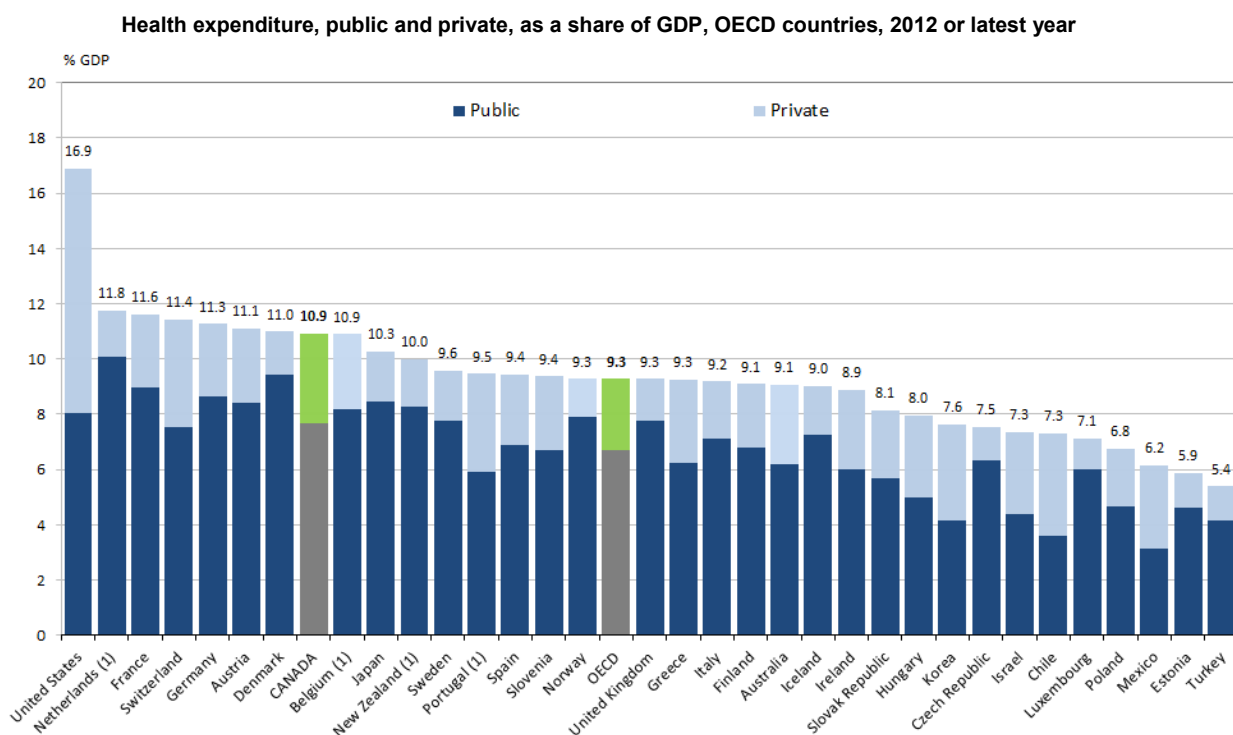


OECD Health Statistics 2014

How does Canada compare?

Health spending accounted for 10.9% of GDP in **Canada** in 2012, 1 ½ percentage point higher than the OECD average of 9.3%. However, health spending as a share of GDP is much lower in **Canada** than in the United States (which spent 16.9% of its GDP on health in 2012), and is also lower than in certain European countries such as the Netherlands (11.8%), France (11.6%) and Germany (11.3%).

The public sector is the main source of health funding in all OECD countries, except the United States and Chile. In **Canada**, 70% of health spending was funded by public sources in 2012, slightly less than the OECD average of 72%.



1. Total expenditure excluding capital expenditure.

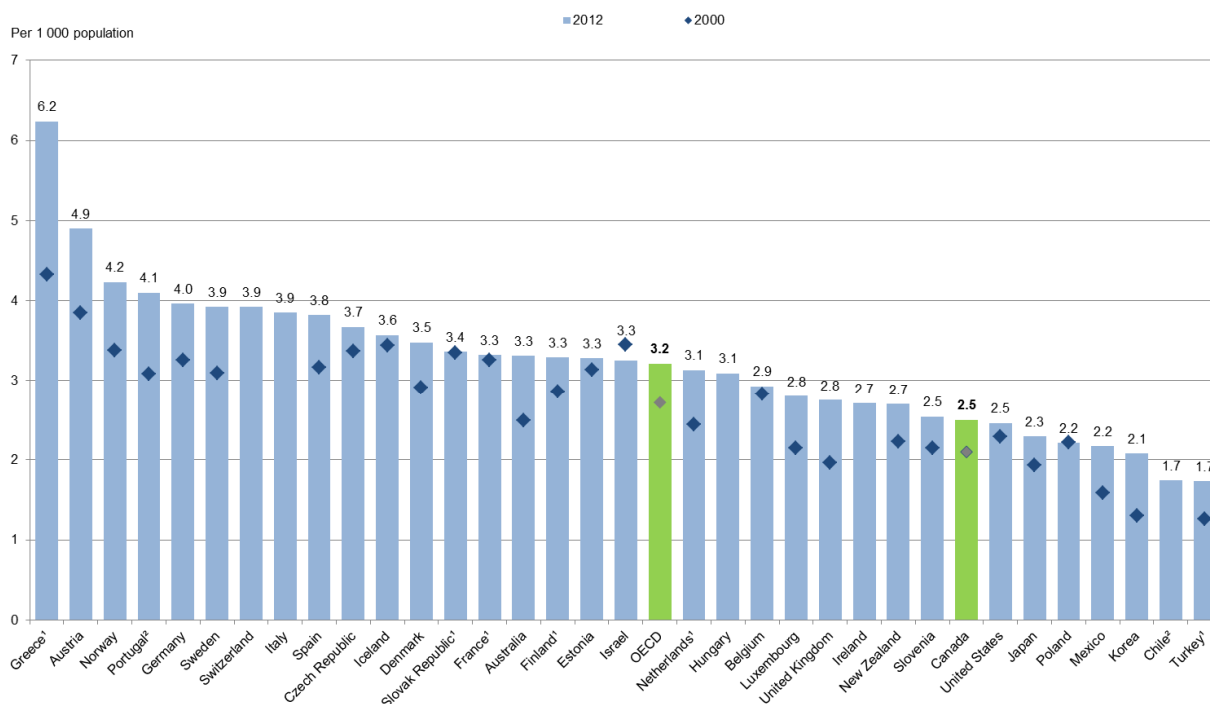
Source: OECD Health Statistics 2014.

As in many other OECD countries, the growth rate in health spending in **Canada** slowed down markedly in recent years, to about 1% in real terms in 2011 and 1.5% in 2012. This has been driven mainly by a slowdown in hospital spending and pharmaceutical spending. The slowdown in pharmaceutical spending was linked partly to patent expirations for a certain number of high-volume and high-cost brand name drugs, as well as the reduction of generic drug prices in many provinces.

Growing number of doctors in Canada as in most other OECD countries

OECD Health Statistics 2014 also shows that **Canada** has experienced a substantial expansion of its medical workforce since 2000, driven mainly by the rise in the number of medical graduates from Canadian universities. In 2012, **Canada** had 2.5 doctors per 1000 population, up from 2.1 in 2000. This remained below the OECD average of 3.2. While a growing number of doctors will improve access to health care, this will put pressure on future health care budgets as more graduates enter the medical workforce.

Doctors per 1 000 population, OECD countries, 2000 and 2012 (or latest years)



1. Data include not only doctors providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors).
 2. Data refer to all doctors licensed to practice (resulting in a large over-estimation of the number of practising doctors in Portugal).

Source: *OECD Health Statistics 2014*.

Health status and risk factors

In 2011 (latest year available), life expectancy at birth in **Canada** stood at 81.5 years, more than a year higher than the OECD average (80.2 years in 2012) and almost three years greater than in the United States (78.7 years in 2011). Still, a number of OECD countries (e.g., Japan, Switzerland, Iceland and Spain) registered a higher life expectancy than **Canada**.

Canada provides a good example of a country that has achieved significant progress in reducing tobacco consumption, with the rate of daily smokers among adults coming down from 22% in 2001 to 16% in 2012. At the same time, obesity rates in **Canada** have increased over the past decade, and more than one-in-four adults (25.4%) were defined as being obese in 2010, based on actual measures of height and weight. This remained lower than in the United States (35.3% in 2012) and Australia (28.3%), but this rise in obesity rates foreshadows increases in the occurrence of health problems (such as diabetes and cardiovascular diseases) and higher health care costs in the future.

Key facts for Canada from OECD Health Statistics 2014

	Canada		OECD average		Rank among OECD countries*
	2012	2000	2012	2000	
Health status					
Life expectancy at birth (years)	81.5	(2011) 79.0	80.2	77.1	10 out of 34
Life expectancy at birth, men (years)	79.3	(2011) 76.3	77.5	74.0	11 out of 34
Life expectancy at birth, women (years)	83.6	(2011) 81.7	82.8	80.2	11 out of 34
Life expectancy at 65, men (years)	18.8	(2011) 16.5	17.7	15.6	7 out of 34
Life expectancy at 65, women (years)	21.7	(2011) 20.2	20.9	19.1	8 out of 34
Mortality from cardiovascular diseases (age-standardised rates per 100 000 pop.)	187.9	(2011) 307.0	296.4	428.5	30 out of 34
Mortality from cancer (age-standardised rates per 100 000 pop.)	211.7	(2011) 244.5	213.1	242.5	17 out of 34
Risk factors to health (behavioural)					
Tobacco consumption among adults (% daily smokers)	16.1	22.4 (2001)	20.7	26.0	28 out of 34
Alcohol consumption among adults (liters per capita)	8.1	7.6	9.0	9.5	24 out of 34
Obesity rates among adults, self-reported (%)	17.7	14.8 (2001)	15.4	11.9	8 out of 29
Obesity rates among adults, measured (%)	25.4	(2010) 22.4 (2004)	22.7	18.7	6 out of 16
Health expenditure					
Health expenditure as a % GDP	10.9	8.7	9.3	7.7	8 out of 34
Health expenditure per capita (US\$ PPP)	4602	2521	3484	1888	8 out of 34
Pharmaceutical expenditure per capita (US\$ PPP)	771	(2011) 401	498	300	2 out of 33
Pharmaceutical expenditure (% health expenditure)	18.0	(2011) 16.6	15.9	17.9	11 out of 33
Public expenditure on health (% health expenditure)	70.1	70.4	72.3	71.4	21 out of 34
Out-of-pocket payments for health care (% health expenditure)	15.0	15.9	19.0	20.5	24 out of 34
Health care resources					
Number of doctors (per 1000 population) ¹	2.5	2.1	3.2	2.7	27 out of 34
Number of nurses (per 1000 population)	9.4	8.5 (2003)	8.8	7.5	16 out of 34
Hospital beds (per 1000 population)	2.7	(2011) ..	4.8	5.6	30 out of 34

1. The data include not only doctors providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors).

*Note: Countries are ranked in descending order of values.

More information on **OECD Health Statistics 2014** is available at www.oecd.org/health/healthdata. For more information on OECD's work on **Canada**, please visit www.oecd.org/canada.