

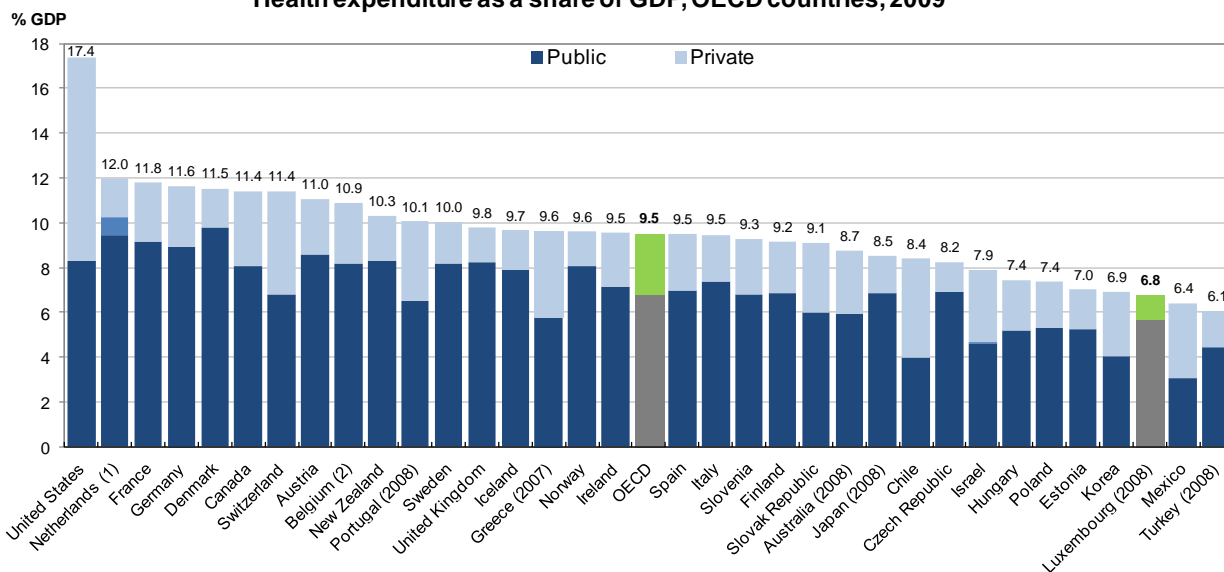
## OECD Health Data 2011

### How does Luxembourg compare

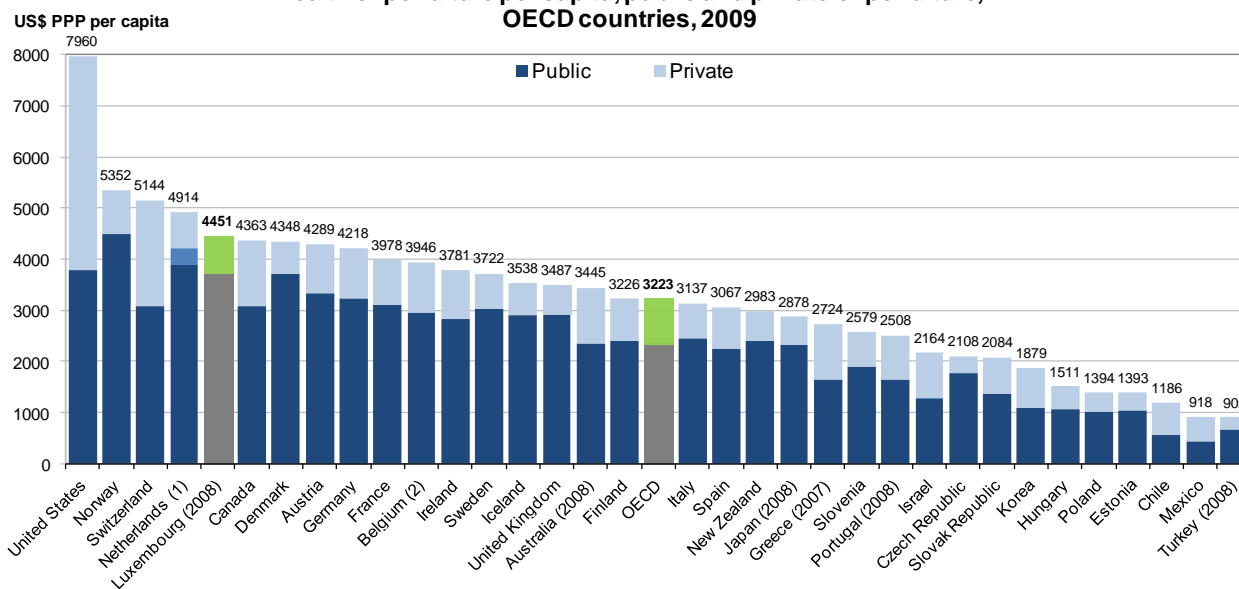
Health spending accounted for 6.8% of GDP in **Luxembourg** in 2008, lower than the OECD average of 9.5%. Health spending as a share of GDP is the highest in United States (which spent 17.4% of its GDP on health in 2009), followed by the Netherlands, France and Germany.

However, **Luxembourg** ranks well above the OECD average in terms of health spending per capita, with spending of 4,451 USD (adjusted for purchasing power parity) in 2008, compared with an OECD average of 3,223 USD in 2009. Health spending per capita in **Luxembourg** remains much lower than in the United States (which spent 7,960 USD per capita in 2009), as well as in 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.

The public sector is the main source of health funding in all OECD countries, except Chile, the United States and Mexico. In **Luxembourg**, 84.1% of health spending was funded by public sources in 2008, well above the OECD average of 71.7% in 2009.

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

The number of physicians per capita in **Luxembourg** was 2.7 per 1 000 population, which is lower than the OECD average of 3.1. However, **Luxembourg** is one of the OECD countries that has the highest number of nurses per capita (10.9 nurses per 1 000 population in 2006), compared to the OECD average of 8.4 in 2009.

The number of curative care hospital beds in **Luxembourg** was 4.3 per 1 000 population in 2009, higher than the OECD average (3.5 beds). The decline in curative care beds in most OECD countries over the past 20 years 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 (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 OECD countries over the past decade. **Luxembourg** had only one MRI unit in 2000, but had 7 in 2009. This represents a density of 14.2 MRIs per 1 000 population, slightly lower than the OECD average. 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 2009, life expectancy at birth in **Luxembourg** was 80.7 years, 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 two decades in most OECD countries. In **Luxembourg**, the proportion was 19.0% in 2009, which is less than the OECD average of 22.3%. Australia, the United States and Sweden 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.

Obesity rates have increased significantly over the past two decades in all OECD countries, although there are notable differences. In **Luxembourg**, the obesity rate among adults – based on measured data – increased from 14.9% in 1997 to 22.1% in 2009. This remains lower than the average for the 14 OECD countries with measured data (21%). 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](http://www.oecd.org/health/healthdata).

For more information on OECD's work on **Luxembourg**, please visit [www.oecd.org/Luxembourg](http://www.oecd.org/Luxembourg).