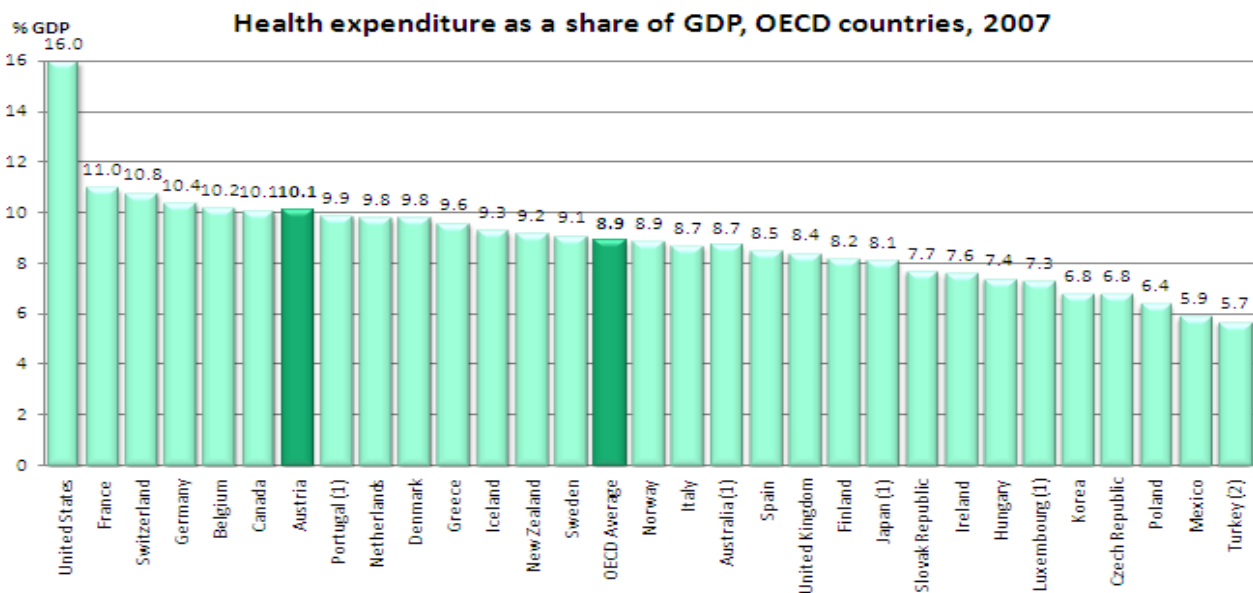




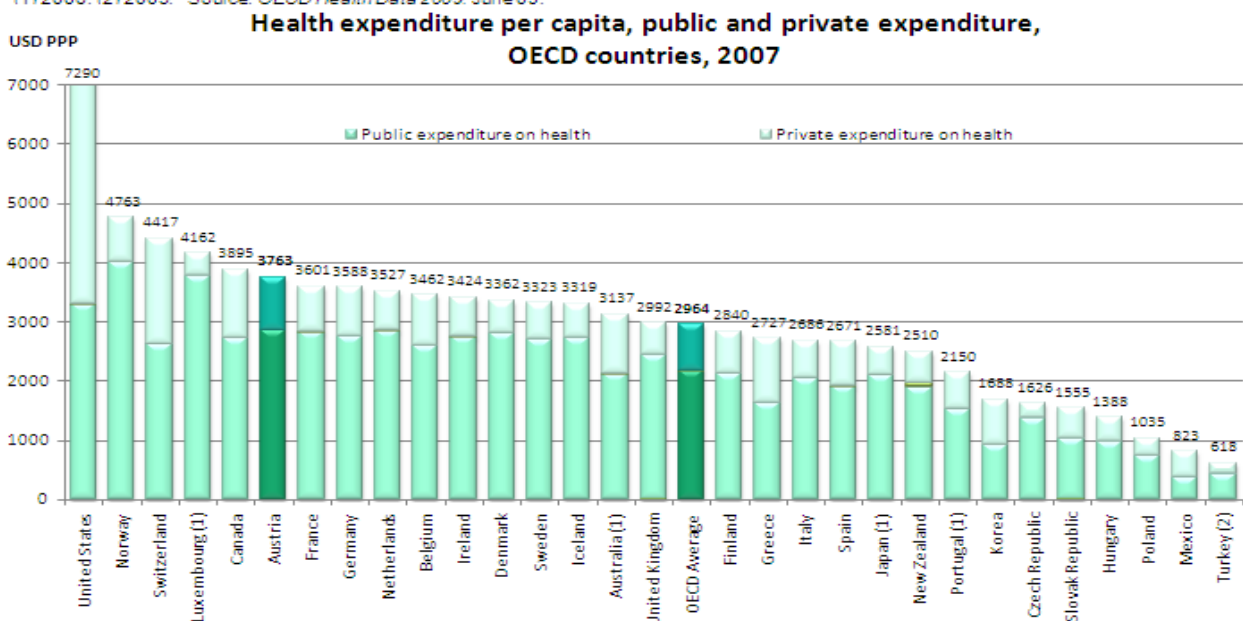
## OECD Health Data 2009 How Does Austria Compare

Total health spending accounted for 10.1% of GDP in **Austria** in 2007, more than one percentage point higher than the OECD average of 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, followed by France (11.0%), Switzerland (10.8%) and Germany (10.4%).

**Austria** also spends more on health per capita than the average in OECD countries, with spending of over 3,700 USD in 2007 (adjusted for purchasing power parity), compared with an OECD average of 2,964 USD. Health spending per capita in **Austria** remains nonetheless much lower than in the United States (which spent 7,290 USD per capita in 2007), Norway, Switzerland and Luxembourg.



(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 **Austria** increased, in real terms, by 2% per year on average between 2000 and 2007. This was among the smallest increases across all OECD countries during this seven-year period. The average growth rate in health spending in OECD countries was 3.7% per year between 2000 and 2007.

The public sector is the main source of health funding in all OECD countries, except the United States and Mexico. In **Austria**, 76% of health spending was funded by public sources in 2007, above the OECD average of 73%.

Spending on pharmaceuticals in **Austria** in 2007 accounted for 13.3% of total health expenditure, below the OECD average of 17.1%. As in many OECD countries, the share of total health spending allocated to pharmaceuticals has increased in **Austria** over the past decade.

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

In 2007, **Austria** had 3.8 practising physicians per 1,000 population, compared with an average of 3.1 in OECD countries. On the other hand, **Austria** has less practising nurses per capita than the average across OECD countries with 7.4 nurses per 1,000 population, compared with an OECD average of 9.6.

The number of acute care hospital beds in **Austria** stood at 6.1 per 1,000 population in 2007, above the OECD average of 3.8. As in most OECD countries, the number of hospital beds per capita in **Austria** has fallen over time, coinciding with a reduction of average length of stays in hospitals.

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 **Austria**, the number of MRIs increased over time from about 7 per million population in 1996 to 17.7 in 2007. This is well above the current OECD average of 11 MRI units per million population. Only Japan, the United States, Iceland and Italy report more MRI units per capita. The number of CT scanners per capita is also relatively high in **Austria**, with 29.8 CT scanners per million population, compared with an OECD average of 20.2. Japan has, by far, the greatest number of CT and MRI scanners per capita.

### **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 2007, life expectancy at birth for the whole population in **Austria** stood at 80.1 years, one year higher than the OECD average of 79 years. Japan enjoyed the highest life expectancy among OECD countries (82.6 years), followed by Switzerland, Australia, Iceland and Italy.

The infant mortality rate in **Austria**, as in other OECD countries, has fallen greatly over the past decades. It stood at 3.7 deaths per 1,000 live births in 2007, lower than the OECD average of 4.9. Infant mortality is the lowest in Luxembourg, Japan and in Nordic countries (Iceland, Finland, Sweden and Norway).

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 **Austria** in 2006 stood at 23.2%, slightly below 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%.

Obesity rates have increased in recent decades in all OECD countries, although there remain notable differences across countries. In 2007 (or the latest available year), 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. Mexico, New Zealand, the United Kingdom, Iceland and Luxembourg also have a high prevalence of obesity among adults, with rates of over 20%<sup>1</sup>. The obesity rate in **Austria** stood at 12.4% in 2006.

More information on *OECD Health Data 2009* is available at [www.oecd.org/health/healthdata](http://www.oecd.org/health/healthdata). Note that *OECD Health Data 2009* is available in German.

For more information on OECD's work on **Austria**, please visit [www.oecd.org/austria](http://www.oecd.org/austria).

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<sup>1</sup> 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.