The OECD’s latest edition of *Health at a Glance* shows that medical care is improving in OECD countries, but the share of GDP allocated to health is increasing rapidly as health spending is growing faster than GDP.

**QUALITY OF CARE**

*Deaths in hospital following heart attack and stroke are low in Italy compared with the OECD average. Italy does well also in preventing costly hospital admissions for chronic conditions, such as asthma, chronic obstructive pulmonary disease or diabetes. Italy is close to average for the proportion of women screened for breast cancer, but lags on cervical cancer screening.*

Details:
- In-hospital case-fatality rates within 30 days of admission for acute myocardial infarction (heart attack) in Italy are significantly lower than the OECD average (3.7% vs. 5.4% in 2009). Italy also had lower rates of deaths in hospital following ischaemic (3.4% vs. OECD average of 5.2%) and haemorrhagic stroke (17.6% vs. 19.0% average).
- Avoidable hospital admissions for asthma complications, chronic obstructive pulmonary disease (COPD) and uncontrolled diabetes are much lower in Italy than the OECD average. For asthma admissions, the rate in Italy was 19 per 100,000 adults in 2009, less than half the OECD average of 52. For COPD, it was 126 per 100,000 adults (OECD average 198), and for uncontrolled diabetes 33 (OECD average 50).
- In 2009, 60% of eligible women in Italy were screened for breast cancer (OECD average 62%), and 39% for cervical cancer (OECD average 61%).

**HEALTH EXPENDITURE**

*Italy spent 9.5% of GDP on health in 2009, up from 8.1% in 2000, but still slightly below the OECD average of 9.6%. Spending per person is also slightly below the OECD average.*

Details:
- Total health spending accounted for 9.5% of GDP in Italy in 2009, about the same as the OECD average of 9.6%. The health spending share of GDP in Italy has increased markedly, from 8.1% in 2000, as a result of the combined effect of a relatively modest annual growth rate in health spending of 1.6% per capita in real terms and a slight decline in GDP per capita in real terms over that period. The United States (17.4%), the Netherlands (12.0%), France (11.8%) and Germany (11.6%) allocated a much higher share of their GDP to health than Italy in 2009.
- Italy also ranks close to the OECD average in health spending per capita, with spending of USD 3,137 in 2009, adjusted for purchasing power parity. The average was USD 3,233.
- The public sector is the main source of health funding in all OECD countries, except Chile, Mexico and the United States. In Italy, 78% of health spending was funded by public sources in 2009, higher than the average of 72% for OECD countries, but similar to France and Germany.
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.

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