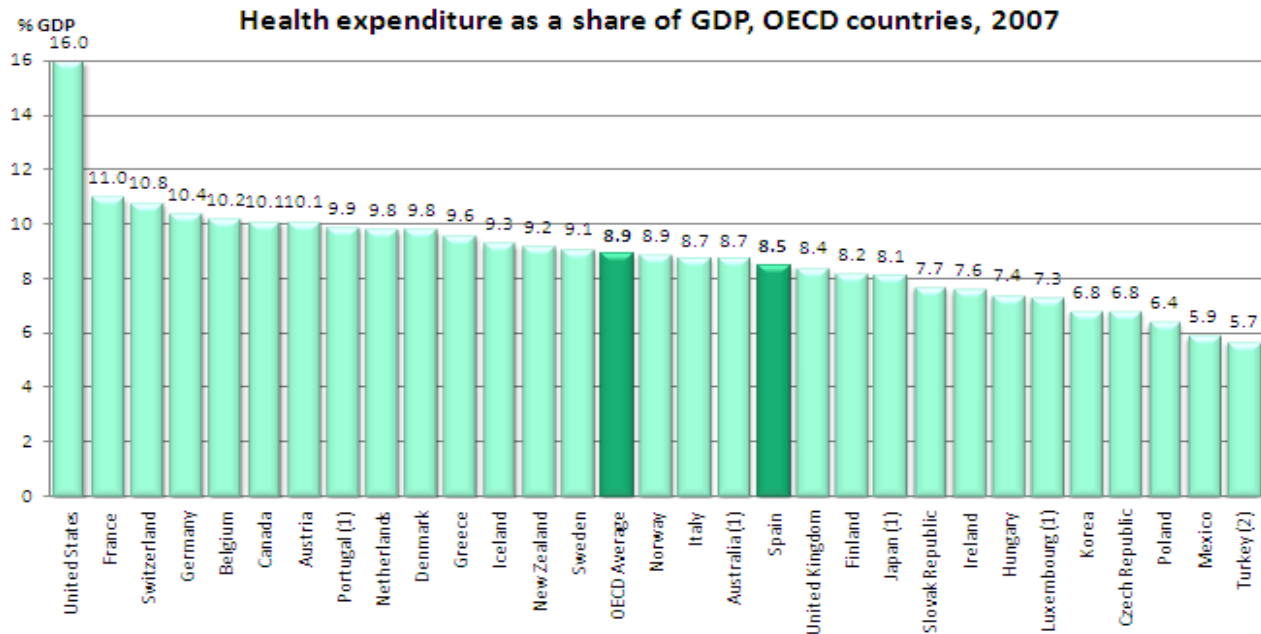




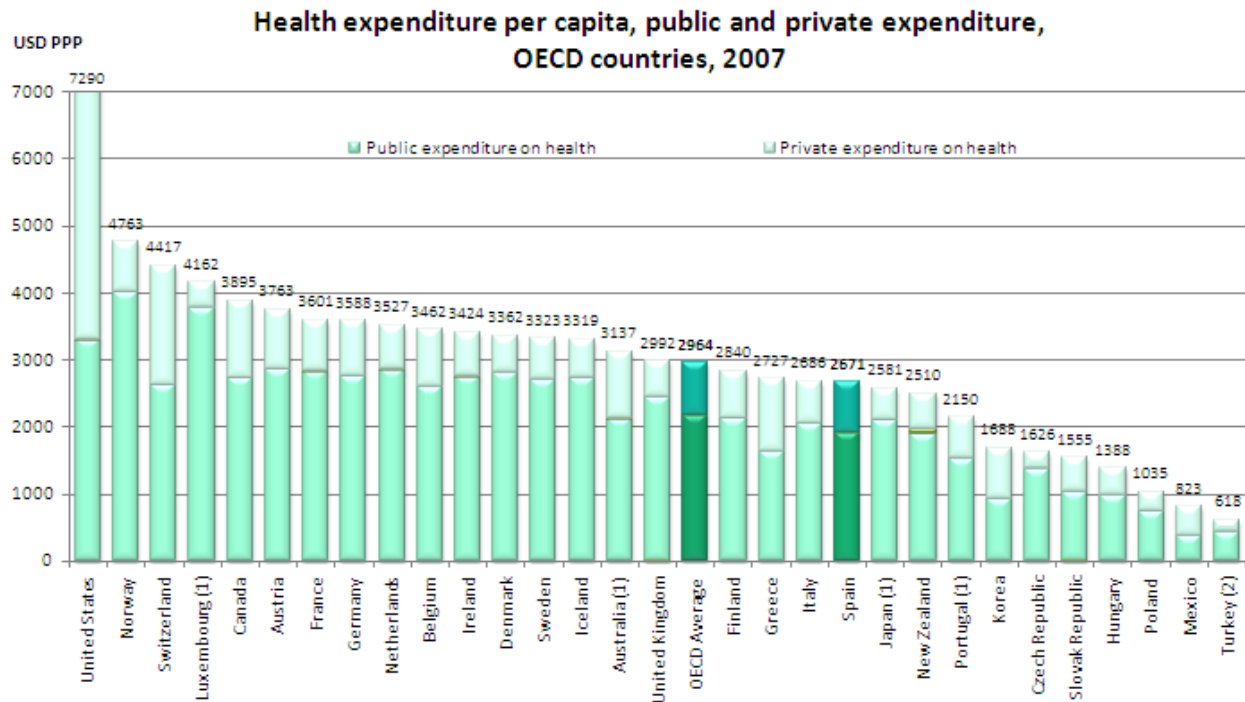
## OECD Health Data 2009 How Does Spain Compare

Total health spending accounted for 8.5% of GDP in **Spain** in 2007, below the average of 8.9% in OECD countries. In 2007, health spending as a share of GDP was the highest in the United States (which spent 16% of its GDP on health), followed by France (11%), Switzerland (10.8%) and Germany (10.4%).

**Spain** also ranks below the OECD average in terms of health spending per capita, with spending of 2,671 USD in 2007 (adjusted for purchasing power parity), compared with an OECD average of 2,964 USD.



(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.

The rise in pharmaceutical spending has been one of the factors behind the increase in total health spending in **Spain**, as in many other OECD countries. In 2007, spending on pharmaceuticals accounted for 21% of total health spending in **Spain**, above the OECD average of 17.1%.

The public sector is the main source of health funding in all OECD countries, except the United States and Mexico, where public spending is the lowest at 45.4% and 45.2% respectively. In **Spain**, 71.8% of health spending was funded by public sources in 2007, one percentage point below the average of 72.8% in OECD countries. The share of public spending in **Spain** decreased from 78.7% in 1990. In 2007, the share of public spending among OECD countries was the highest in Luxembourg (90.9%) and relatively high (above 80%) in the Czech Republic, the United Kingdom, Japan and in several Nordic countries (Denmark, Norway, Iceland, and Sweden).

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

Despite the relatively low level of health expenditure in **Spain**, there are more physicians per capita than in most other OECD countries. In 2007, **Spain** had 3.7 practising physicians per 1,000 population, above the OECD average of 3.1. On the other hand, there were 7.5 qualified nurses per 1,000 population in **Spain**, a lower figure than the average of 9.6 in OECD countries.

The number of acute care hospital beds in **Spain** was 2.5 per 1,000 population in 2006, lower than the OECD average of 3.8 beds. As in most OECD countries, the number of hospital beds per capita in **Spain** has fallen over time. This reduction 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 **Spain**, the number of MRIs also increased over time, to reach 9.3 per million population in 2007, which was less, however, than the OECD average of 11. The number of CT scanners in **Spain** was 14.6 per million population in 2007, also 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 **Spain** stood at 81.1 years, more than two years higher than the OECD average (79 years). Only Japan, Switzerland, Australia, Iceland and Italy registered a higher life expectancy than **Spain**.

The infant mortality rate in **Spain**, 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 (4.9 deaths). Infant mortality is the lowest in Luxembourg, Japan and in several Nordic countries (Iceland, Sweden and Finland).

The proportion of daily smokers among adults has shown a marked decline over the past twenty years in most OECD countries. **Spain** has achieved some progress in reducing tobacco consumption, with current rates of daily smokers among adults standing at 26.4% in 2006, down from 41% in 1985. However, smoking rates in **Spain** still remain 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 17%.

Obesity rates have increased in the past two decades in nearly all OECD countries, although there remain notable differences across countries. In 2007 (or the latest year available), the prevalence of obesity among adults varied from a low of 3.4% and 3.5% in Japan and Korea, to a high of 34.3% in the United States. Mexico, New Zealand, the United Kingdom and Australia, also have relatively high levels of obesity

among adults, with rates of over 21%<sup>1</sup>. The obesity rate in **Spain**, based on self-reported data, stood at 14.9% in 2006, up from 6.8% in 1987. The time lag between the onset of obesity and increases in related chronic health problems (such as diabetes or asthma) suggests that the rise in obesity that has occurred in most OECD countries will have substantial implications on the future incidence of health problems and related spending.

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 Spanish.

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

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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.