KEY FINDINGS: CANADA

The OECD’s latest edition of Health at a Glance shows that medical care is improving in OECD countries, although quality and access issues remain, and better management of chronic diseases is required to reduce costs.

QUALITY AND ACCESS TO CARE

Canada’s survival rates for breast and colorectal cancer are among the highest in the OECD. Canada also does well in primary care, preventing costly hospital admissions from chronic conditions such as asthma and uncontrolled diabetes. High in-hospital adverse events and long waiting times are a concern.

Details:
- The 5-year relative survival rate for breast cancer during 2004-2009 was 87%, third highest among OECD countries after the United States and Japan (OECD average 84%). For colorectal cancer, it was 64% for females and 63% for males, slightly higher than the OECD average (62% for females and 60% for males).
- Certain in-hospital adverse events are higher in Canada. Obstetric trauma (vaginal delivery with instruments) occurred in 13.7% of deliveries (OECD average 5.5%). Rates of foreign body left in during procedure, and accidental puncture or laceration were also high, although Canada’s standing may be adversely affected by its more complete data recording.
- Avoidable hospital admissions for asthma complications and uncontrolled diabetes are much lower in Canada than the OECD average. For asthma admissions, the rate in Canada was 16 per 100 000 adults in 2009, one-third the OECD average of 52. For uncontrolled diabetes, Canada’s rate of 15 was also well below the OECD average of 50.
- Waiting times to receive care were highest in Canada, in an 11-country survey. In 2010, 59% of respondents reported waiting 4 weeks or more to see a specialist, and 25% for 4 months or more for elective surgery.

HEALTH EXPENDITURE

Canada spent 11.4% of GDP on health in 2009, more than the OECD average of 9.6%. Spending per person is also higher than the OECD average.

Details:
- Total health spending accounted for 11.4% of GDP in Canada in 2009, compared with an average of 9.6% across OECD countries. The United States (17.4%), the Netherlands (12.0%), France (11.8%) and Germany (11.6%) had a higher share.
- Canada’s spending on health per person is also higher than the OECD average, with spending of USD 4363 in 2009, adjusted for purchasing power parity. The average was USD 3233. Per capita health spending over 2000-2009 grew in real terms by 3.7% in Canada, slightly less than the OECD average of 4.0%.
- The public sector is the main source of health funding in all OECD countries, except Chile, Mexico and the United States. In Canada, 71% of health spending was funded by public sources in 2009, similar to the average of 72% for OECD countries.
1. In the Netherlands, it is not possible to clearly distinguish the public and private share related to investments. 2. Total expenditure excluding investments. 3. Health expenditure is for the insured population rather than the resident population.

Information on data for Israel: http://dx.doi.org/10.1787/888932315602
Source: OECD Health Data 2011; WHO Global Health Expenditure Database.

- Journalists are invited to contact the OECD’s Media Relations Division (tel.: 33 1 45 24 97 00 or news.contact@oecd.org) to obtain a copy of Health at a Glance 2011.

- For further information about the content of Health at a Glance 2011, please contact Mark Pearson (tel. 33 1 45 24 92 69 or mark.pearson@oecd.org) or Gaétan Lafortune (tel. 33 1 45 24 92 67 or gaetan.lafortune@oecd.org) in the OECD Health Division.


- For information on OECD’s work on Canada, please visit www.oecd.org/canada.