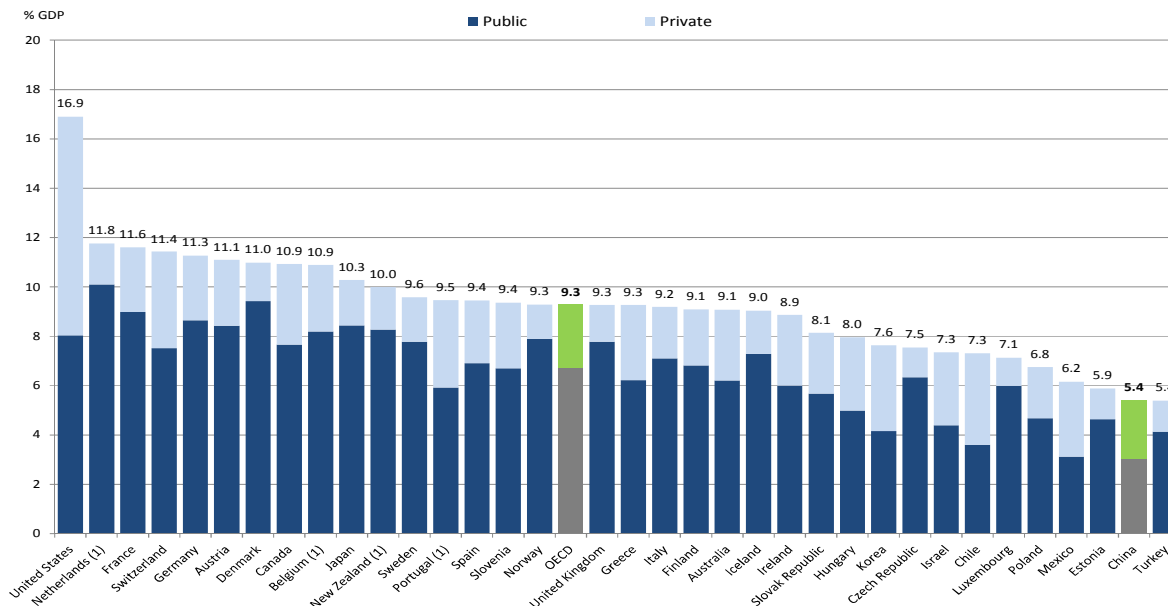


OECD Health Statistics 2014

How does China compare?

Total health spending accounted for 5.4% of GDP in **China** in 2012, well below the OECD average of 9.3%. Health spending as a share of GDP among OECD countries is highest in the United States, which spent 16.9% of its GDP on health in 2012.

Health expenditure as a share of GDP, China and OECD countries, 2012 or latest year

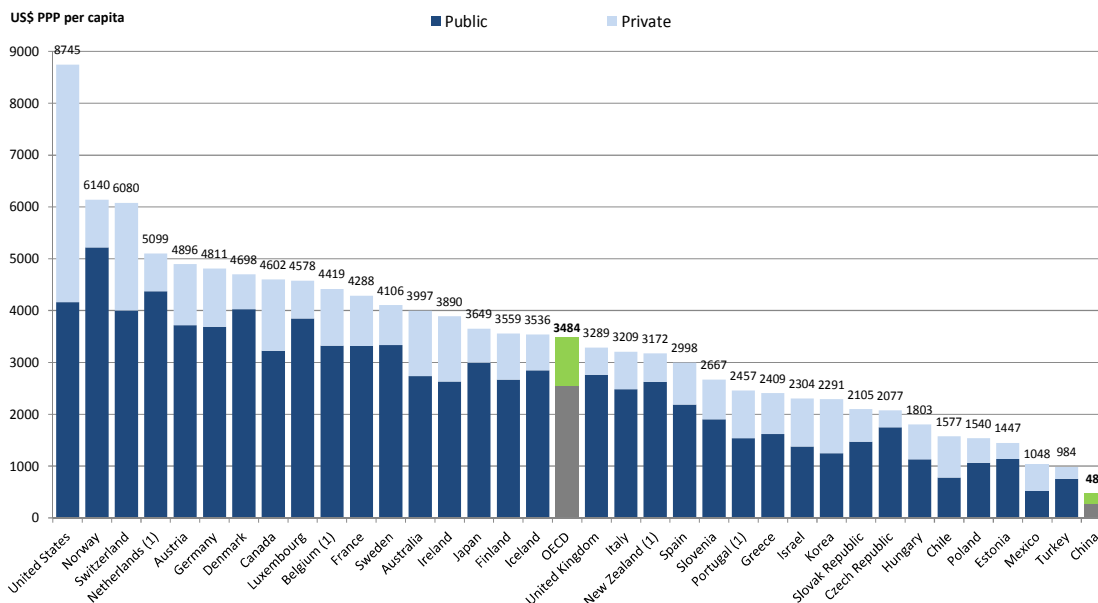


1. Total expenditure excluding capital expenditure.

Source: OECD Health Statistics 2014; WHO Global Health Expenditure Database

Health spending tends to rise with incomes, and generally countries with higher GDP per capita also tend to spend more on health. It is not surprising, therefore, that **China** ranks also below the OECD average in terms of health expenditure per capita, with spending of USD 480 in 2012 (calculated based on purchasing power parity), compared with an OECD average of USD 3484.

Health expenditure per capita, China and OECD countries, 2012 or latest year



1. Total expenditure excluding capital expenditure.

Source: OECD Health Statistics 2014; WHO Global Health Expenditure Database

The public sector is the main source of health funding in nearly all OECD countries. In **China**, 56% of health spending was funded by public sources in 2012, much lower than the average of 72% in OECD countries.

Health care resources and activities

With 1.6 physicians per 1000 population in 2012, **China** had much fewer doctors per capita than the OECD average (3.2 physicians). The number of nurses per capita in **China** (1.8 nurses per 1000 population in 2012) is also much lower than the OECD average (8.8 nurses).

The average number of doctor consultations was five per person in **China** in 2012, slightly less than the OECD average of six to seven consultations per year. However, there are wide variations among OECD countries depending on the organisation of the health system, with the number of doctor consultations ranging from three per year in some countries to thirteen in others such as Japan and Korea.

Health status and risk factors

Most 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. Life expectancy at birth in **China** has increased by more than 30 years since 1960 to reach 75.2 years in 2012, although it remains five years lower than the OECD average (80.2 years).

The infant mortality rate in **China** has fallen greatly over the past two decades, coming down from 42 deaths per 1000 live births in 1990 to 12 deaths in 2012. Nonetheless, it remains higher than the OECD average of 4 deaths per 1000 births.

The proportion of regular smokers among adults has shown a marked decline over the past two decades in many countries. The smoking rate in **China** stood at 24% in 2010, three percentage points higher than the OECD average of 21%. There is a huge gender gap in smoking rates between men and women in **China**: 45% of Chinese men reported smoking every day in 2010 compared to only 2% of Chinese women.

Obesity rates have increased in recent decades in all OECD countries, although there are notable differences. The World Health Organization estimated that 4.6% of men and 6.5% of women were obese in **China** in 2008. This is a much lower rate than in most other OECD countries, but slightly higher than in Japan (3.8% men and 3.4% women in 2012) and Korea (4.4% men and 4.7% women also in 2012).