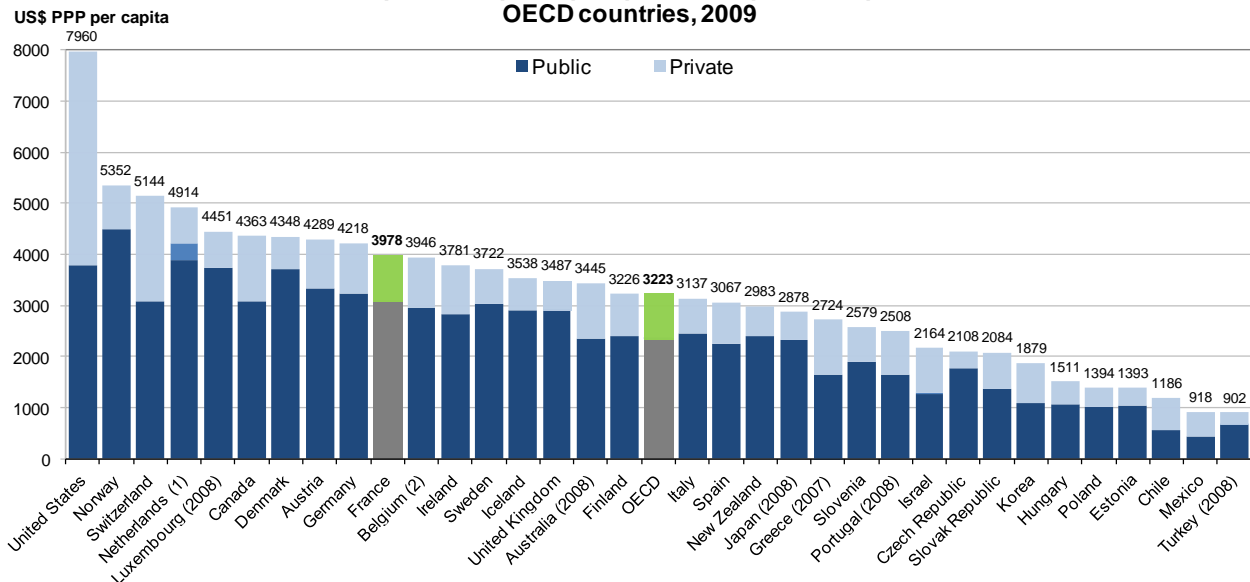
Health spending accounted for 11.8% of GDP in **France** in 2009, around 2.3 percentage points higher than the OECD average of 9.5%. In terms of health spending as a share of GDP, **France** ranks third after the United States (17.4%) and the Netherlands (12.0%).

France also ranks above the OECD average in terms of health spending per capita, at 3,978 USD (adjusted for purchasing power parity) in 2009, compared with an OECD average of 3,223 USD. However, health spending per capita in **France** remains less than half that in the United States (7 960 USD per capita).

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.

The public sector is the main source of health funding in all OECD countries, except Chile, the United States and Mexico. In **France**, 77.9% of health spending was funded by public sources, significantly higher than the OECD average of 71.7%. The share of public spending on health was higher in **France** than in countries such as Spain and Switzerland, but lower than in most Nordic countries (Denmark, Norway and Sweden) and the United Kingdom.

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

In 2009, **France** had 3.3 physicians per 1 000 population, which was close to the OECD average of 3.1. In addition, there were 8.2 nurses per 1 000 population, slightly below the average of 8.4 in OECD countries. It should be noted that aides in **France** are not included in the data on nurses.

The number of curative care hospital beds in **France** was 3.5 per 1 000 population in 2009, which is equal to the average. As in most OECD countries, the number of hospital beds per capita in **France** has fallen over the past 20 years. The decline has coincided with a reduction of the average length of stay in hospital and an increase in the number of surgical procedures performed on a same-day (ambulatory) basis.

The diffusion of modern medical technologies is a major factor in the increase of health spending in OECD countries. For example, the number of magnetic resonance imaging (MRI) units used to diagnose many diseases has increased significantly in most OECD countries over the last decade. In **France**, the number of MRIs increased from 2.3 units per million population in 2001 to 6.4 in 2009. However, this remains lower than in neighboring countries such as Switzerland, Italy, Belgium, Spain and Germany. The country which has, by far, the highest number of MRIs and CT scanners per capita is Japan. .

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 **France**, life expectancy at birth increased by almost 11 years between 1960 and 2009, which is close to the average gain in life expectancy observed in OECD countries. Life expectancy at birth in **France** was 81.0 years in 2009, above the OECD average (79.5 years). Japan has the highest life expectancy at birth with 83.0 years, followed by Switzerland, Italy and Spain with life expectancies at birth of 81.8 years or more.

The proportion of daily smokers among adults has shown a marked decline over the past three decades in most OECD countries. In **France**, the proportion decreased from 30% in 1980 to 26% in 2008. Sweden, United States, Australia provide examples of countries that have achieved even lower smoking rates, with less than 17% of the adult population reporting smoking on a daily basis.

Alcohol consumption per capita declined in most OECD countries over the past decades. In **France**, overall alcohol consumption has fallen sharply since 1970, although it remains significantly higher in 2008 (12.3 liters per capita) than the average for OECD countries (9.3). The decline in consumption has coincided with stricter control measures.

Obesity rates have increased significantly over the past two decades, although there are notable differences. In **France**, the obesity rate among adults – based on self-reported data – increased from 5.8% in 1990 to 11.2% in 2008. This remains lower than the average for the 28 OECD countries with self-reported data (15.1%). 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 **France**, please visit www.oecd.org/france.