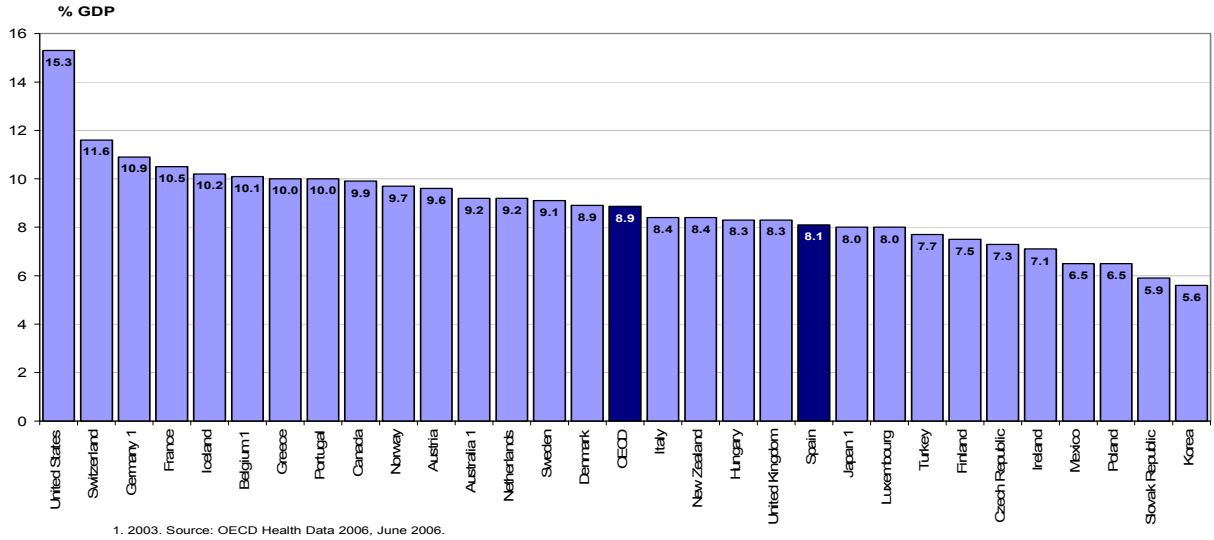
OECD Health Data 2006
How Does Spain Compare

Total health spending accounted for 8.1% of GDP in **Spain** in 2004, less than one percentage point lower than the average of 8.9% in OECD countries. Health spending as a share of GDP is highest in the United States (which spent 15.3% of its GDP on health in 2004) and in a number of European countries including Switzerland, Germany and France (which allocated 10.5% or more of their GDP on health).

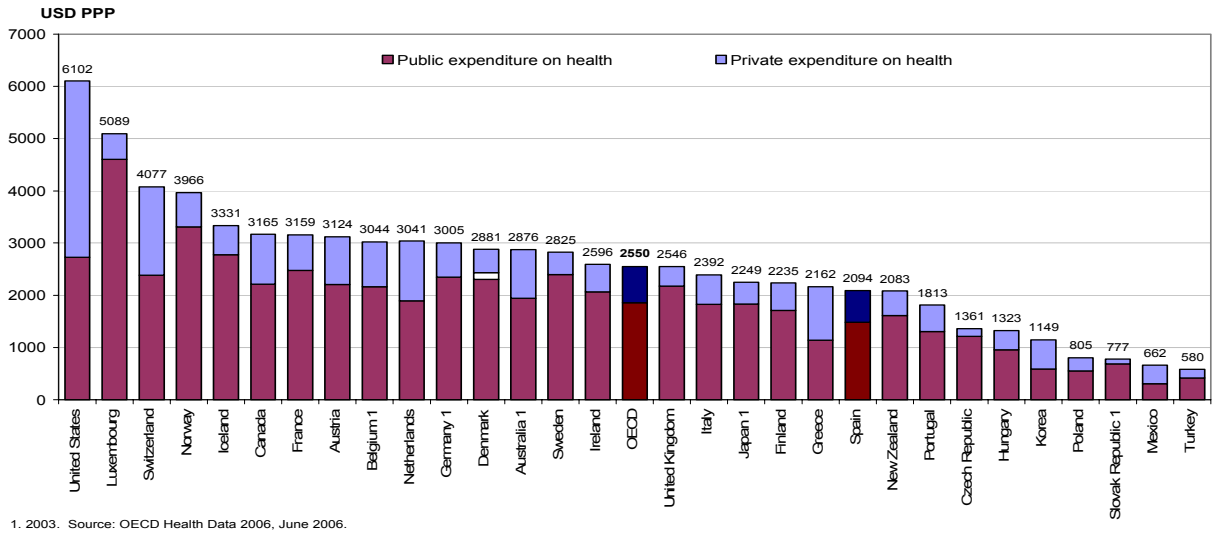
Spain also ranks slightly below the OECD average in terms of health spending per capita, with spending of about 2100 USD in 2004 (adjusted for purchasing power parity), compared with an OECD average of 2550 USD.

Health expenditure as a share of GDP, OECD countries, 2004



1. 2003. Source: OECD Health Data 2006, June 2006.

Health expenditure per capita, public and private expenditure, OECD countries, 2004



1. 2003. Source: OECD Health Data 2006, June 2006.

Data are expressed in US dollars adjusted for purchasing power parities (PPPs), which provide a means of comparing spending between countries on a common base. PPPs are the rates of currency conversion that equalise the cost of a given 'basket' of goods and services in different countries.

Between 1999 and 2004, health spending per capita in **Spain** increased in real terms by 5.6% per year on average, a growth rate slightly higher than the OECD average of 5.2% per year.

The rise in pharmaceutical spending has been one of the factors behind the rise in total health spending in **Spain** as well as in many other OECD countries. In 2004, spending on pharmaceuticals accounted for 22.8% of total health spending in **Spain,** up from 21.5% in 1999 and 17.8% in 1990.

The public sector is the main source of health funding in all OECD countries, except the United States and Mexico. In **Spain**, 71% of health spending was funded by public sources in 2004, slightly below the average of 73% in OECD countries and below countries such as France and Germany where the public share accounted for 78% of total health spending in 2004. The share of public spending in **Spain** decreased from 79% in 1990. In 2004, the share of public spending among OECD countries was the lowest in the United States (45%) and Mexico (46%), and relatively high (over 80%) in several Nordic countries (Denmark, Norway and Sweden), the United Kingdom and Japan.

Resources in the health sector (human, physical, technological)

Despite the relatively low level of health expenditure in **Spain**, there are more physicians per capita than in most other OECD countries. In 2004, **Spain** had 3.4 practising physicians per 1 000 population, above the OECD average of 3.0. On the other hand, there were 7.4 qualified nurses per 1 000 population in **Spain** in 2004, a lower figure than the average of 8.3 in OECD countries.

The number of acute care hospital beds in **Spain** was 2.8 per 1 000 population in 2003, lower than the OECD average of 4.1 beds per 1 000 population. As in most OECD countries, the number of hospital beds per capita in **Spain** has fallen over time. This decline has coincided with a reduction of average length of stays in hospitals and an increase in the number of surgical procedures performed on a same-day (or ambulatory) basis.

During the past decade, there has been rapid growth in the availability of diagnostic technologies such as computed tomography (CT) scanners and magnetic resonance imaging (MRI) units in most OECD countries. In **Spain**, the number of MRIs also increased over time, to reach 7.7 per million population in 2004, close to the OECD average of 8.0 MRI units per million population. The number of CT scanners in **Spain** was 13.3 per million population in 2004, also below the OECD average of 18.0.

Health status and risk factors

Most OECD countries have enjoyed large gains in life expectancy over the past 40 years, thanks to improvements in living conditions, public health interventions and progress in medical care. In 2004, life expectancy at birth in **Spain** stood at 80.5 years, more than two years higher than the OECD average (78.3 years). Only Japan, Switzerland, Sweden and Australia registered a higher life expectancy than **Spain** in 2004.

The infant mortality rate in **Spain,** as in other OECD countries, has fallen greatly over the past decades. It stood at 3.5 deaths per 1 000 live births in 2004, lower than the OECD average (5.7 deaths). Only Japan and a number of Nordic countries (Iceland, Sweden, Norway and Finland) reported lower infant mortality rates than **Spain** in 2004.

The proportion of daily smokers among adults has shown a marked decline over the past twenty-five years in most OECD countries. **Spain** has achieved some progress in reducing tobacco consumption, with current rates of daily smokers among adults standing at 28% in 2003, down from 41% in 1985. Smoking rates in **Spain** still remain higher however than the OECD average of 25.5%. The lowest rates among all

OECD countries are in Australia, Canada, Sweden and the United States, all with fewer than 18% of adults reporting to be daily smokers.

Obesity rates have increased in the past two decades in all OECD countries, although there remain notable differences across countries. In 2004 (or the latest year available), the prevalence of obesity among adults varied from a low of 3.2% in Japan and in Korea to a high of 30.6% in the United States. Countries like the United Kingdom, Australia, New Zealand, Canada and Mexico report prevalence levels of over 20%[1]. The obesity rate in **Spain,** based on self-reported data, stood at 13.1% in 2003, up from 6.8% in 1985. The time lag between the onset of obesity and increases in related chronic health problems (such as diabetes or asthma) suggests that the rise in obesity that has occurred in **Spain** and in most other OECD countries will have substantial implications on the future incidence of health problems and related spending.

More information on ***OECD Health Data 2006*** is available at www.oecd.org/health/healthdata.

For more information on OECD's work on **Spain**, please visit www.oecd.org/spain.

[1] It should be noted however that the data for the United States, Canada, the United Kingdom, Australia and New Zealand are more accurate than those from other countries since they are based on *actual measures* of people's height and weight, while estimates for other countries are based on *self-reported* data, which generally under-estimate the real prevalence of obesity.