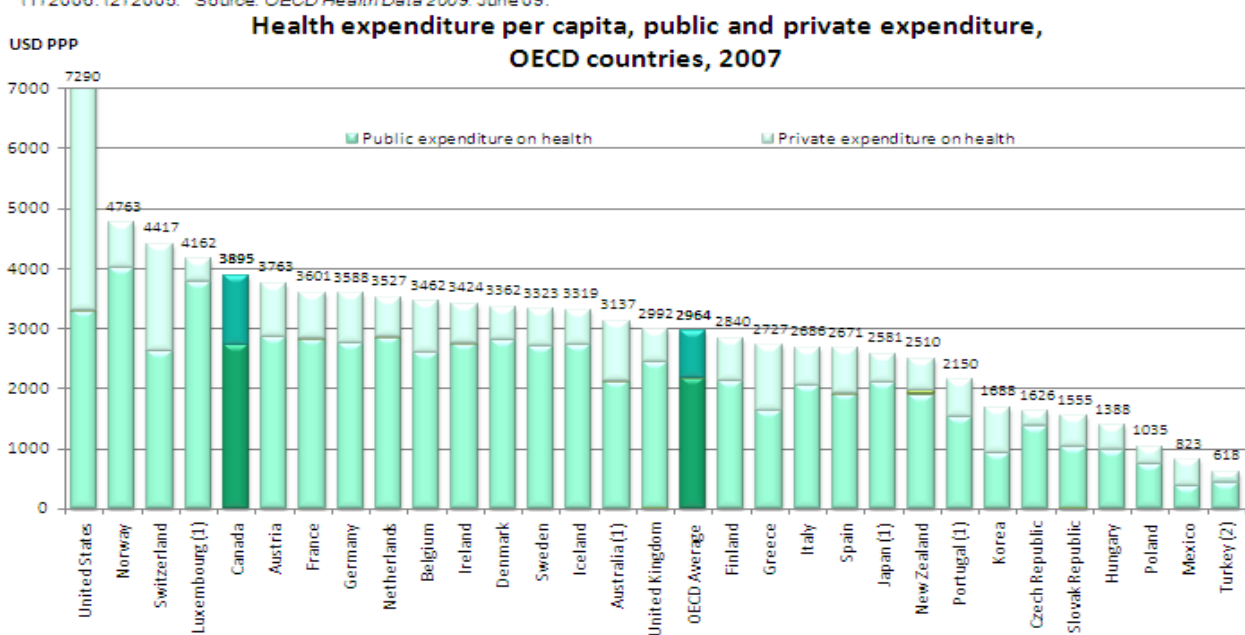
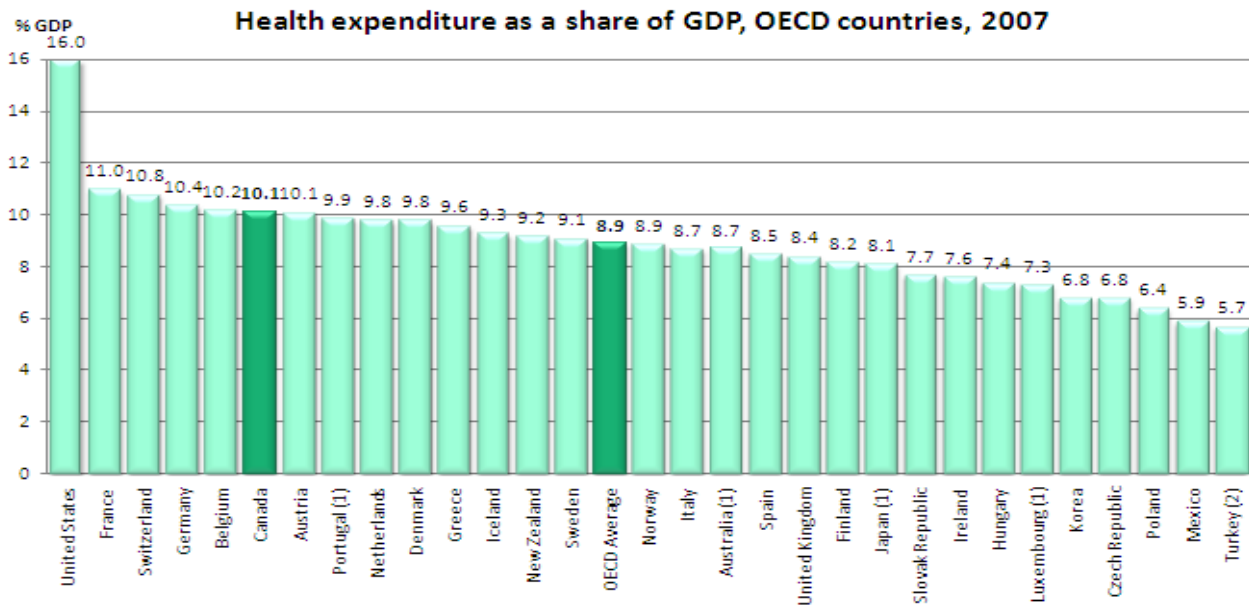




OECD Health Data 2009 How Does Canada Compare

Total health spending accounted for 10.1% of GDP in **Canada** in 2007, more than one percentage point higher than the average of 8.9% in OECD countries. Health spending as a share of GDP is lower in **Canada** than in the United States (which spent 16.0% of its GDP on health in 2007) and in a number of European countries such as France (11.0%), Switzerland (10.8%), Germany (10.4%) and Belgium (10.2%).

Canada also ranks above the OECD average in terms of total health spending per capita, with spending of 3895 USD in 2007 (adjusted for purchasing power parity), compared with an OECD average of 2964 USD. Health spending per capita in **Canada** 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 equalise the cost of a given 'basket' of goods and services in different countries.

Between 2000 and 2007, health spending per capita in **Canada** increased in real terms by 3.5% per year on average, a growth rate similar to the OECD average (3.7% per year).

The public sector is the main source of health funding in all OECD countries, except the United States and Mexico. In **Canada**, 70% of health spending was funded by public sources in 2007, below the average of 73% in OECD countries. The share of public spending in **Canada** decreased from 74.5% in 1990. In 2007, the share of public spending among OECD countries was the lowest in the United States and Mexico (45%) and the highest in Luxembourg, the Czech Republic, several Nordic countries (Denmark, Iceland, Norway and Sweden), the United Kingdom and Japan.

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

Despite the relatively high level of health expenditure in **Canada**, there are fewer physicians per capita than in most other OECD countries. In 2007, Canada had 2.2 practising physicians per 1 000 population, well below the OECD average of 3.1. Between 1990 and 2007, the number of doctors per capita remained relatively stable in **Canada**, while it continued to increase in most OECD countries.

There were 9.0 nurses per 1 000 population in **Canada** in 2007, also a lower number than the average of 9.6 in OECD countries.

The number of acute care hospital beds in **Canada** was 2.7 per 1 000 population in 2006, the same number as in the United States, but 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 **Canada** 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 **Canada**, the number of MRIs also increased over time, to reach 6.7 per million population in 2007. Despite this increase, Canada was still lagging behind the OECD average of 11.0 MRI units per million population. Similarly, the number of CT scanners in Canada stood at 12.7 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 **Canada** stood at 80.7 years, more than 1 ½ year higher than the OECD average (79.0 years) and 2 ½ years greater than in the United States (78.1 years). Still, a number of countries (e.g., Japan, Switzerland, Italy and Australia) registered a higher life expectancy than **Canada**.

The infant mortality rate in **Canada**, as in other OECD countries, has fallen greatly over the past decades. It stood at 5.0 deaths per 1 000 live births in 2006, lower than in the United States (6.7), and almost equal to the OECD average (4.9). Infant mortality is the lowest in some Nordic countries (Iceland, Sweden and Finland), Luxembourg and Japan.

The proportion of daily smokers among adults has shown a marked decline over the past twenty-five years in most OECD countries. **Canada** provides an example of a country that has achieved remarkable progress in reducing tobacco consumption, with the rate of daily smokers among adults having been cut by nearly half since 1980 (from 34% in 1980 to 18% in 2007). Much of this decline in **Canada**, as well as in other countries, can be attributed to policies aimed at reducing tobacco consumption through public awareness campaigns, advertising bans and increased taxation.

At the same time, obesity rates have increased in recent decades in all OECD countries, although there remain notable differences across countries. In **Canada**, the obesity rate among adults, based on self-

reported data was 15% in 2007, up from 12% in 1994. It is lower than in the United States (34.3% in 2006) and the United Kingdom (24.0% in 2007), but higher than in many other OECD countries¹. 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 **Canada**, 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 **Canada**, please visit www.oecd.org/canada.

¹ It should be noted that the data for the United States and the United Kingdom 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 (including for Canada) are based on *self-reported* data, which generally under-estimate the real prevalence of obesity.