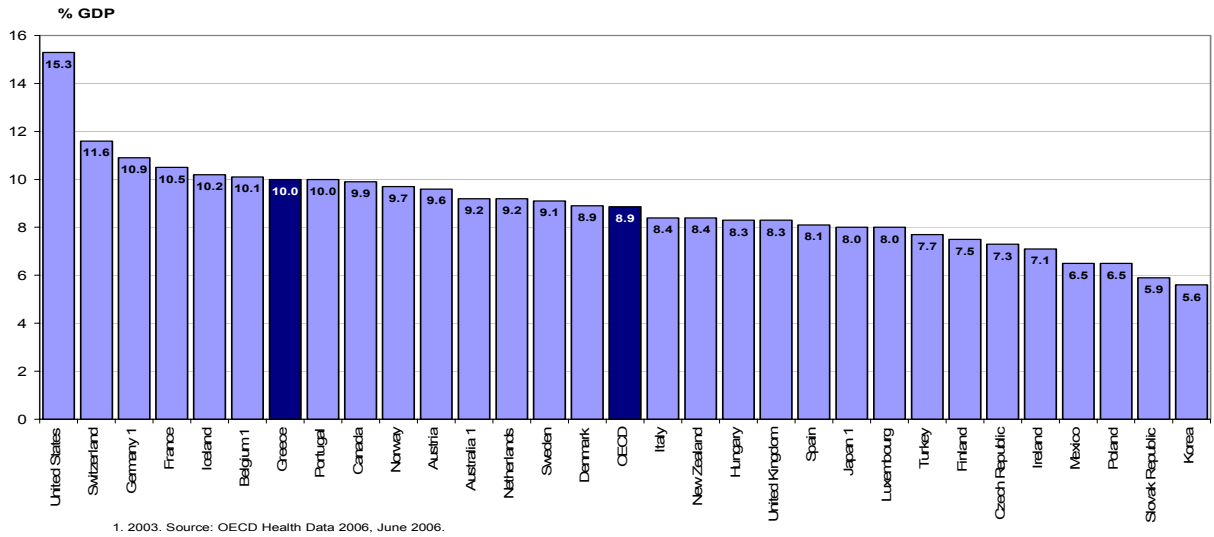
OECD Health Data 2006
How Does Greece Compare

Total health spending accounted for 10% of GDP in **Greece** in 2004, one percentage point higher than the average of 8.9% in OECD countries. The countries which spend the most on health as a share of GDP are the United States (which spent 15.3% of its GDP on health in 2004), followed by Switzerland and Germany (which allocated respectively 11.6% and 10.9% of their GDP on health).

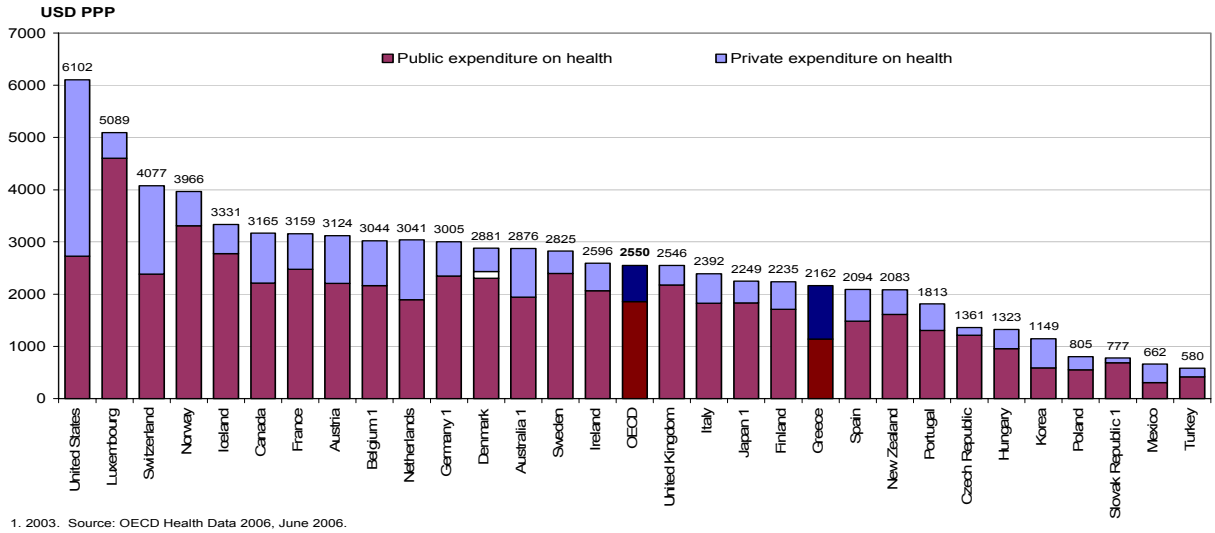
On the other hand, **Greece** ranks below the OECD average in terms of total health spending per capita, with spending of 2162 USD in 2004 (adjusted for purchasing power parity), compared with an OECD average of 2550 USD. Between 1999 and 2004, health spending per capita in **Greece** increased in real terms by 5.2% per year on average, a growth rate equivalent to the one observed in OECD countries.

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.

The rise in pharmaceutical spending has been one of the factors behind the rise in total health spending in **Greece** as well as in many other OECD countries. In 2004, spending on pharmaceuticals accounted for 17.4% of total health spending in **Greece**, a percentage close to the OECD average.

The public sector is the main source of health funding in all OECD countries, except the United States and Mexico. Among European countries, **Greece** has the lowest share of public spending on health (53% in 2004). By contrast, more than 80% of health spending is funded by public sources in several Nordic countries (Denmark, Norway and Sweden) and the United Kingdom. The OECD average is 73%.

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

There are more physicians per capita in **Greece** than in any other OECD country. During the past decades, the number of doctors per capita increased markedly in **Greece** to reach 4.9 practising physicians per 1 000 population in 2004, well above the OECD average of 3. On the other hand, there were only 3.8 nurses per 1 000 population in **Greece** in 2002, a figure much lower than the average of 8.3 in OECD countries.

The number of acute care hospital beds in **Greece** was 3.8 per 1 000 population in 2002, slightly lower than the OECD average of 4.1 beds per 1 000 population. As in most OECD countries, the number of hospital beds per capita in **Greece** has fallen over time. This decline 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 (or ambulatory) basis.

During the past decade, 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 **Greece**, the number of CT scanners also increased over time; it stood at 17.1 per million population in 2002, close to the OECD average. The number of MRIs per capita however remained among the lowest in 2002.

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 2004, life expectancy at birth in **Greece** stood at 79 years, slightly higher than the OECD average (78.3 years). A number of countries (e.g., Japan, Switzerland, Iceland, Australia, Sweden, Spain and France) register a life expectancy higher than 80 years.

The infant mortality rate in **Greece,** as in other OECD countries, has fallen greatly over the past decades. It stood at 4.1 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 Nordic countries (Iceland, Sweden, Norway and Finland).

The proportion of daily smokers among adults has shown a marked decline over the past two decades in most OECD countries. This has however not been the case in **Greece** which registered in 2004 the highest rate of daily smokers among adults (38.6%, 13 percentage points higher than the OECD average of 25.5%). Australia, Canada, Sweden and the United States provide examples of countries that have achieved remarkable progress in reducing tobacco consumption, with smoking rates among adults below 18% now. Much of the decline in these countries can be attributed to policies aimed at reducing tobacco consumption either through public awareness campaigns, advertising bans or increased taxation.

Obesity rates have increased in recent decades in all OECD countries, although there remain notable differences across countries. In 2003/4, 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[1]. In **Greece**, based on self-reported data, the obesity rate among adults is relatively high, reaching 21.9% in 2003. There is a time lag of several years between the onset of obesity and related health problems (such as diabetes and asthma), suggesting that the rise in obesity that has occurred in most OECD countries will mean higher health care costs in the future.

More information on ***OECD Health Data 2006*** is available at www.oecd.org/health/healthdata.

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

[1] It should be noted however that the data for the United States are more accurate than those from most 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.