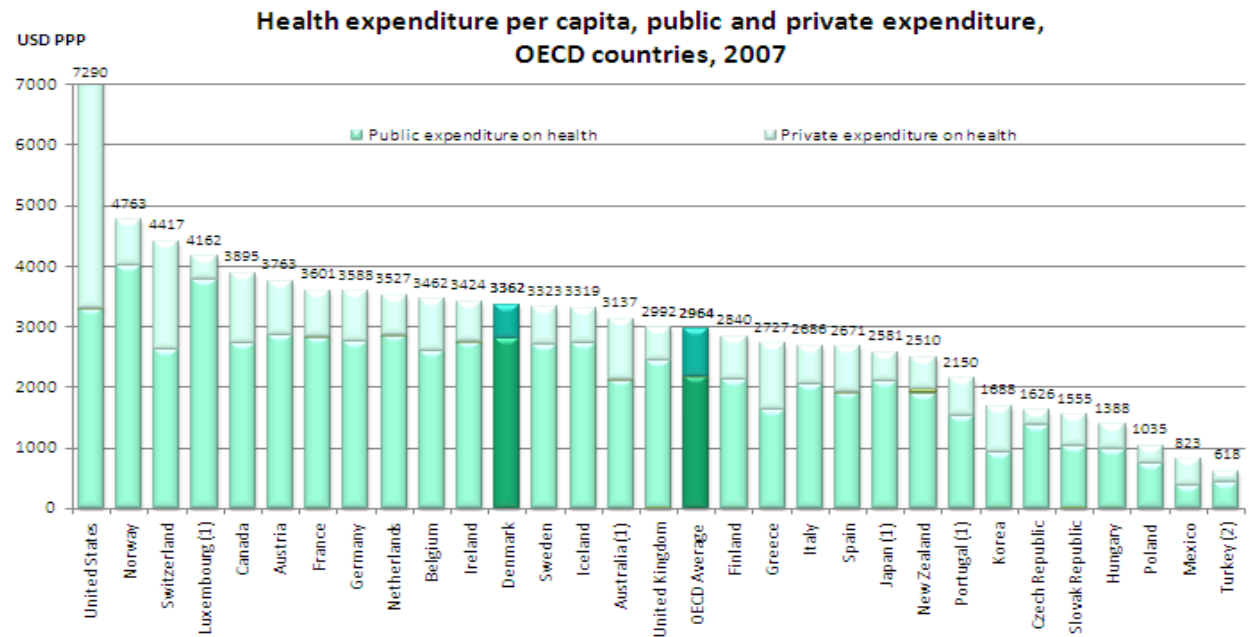
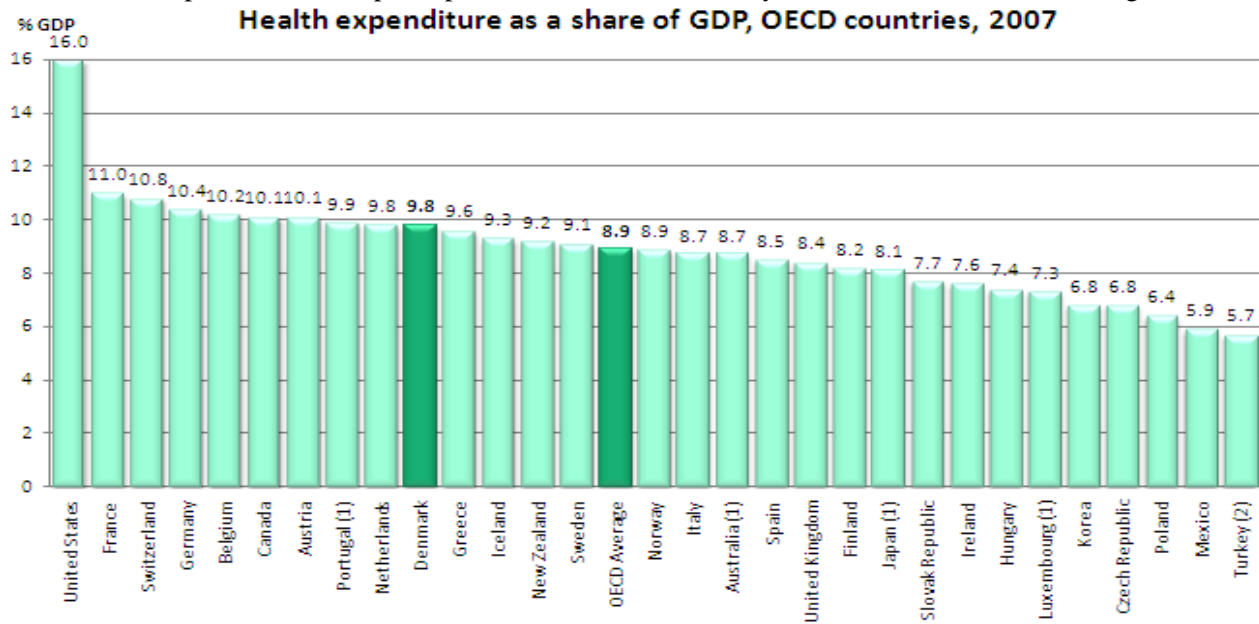




OECD Health Data 2009 How Does Denmark Compare

Total health spending accounted for 9.8% of GDP in **Denmark** in 2007, above the average in OECD countries 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%).

Denmark also ranks above the OECD average in terms of total health spending per capita, with current spending of 3362 USD in 2007 (adjusted for purchasing power parity), compared with an OECD average of 2964 USD. Health spending per capita in **Denmark** remains nonetheless much lower than in the United States (which spent 7290 USD per capita in 2007) and in Norway, Switzerland and Luxembourg.



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.

Spending on pharmaceuticals in **Denmark** in 2006 accounted for 8.6% of total health expenditure, well below the OECD average of 17.1%. As in many OECD countries, the share of total health spending allocated to pharmaceuticals has increased in **Denmark** over the past decade, although at a slower rate.

The public sector is the main source of health funding in all OECD countries, except the United States and Mexico. In **Denmark**, 85% of health spending was funded by public sources in 2007, third highest among OECD countries, and significantly higher than the average of 73%. In 2007 (or latest year available), the share of public spending among OECD countries was the lowest in Mexico (45%) and the United States (45%), and the highest in Luxembourg (91%) and the Czech Republic (85%).

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

In 2006, **Denmark** had 3.2 practising physicians per 1,000 population, similar to the OECD average of 3.1. There were 14.3 nurses per 1,000 population in **Denmark** in 2006, well above the average of 9.6 in OECD countries.

The estimated number of acute care hospital beds in **Denmark** was 2.9 per 1,000 population in 2007, lower than the OECD average of 3.8 beds per 1,000 population. As in most OECD countries, the number of hospital beds per capita in **Denmark** 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 **Denmark**, the number of MRIs also increased over time, to reach 10.2 per million population in 2004 (latest year available), which is similar the OECD average of 11.0 in 2007. The number of CT scanners in **Denmark** was 17.4 per million population in 2007, below the OECD average of 20.2.

Health status and risk factors

Most OECD countries have enjoyed large gains in life expectancy over the past decades, thanks to improvements in living conditions, public health interventions and progress in medical care. In 2006, life expectancy at birth in **Denmark** stood at 78.4 years, ½ year lower than the OECD average of 79.0 years in 2007. Life expectancy in **Denmark** is more than four years lower than in Japan (82.6 years, the highest among OECD countries), and is also lower than in most Western European countries and in other Nordic countries.

The infant mortality rate in **Denmark**, as in other OECD countries, has fallen greatly over the past decades. It stood at 3.8 deaths per 1,000 live births in 2006, lower than the OECD average of 4.9 in 2007. Infant mortality is the lowest in other Nordic countries (Iceland, Finland and Sweden), Luxembourg and Japan.

The proportion of daily smokers among adults has shown a marked decline over the past twenty years in most OECD countries. In **Denmark**, the percentage of adults who report to smoke everyday has decreased from 47% in 1984 to 25% in 2006. Despite this marked reduction, smoking rates among adults in Denmark remain slightly higher than the OECD average of 23.3%. Sweden, the United States and Australia provide examples of countries that have achieved remarkable success in reducing tobacco consumption, with current smoking rates among adults below 18%.

At the same time, obesity rates have increased in recent decades in all OECD countries, although notable differences remain across countries. In **Denmark**, the obesity rate among adults, based on self-reported data, more than doubled over the past twenty years, moving up from 5.5% in 1987 to 11.4% in 2005.

While it remains much lower than in the United States (34.3% in 2006)¹, the obesity rate in **Denmark** is higher than in Japan and Korea (3.4% and 3.5% respectively) as well as in Switzerland (8.1%). 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 **Denmark**, will mean 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 **Denmark**, please visit www.oecd.org/denmark.

¹ It should be noted that the data for the United States 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.