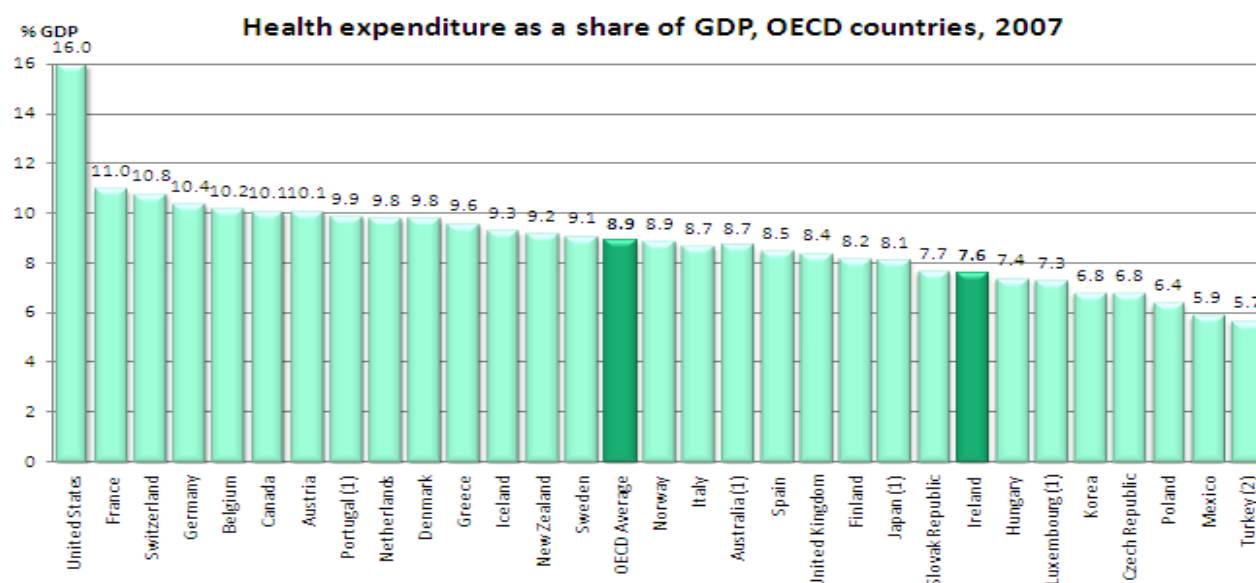




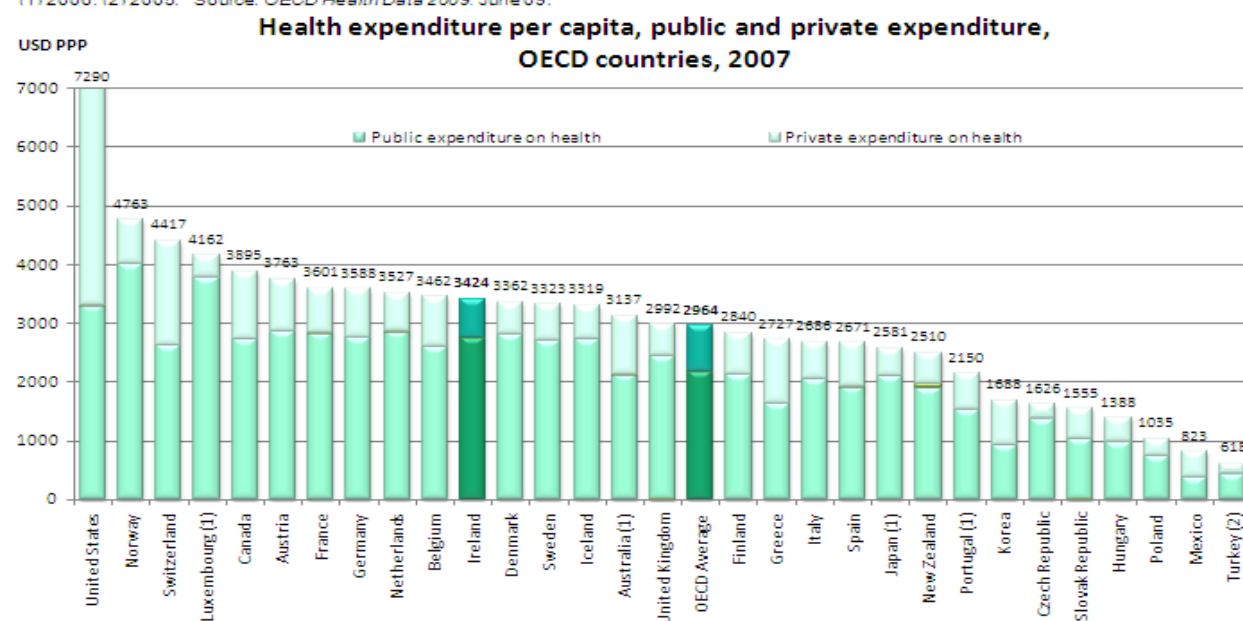
OECD Health Data 2009 How Does Ireland Compare

Total health spending accounted for 7.5% of GDP in **Ireland** in 2007, almost 1 ½ percentage point lower than 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 16% of its GDP allocated to health in 2007, followed by France (11%) and Switzerland (10.8%). Several EU countries – Germany, Belgium and Austria – also devoted more than 10% of their GDP to health in 2007.

In terms of health spending per capita, **Ireland** ranks above the OECD average, with spending of 3,424 USD in 2007 (adjusted for purchasing power parity) compared with an OECD average of 2,964 USD. Health spending per capita in **Ireland** remains, however, much lower than in the United States (which spent 7,290 USD per capita in 2007), and significantly lower than some other big spenders, such as 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 **Ireland** grew, in real terms, by an average of 6.4% per year between 2000 and 2007. This was the third fastest growth rate of all OECD countries during this period (after Korea and Greece), and significantly higher than the OECD average of 3.7% per year.

The public sector continues to be the main source of health funding in all OECD countries, except the United States and Mexico, where public spending is lowest, at 45.4% and 45.2% respectively. In **Ireland**, 80.7% of health spending was funded by government revenues in 2007, above the OECD average of 73%. The public share of health spending in **Ireland** has increased significantly over the past decade, up from 72% in 1995. In 2007, public spending was the highest in Luxembourg at 90.9% and relatively high (above 80%) in several Nordic countries (Denmark, Norway, Iceland, and Sweden), the Czech Republic, the United Kingdom, Japan and Ireland.

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

Despite increasing numbers of doctors in recent years, **Ireland** continues to have a lower number of physicians per capita than in many other OECD countries. In 2007, **Ireland** had 3 physicians per 1,000 population, compared with an OECD average of 3.1. While the number of doctors per capita in **Ireland** is higher than in Australia, the United Kingdom, the United States and Canada, it is lower than in many European countries.

On the other hand, **Ireland** has a very high number of practising nurses, with 15.5 nurses per 1,000 population in 2007, significantly above the OECD average of 9.6.¹

The number of acute care hospital beds in **Ireland** in 2007 was 2.7 per 1,000 population, below the OECD average of 3.8 beds per 1,000 population. In most OECD countries including **Ireland**, the number of hospital beds per capita has fallen over time, due to a reduction of the average length of stay in hospitals.

In most OECD countries, there has been rapid growth in the availability of diagnostic technologies such as computed tomography (CT) scanners and magnetic resonance imaging (MRI) units in recent decades. With 8.5 MRI units and 14.3 CT scanners per million population in 2007, **Ireland** lags behind the OECD averages of 11 and 20.2, respectively.

Health status and risk factors

Most OECD countries have enjoyed large gains in life expectancy over the past decades. In 2006, life expectancy in **Ireland** stood at 79.7 years. Still, life expectancy in **Ireland** was lower than in a number of OECD countries, such as Japan, Switzerland, Australia, Iceland, Italy and Spain, which all registered life expectancies of over 81 years in 2007 (or nearest year available).

As in other OECD countries, infant mortality rates in **Ireland** have fallen dramatically over the past few decades and Ireland has one of the lowest rates, with 3.1 deaths per 1,000 live births in 2007, well below the OECD average of 4.9. Infant mortality is the lowest in Luxembourg, Japan and in 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 45.6% in the early 1970s to 29% by 2007, which is still above the average in OECD countries (23.3% in 2007). Sweden, the United States,

¹ It is important to note, however, that the comparability of data on nurses is more limited, due to the inclusion of different classes of nurses and midwives in the data reported by different countries.

Australia, New Zealand and Canada and provide examples of countries that have achieved remarkable success in reducing tobacco consumption, with current smoking rates among adults below 19%.

Obesity rates have increased in recent decades in all OECD countries for which trend data is available. There remain, nonetheless, notable differences in obesity rates across countries. In 2007 (or the most recent year available), the prevalence of obesity among adults varied from a low of 3.4% and 3.5% in Japan and Korea respectively, to a high of 34.3% in the United States. Countries like Mexico, New Zealand, the United Kingdom, Iceland and Australia also report relatively high obesity rates among adults (over 20%)². In **Ireland**, the obesity rate among adults stood at 15% in 2007, up from 11% 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 2009* is available at www.oecd.org/health/healthdata.

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

² It should be noted however that the data for the United States, the United Kingdom, Australia 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 underestimate the real prevalence of obesity.