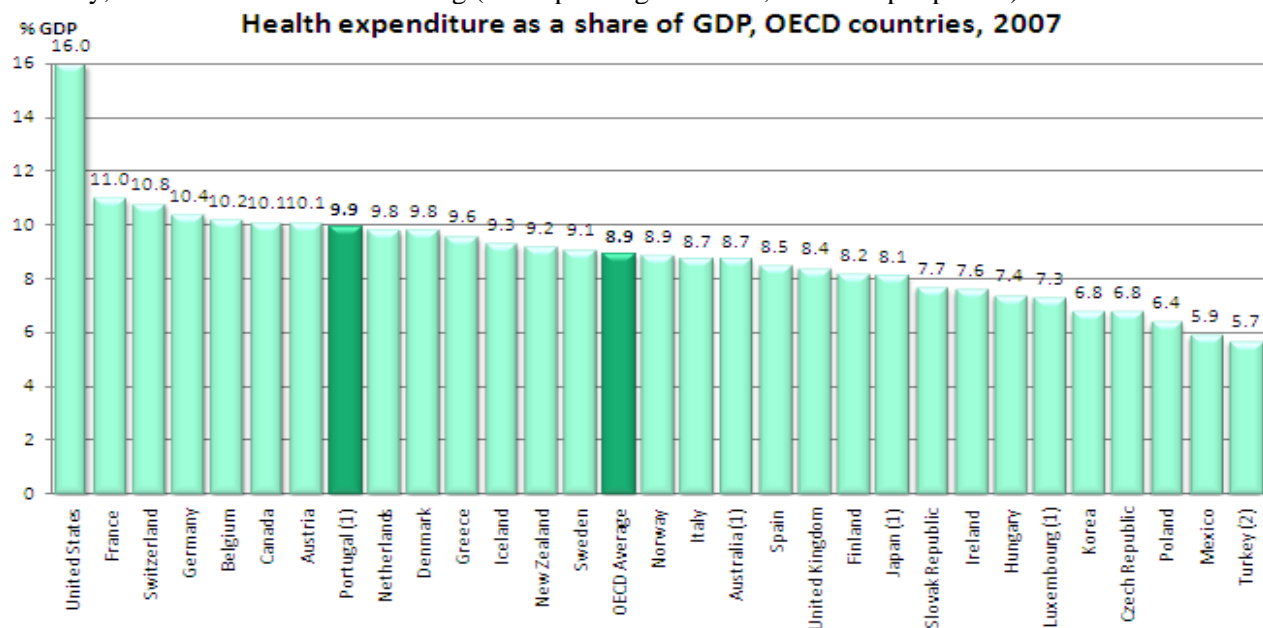




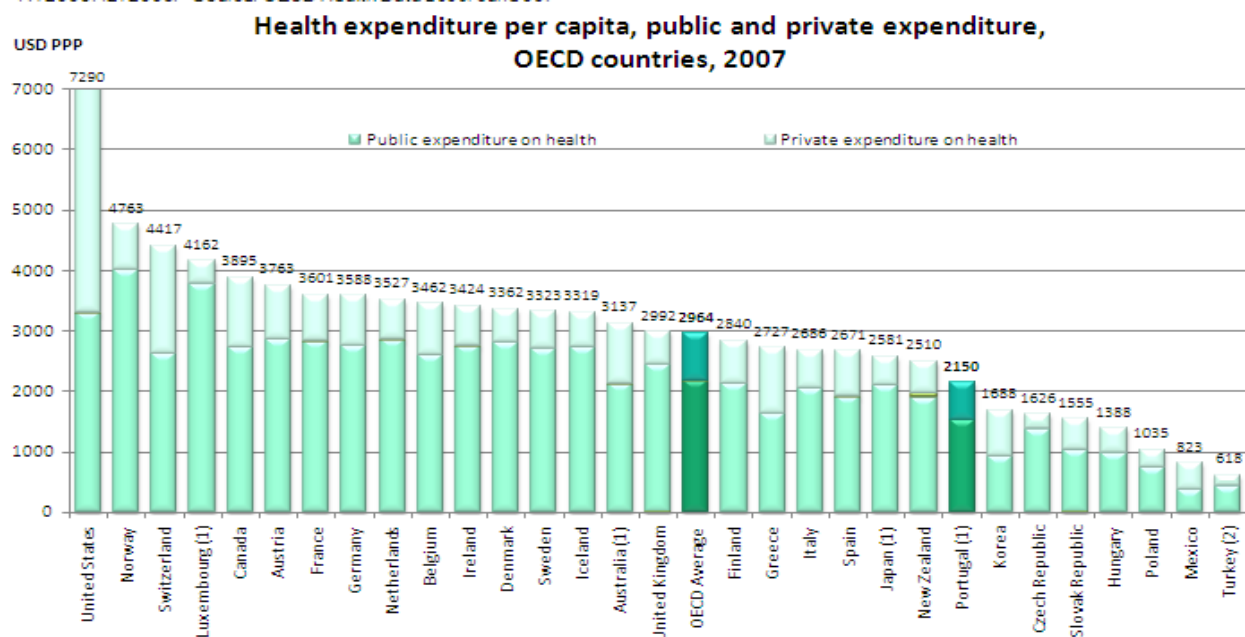
OECD Health Data 2009 How Does Portugal Compare

Total health spending accounted for 9.9% of GDP in **Portugal** in 2006, one percentage point more than the average across OECD countries (8.9%). The United States is, by far, the country that spends the most on health as a share of its economy, with 16% of its GDP allocated to health in 2007. France and Switzerland followed with 11% and 10.8% of their GDP spent on health, respectively. Germany, Belgium, Austria and Canada also devote more than 10% of their GDP to health.

Despite spending a high proportion of its GDP on health, **Portugal** spent only 2,150 USD on health per capita in 2006, a lower figure than the OECD average of 2,964 USD (adjusted for purchasing power parity). The United States spent, by far, the most on health per capita in 2007 (7,290 USD), followed by Norway, Switzerland and Luxembourg (with spending of over 4,000 USD per person).



(1) 2006. (2) 2005. Source: OECD Health Data 2009, June 09.



(1) 2006, (2) 2005. Data for Belgium, Denmark and the Netherlands are current expenditures (excluding investment). Source: OECD Health Data 2009, June 09. 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 **Portugal** grew, in real terms, by an average of 2.3% per year between 2000 and 2006, below the OECD average of 3.7% per year.

The rise in pharmaceutical spending has been one of the factors behind the increase in total health spending in many OECD countries. In 2006, spending on pharmaceuticals accounted for 21.8% of total health spending in **Portugal**, above the OECD average of 17.1%.

The public sector continues to be the main source of health funding in all OECD countries, except the United States and Mexico. In **Portugal**, 71.5% of health spending was funded by public sources in 2006, slightly below the OECD average of 72.8%. Public spending among OECD countries was highest in Luxembourg and the Czech Republic (above 85%).

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

In 2007, **Portugal** had 3.5 physicians per 1,000 population, slightly above the OECD average of 3.1 doctors per 1,000 population. Although the number of nurses in **Portugal** per 1,000 population has increased in recent years, from 2.8 nurses in 1990 to 5.1 in 2007, **Portugal** still lags behind the OECD average of 9.6 nurses per 1,000 population.

The number of acute care hospital beds in **Portugal** was 2.8 per 1,000 population in 2007, below the OECD average of 3.8 beds per 1,000 population. In line with many OECD countries, the number of hospital beds per capita in **Portugal** has fallen gradually 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. Although **Portugal** has also seen some increase in such technologies, the number of MRIs in 2007 was 8.9 per million population, below the OECD average of 11. However, the number of CT scanners in **Portugal** stood at 26 per million population in 2007, well above the OECD average of 20.2 per million population.

Health status and risk factors

Most OECD countries have enjoyed large gains in life expectancy over the past decades, due to improvements in living conditions, public health interventions and progress in medical care. In 2006, life expectancy at birth in **Portugal** was 78.9 years, which almost corresponds to the OECD average (79). Life expectancy was highest in Japan with 82.6 years, followed by Switzerland, Australia, Iceland and Italy.

The infant mortality rate in **Portugal**, as in other OECD countries, has fallen significantly over the past decades. It stood at 3.3 deaths per 1,000 live births in 2006, compared to an infant mortality rate of 24.2 per 1,000 in 1980. The lowest infant mortality rates are reported in Nordic countries (Iceland, Sweden and Finland), Luxembourg and Japan.

The proportion of daily smokers among adults has shown a marked decline over the past two decades in most OECD countries. **Portugal** is among the OECD countries with the lowest rates of daily smokers, with current rates of daily smokers among adults standing at 19.6% in 2007, significantly below the OECD average of 23.3%. Sweden, the United States and Australia have achieved notable success in the reduction of tobacco consumption, with current smoking rates among adults below 17%.

Obesity rates have increased in the past two decades in nearly all OECD countries, although there remain notable differences across countries. In 2007 (or the latest year available), the prevalence of obesity among adults varied from a low of 3.4 % and 3.5% in Japan and Korea, to a high of 34.3% in the United States. Mexico, New Zealand, the United Kingdom and Australia also have high levels of obesity among adults

(over 21%)¹. The obesity rate in **Portugal**, based on self-reported data, stood at 15.4% in 2006, up from 11.5% in 1996. The time lag between the onset of obesity and increases in related chronic health problems (such as diabetes or asthma) suggests that the rise in obesity that has occurred in most OECD countries will have substantial implications on the future incidence of health problems and related spending.

More information on *OECD Health Data 2009* is available at www.oecd.org/health/healthdata.

For more information on OECD's work on **Portugal**, please visit www.oecd.org/portugal.

¹ It should be noted however that the data for the United States, New Zealand, the United Kingdom and Australia 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 underestimate the real prevalence of obesity.