

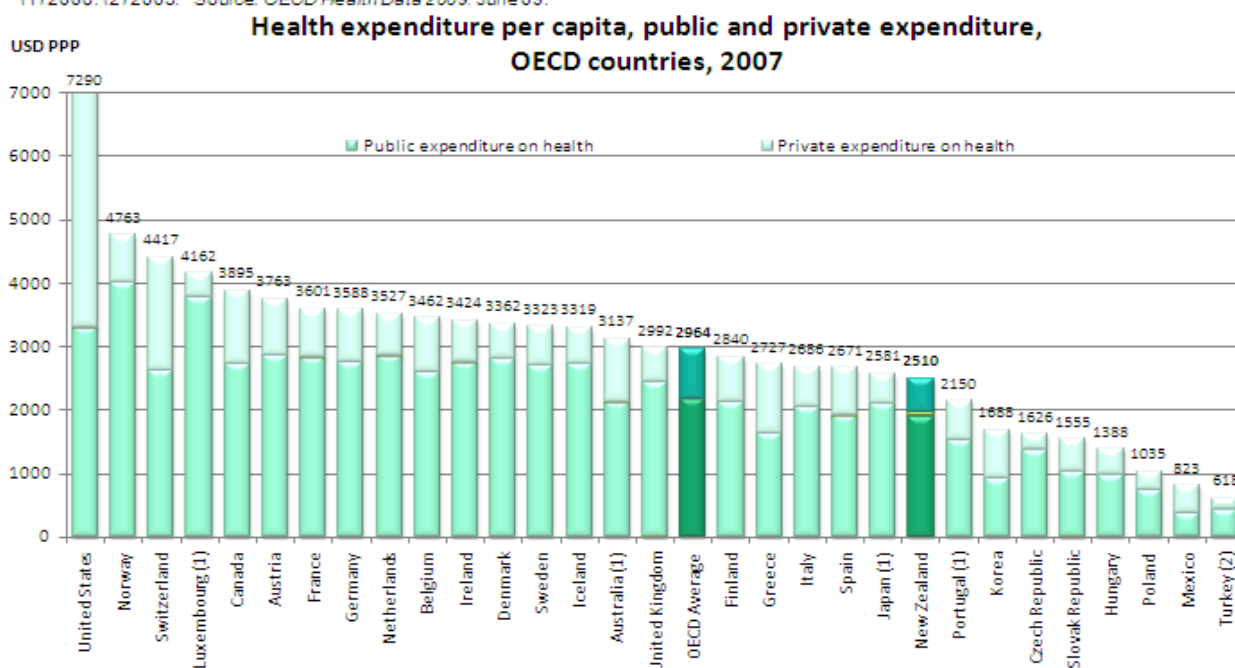
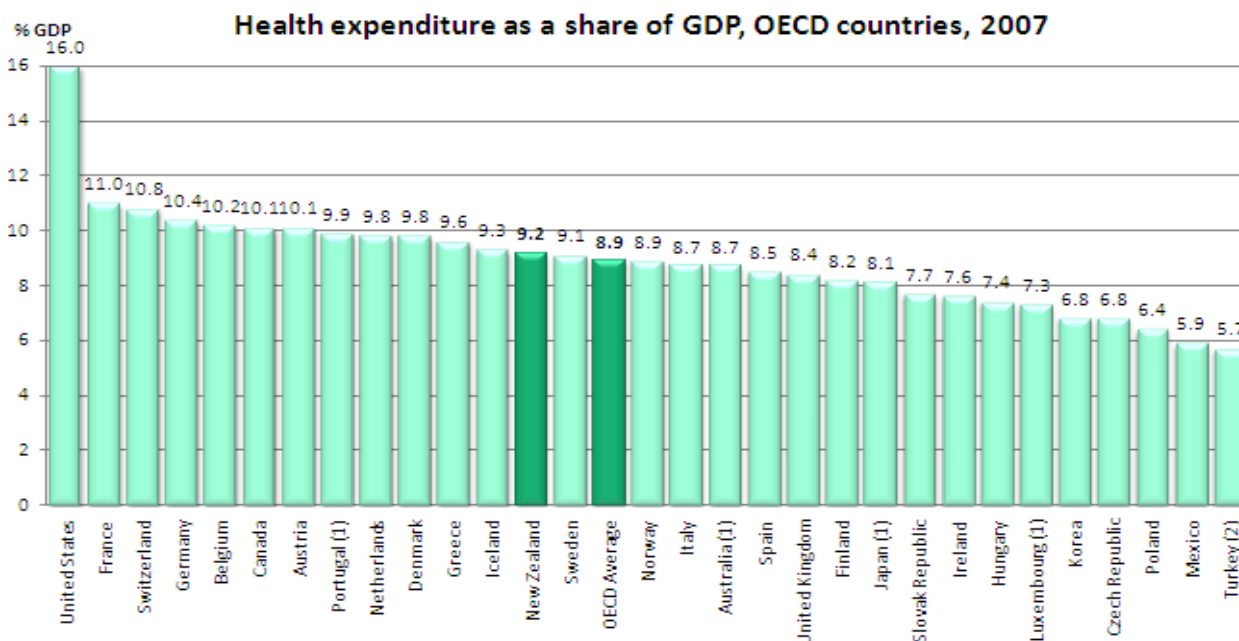


OECD Health Data 2009

How Does New Zealand Compare

Total health spending was estimated at 9.2% of GDP in **New Zealand** in 2007, higher than the OECD average of 8.9%. Health spending as a share of GDP is highest in the United States (which spent 16.0% of its GDP on health in 2007), followed by France (11.0%), Switzerland (10.8%) and Germany (10.4%).

New Zealand ranks below the OECD average in terms of total health spending per capita, with spending of 2510 USD in 2007 (adjusted for purchasing power parity), compared with an OECD average of 2964 USD.



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 equalize 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 Mexico and the United States. In **New Zealand**, 78% of health spending was funded by public sources in 2006, above the average of 73% in OECD countries.

Resources in the health sector (human and technological)

New Zealand has fewer physicians per capita than most other OECD countries. In 2007, **New Zealand** had 2.3 practising physicians per 1 000 population, well below the OECD average of 3.1. Unlike some other OECD countries, **New Zealand** has been able to maintain a balance between general practitioners and specialists, each at 0.8 per 1 000 population. There were 9.9 nurses per 1 000 population in **New Zealand** in 2007, a slightly higher figure than the average of 9.6 in OECD countries.

During the past decade or so, 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 **New Zealand**, the number of CT scanners has increased from 3.6 per million population in 1990 to 12.3 in 2007. Despite this marked increase, **New Zealand** was still lagging behind the OECD average of 20.2 CT scanners per million population in 2007. The number of MRI units was also lower in **New Zealand** (8.8 per million population in 2007) than the OECD average (11.0).

Health status and risk factors

Most OECD countries have enjoyed large gains in life expectancy over the past decades, linked to improvements in living conditions, public health interventions and progress in medical care. In 2007, life expectancy at birth in **New Zealand** stood at 80.2 years, higher than the OECD average of 79.0 years. Still, life expectancy in **New Zealand** was lower than in a number of OECD countries, such as Japan, Switzerland, Australia, Iceland and Spain, which all registered life expectancies of over 81 years in 2007.

The infant mortality rate in **New Zealand**, as in other OECD countries, has fallen greatly over the past decades. It stood at 4.8 deaths per 1 000 live births in 2007, which is similar to the OECD average of 4.9. Infant mortality is lowest in Japan, Luxembourg and in Nordic countries (Iceland, Sweden and Finland).

The proportion of daily smokers among adults has shown a marked decline over the past twenty-five years in 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. Smoking rates among adults in **New Zealand** have decreased from 30.0% in 1985 to 18.1% in 2007, a rate lower than the OECD average of 23.3%, and fourth lowest among OECD countries. Sweden, the United States and Australia are other countries which have achieved remarkable success in reducing tobacco consumption, with current smoking rates among adults below 17%.

At the same time, obesity rates have increased in recent decades in all OECD countries, although there remain notable differences across countries. In **New Zealand**, the obesity rate among adults, based on actual measures of height and weight, was 26.5% in 2007. It is lower than in the United States (34.3% in 2006) and Mexico (30.0% in 2006), but higher than all other OECD countries for which current data are available¹. Given the time lag between the onset of obesity and related health problems (such as diabetes, cardiovascular diseases and asthma), the growing prevalence of obesity in most OECD countries, including **New Zealand**, may well lead to higher health care costs in the future.

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

For more information on OECD's work on **New Zealand**, please visit www.oecd.org/nz.

¹ The data for the United States, the United Kingdom, Australia and New Zealand 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 most other countries are based on *self-reported* data, which generally under-estimate the real prevalence of obesity.