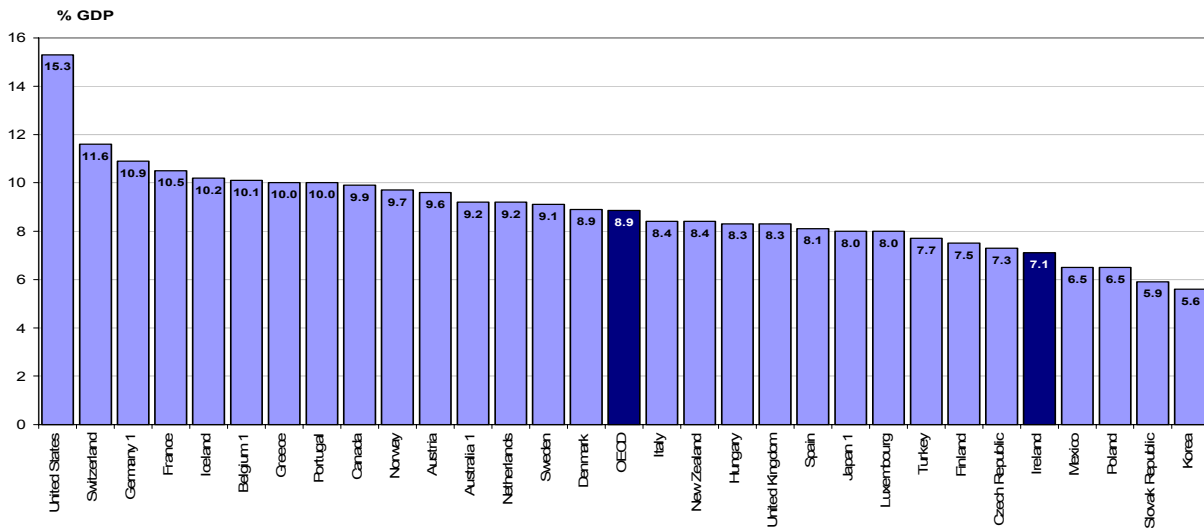


OECD Health Data 2006 How Does Ireland Compare

Total health spending accounted for 7.1% of GDP in **Ireland** in 2004, some way below the latest available 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. Several EU countries - France, Belgium, Greece and Portugal – also devoted 10% or more of GDP to health in 2004.

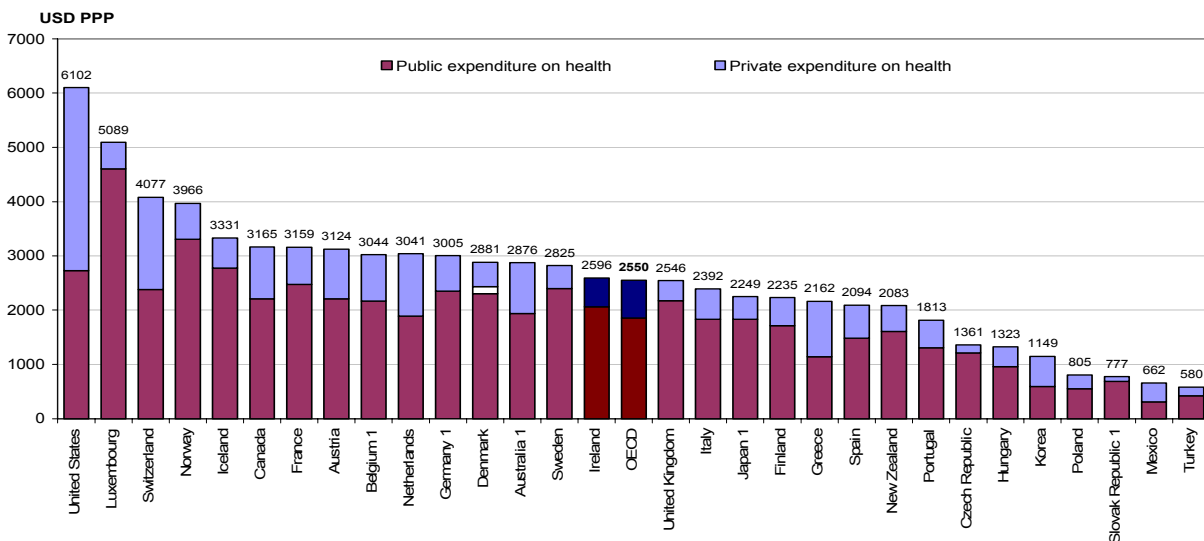
In terms of health spending per capita, **Ireland** ranks just above the OECD average, with spending of 2596 USD in 2004 (adjusted for purchasing power parity) compared with an OECD average of about 2550 USD. However, this is dwarfed in comparison with the United States (which spent 6102 USD per capita in 2004), and significantly lower than some other big spenders, such as Luxembourg, Switzerland and Norway (with spending from 4000 to 5000 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.

Health spending per capita in **Ireland** grew, in real terms, by an average of 9.1% 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. However, the strong growth in the Irish economy over the same period (the highest annual growth rate in per capita GDP in the OECD) has meant that the proportion of GDP devoted to health has increased only slightly (by one percentage point) over the period.

The public sector continues to be the main source of health funding in all OECD countries, except the United States and Mexico. In **Ireland**, nearly 80% of health spending was funded by government revenues in 2004, above the OECD average of 73%. The Irish government's commitment to increase public health expenditure has seen the public share increase from 71.5% in the mid 90s. The share of public spending on health ranges from a low of 45% in the US to well over 80% in parts of Scandinavia (Denmark, Sweden, Norway) and the United Kingdom.

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

Despite increasing numbers of doctors in recent years, **Ireland** continues to see a lower physician density per capita than in many other OECD countries. In 2004, Ireland reported 2.8 physicians per 1 000 population. This figure is higher than in countries such as the United States, Canada, the United Kingdom and Australia, but falls short of the OECD average of 3.0 and well behind some other European countries such as France, Germany, Spain and Portugal, who all record 3.4 physicians per 1 000 population.

On the other hand, **Ireland** records a very high density of practising nurses, with 15 nurses per 1 000 population in 2004 (noting though that the comparability with other countries is more limited due to the inclusion of different classes of nurses, mid-wives, etc.).

The number of acute care hospital beds in **Ireland** in 2004 was 2.9 per 1 000 population, below the OECD average of 4.1 beds per 1 000 population. In most OECD countries including **Ireland**, the number of hospital beds per capita has fallen over recent decades.

Health status and risk factors

Most OECD countries have enjoyed large gains in life expectancy over the past 40 years. In 2004, life expectancy in **Ireland** stood at 78.3 years, matching the average across OECD countries. For comparison, Japan, Switzerland, Spain, Iceland, Sweden and Australia all register life expectancies of over 80 years.

As in other OECD countries, infant mortality rates in **Ireland** have fallen dramatically over the past few decades. The rate stood at 4.9 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 the Nordic countries (Iceland, Sweden, Finland and Norway).

The proportion of daily smokers among the adult population has shown a marked decline over recent decades across most OECD countries. Much of this decline can be attributed to policies aimed at reducing tobacco consumption through public awareness campaigns, advertising bans and increased taxation. **Ireland** has seen the proportion of smokers among adults fall from 43% in the early 70s to 27% by 2002, which is still above the average in OECD countries, but does not take into effect more recent legislation regulating smoking in public places in Ireland. The lowest rates among all OECD countries are in Australia, Canada, Sweden and the United States, 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 and New Zealand also report relatively high obesity rates among adults (over 20%)¹. In **Ireland**, the obesity rate among adults stood at 13% in 2002, up from 10% in 1998. The time lag between the onset of obesity and increases in related chronic diseases (such as diabetes and asthma) suggest that the rise in obesity that has occurred in most OECD countries, including **Ireland**, 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.

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



¹ 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.