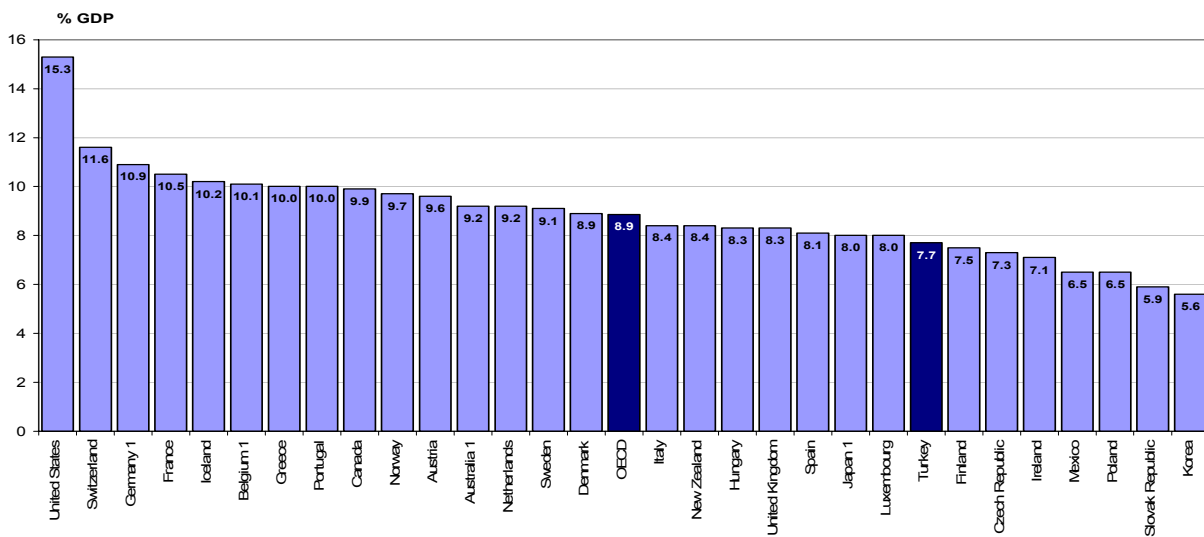


## OECD Health Data 2006 How Does Turkey Compare

Total health spending accounted for 7.7% of GDP in **Turkey** in 2004, more than one percentage point below the average of 8.9% across 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, respectively, 11.6% and 10.9% of their GDP spent on health.

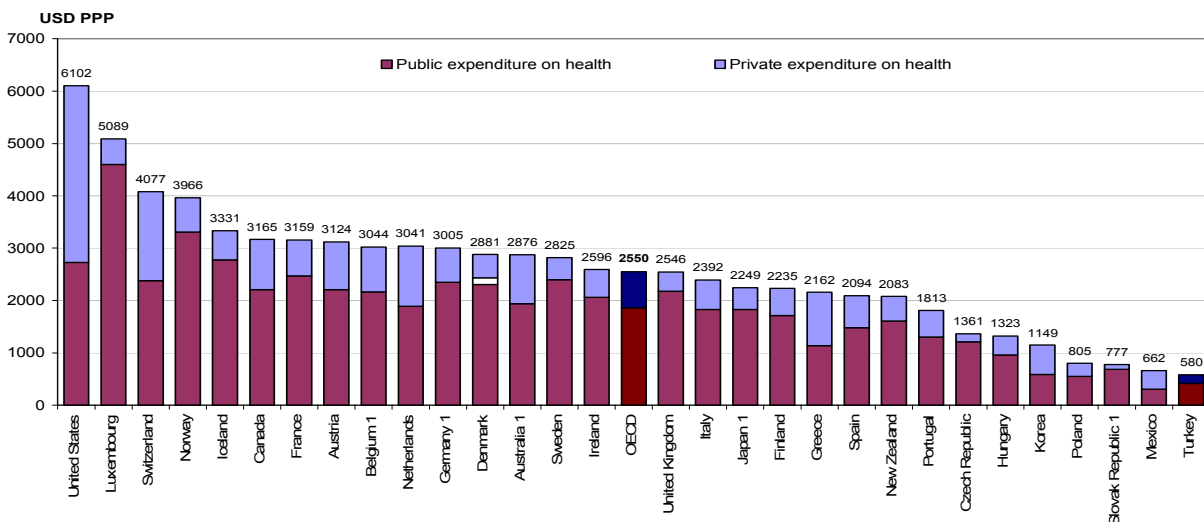
Health spending per capita in **Turkey** is the lowest among all OECD countries, with spending of 580 USD in 2004 (adjusted for purchasing power parity). This compares with an OECD average of 2550 USD.

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



1. 2003. Source: OECD Health Data 2006, June 2006.

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



1. 2003. Source: OECD Health Data 2006, June 2006.

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.

On the other hand, health spending per capita in **Turkey** grew, in real terms, by an average of 8.0% per year between 1999 and 2004, one of the fastest growth rates of all OECD countries and significantly higher than the OECD average of 5.2% per year.

The public sector continues to be the main source of health funding in all OECD countries, except the United States and Mexico. In **Turkey**, 72% of health spending was funded by public sources in 2004, slightly below the average of 73% in OECD countries. The share of public spending in **Turkey** has increased from 61% in 1990. In 2004, the share of public spending among OECD countries was the lowest in the United States (45%) and Mexico (46%), and relatively high (over 80%) in several Nordic countries (Denmark, Norway and Sweden), the United Kingdom and Japan.

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

Despite an increase in the number of doctors in recent years, **Turkey** continues to have the lowest doctor-to-population ratio of all OECD countries. In 2003, **Turkey** had 1.4 physicians per 1 000 population, less than half the OECD average of 3.0.

Similarly, there were only 1.7 nurses per 1 000 population in **Turkey** in 2003, compared with an OECD average of 8.3.

The number of acute care hospital beds in **Turkey** in 2004 was 2.4 per 1 000 population, below the OECD average of 4.1 beds per 1 000 population. In most OECD countries, the number of hospital beds per capita has fallen over recent decades, but not in Turkey, where it has increased from 1.5 per 1 000 population in 1984.

### **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 Turkey, life expectancy at birth increased by over 20 years between 1960 and 2004, rapidly catching up to the OECD average. Still, in 2004, life expectancy in **Turkey** stood at 71.2 years, below the OECD average of 78.3.

As in other OECD countries, infant mortality rates in **Turkey** have fallen dramatically over the past few decades. The rate stood at 24.6 deaths per 1 000 live births in 2004, still over four times higher than the OECD average of 5.7. Infant mortality is the lowest in Japan and in the Nordic countries (Iceland, Sweden, Finland and Norway).

The proportion of daily smokers among adults has shown a marked decline over the past twenty-five years in most OECD countries. **Turkey** has achieved some progress in reducing tobacco consumption, with current rates of daily smokers among adults decreasing from 43.6% in 1989 to 32.1% in 2003. The lowest rates among OECD countries are in Australia, Canada, Sweden and the United States, all with fewer than 18% of adults reporting to be daily smokers.

At the same time, obesity rates have increased in recent decades in all OECD countries for which trend data is available. There remain however notable differences in obesity rates across countries. In 2003 (or the most recent year available), the prevalence of obesity among adults varied from a low of 3.2% in Japan and in Korea to a high of 30.6% in the United States. Countries like the United Kingdom, Australia, Mexico, New Zealand and Canada also report relatively high obesity rates among adults (over 20%)<sup>1</sup>. In **Turkey**, the obesity rate among adults, based on self-reported data, stood at 12% in 2003. The time lag between the onset of obesity and increases in related chronic diseases (such as diabetes and asthma)

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

suggest that the rise in obesity that has occurred in most OECD countries, including **Turkey**, will have substantial implications for future incidence of health problems and related spending.

More information on *OECD Health Data 2006* is available at [www.oecd.org/health/healthdata](http://www.oecd.org/health/healthdata).

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

