



## Prevention and value-for-money in health spending must remain a priority for Ireland, says OECD

Ireland continues to make substantive headway in improving health outcomes, but more can be done in reducing risk-factors for major diseases and improving value-for-money in health spending, according to a new OECD report.

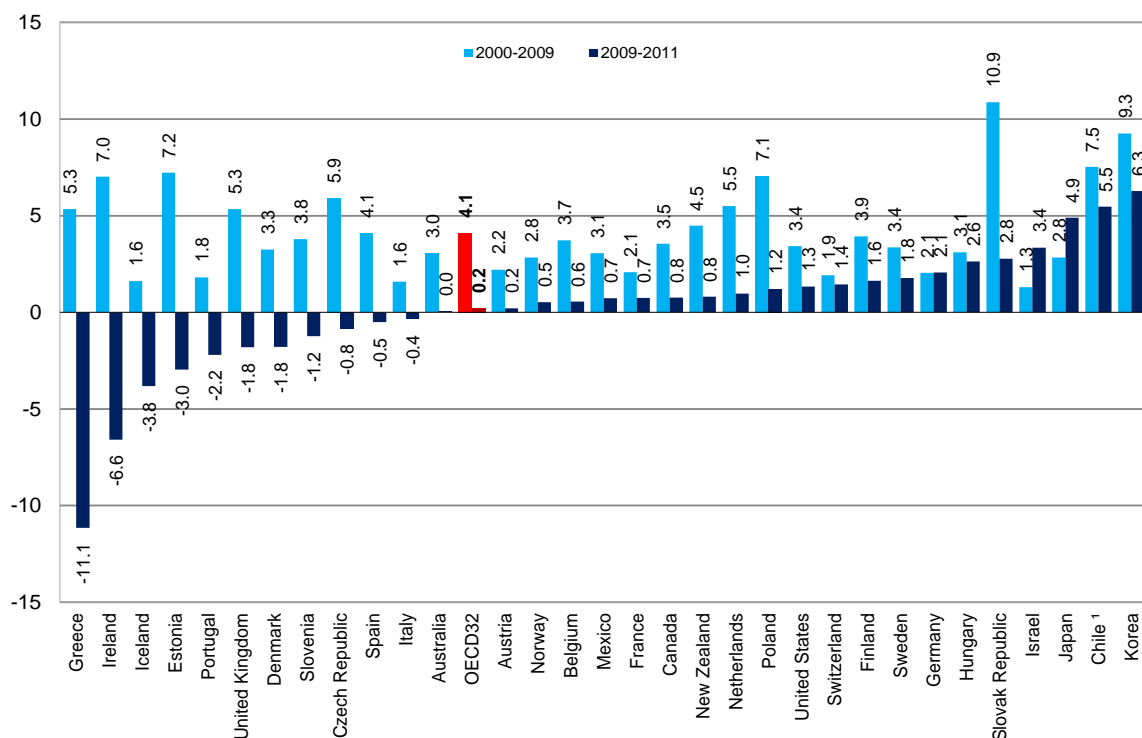
**Health at a Glance 2013** says that mortality due to cancer fell by 21%, ischemic heart disease by 59% and cerebrovascular disease by 54% between 1990 and 2011 in Ireland. In all three instances, the rate of decline was greater than the OECD average. Life expectancy in Ireland has increased by a full four years since 2000 to reach 80.6 today, over the OECD average of 80.1.

Despite these improvements, the mortality burden from cardiovascular disease and cancer remains high and further gains can be made. Investments in cost-effective prevention programmes to reduce Ireland's high rates of smoking, obesity and alcohol consumption could lead to substantial health gains.

### Health spending trends before and after the crisis

Per capita annual health expenditure decreased by 6.6% between 2009 and 2011, in stark contrast to the annual growth rates of 7% experienced between 2000 and 2009. The fall in health spending reflects the substantial reforms undertaken, including cuts to the prices paid for health care, such as wages and pharmaceuticals.

Annual average growth rate in per capita health expenditure, real terms, 2000 to 2011 (or nearest year)

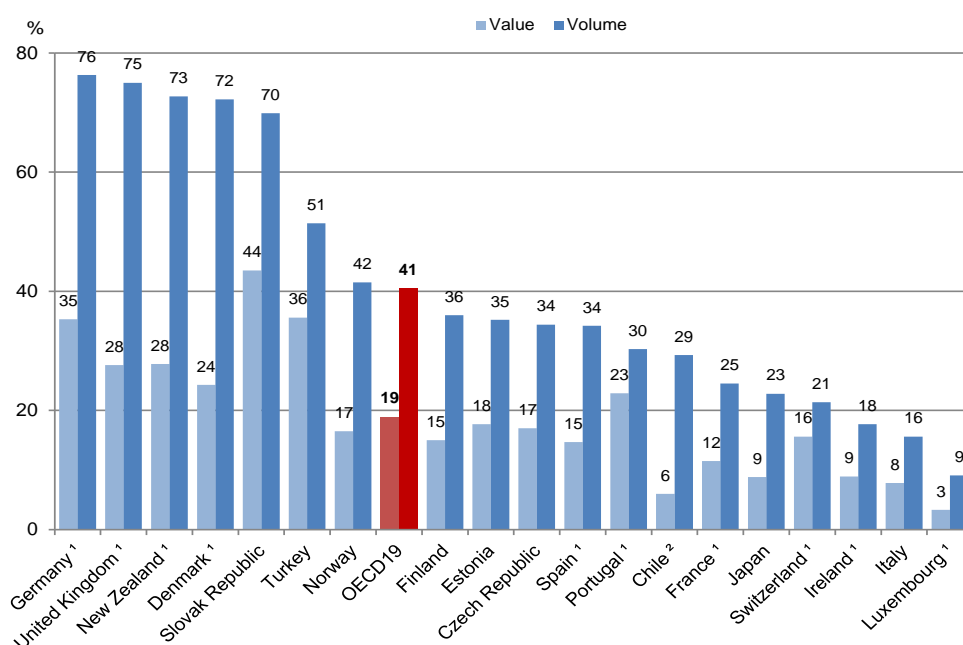


Source: *Health at a Glance 2013*

The Irish Government’s structural reforms to strengthen primary care have the capacity to improve health care access and outcomes, particularly for those with chronic health conditions. **Health at a Glance 2013** show that the number of avoidable hospital admissions for chronic conditions such as diabetes, asthma and chronic obstructive pulmonary disease has come down over the past few years in Ireland as in other OECD countries, but better prevention and management of chronic diseases could help further reduce unnecessary and costly hospital admissions.

The pressure to deliver health care more efficiently is likely to persist in Ireland in a context of tight budget constraints in the short to medium term. Despite recent cuts, Irish expenditure on pharmaceuticals remains high and well above the OECD average on a per capita basis. In part, this can be explained by the low use of generic medications, which in 2011 accounted for only 18% of the total volume of pharmaceuticals prescribed in Ireland. In Germany, the United Kingdom, New Zealand and Denmark, generics represent more than 70% of the market. Further initiatives to encourage prescribing and consumption of generics have the capacity to reduce expenditure without the loss of health outcomes.

**Share of generics in the total pharmaceutical market, 2011 (or nearest year)**



Note: 1 = Reimbursed pharmaceutical market. 2 = Community pharmacy market.

Source: *Health at a Glance 2013*

These data are derived from the latest edition of **Health at a Glance** published by the Paris-based OECD. This report brings together international data on a wide range of health topics including health outcomes, health care access, resources and quality as well as expenditure. Journalists can download the report from the OECD’s protected site or contact the OECD Media Division (tel. + 33 1 45 24 97 00). For question about the content, journalists are invited to contact Kees van Gool (tel. +33 1 45 24 99 37 or [kees.vangool@oecd.org](mailto:kees.vangool@oecd.org)) or Gaetan Lafortune (tel. +33 1 45 24 92 67 or [gaetan.lafortune@oecd.org](mailto:gaetan.lafortune@oecd.org)).

More information is also available at [www.oecd.org/health/healthataglance](http://www.oecd.org/health/healthataglance).