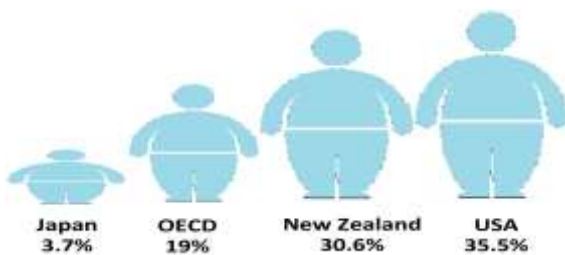


New Zealand has a generally high performing health system, which provides universal coverage and publicly funded access to a large set of core health services. Health spending accounted for 11% of GDP in 2014, slightly more than the OECD average of 8.9%. Similar to other high-income countries, New Zealand faces the challenges posed by an ageing population, health inequities, as well as the growing burden of non-communicable and chronic diseases. Addressing these challenges is crucial for keeping an affordable and sustainable health system in New Zealand.

Address obesity

► New Zealand has the third highest prevalence rate of obesity in the world

Obesity is a key risk factor for major chronic illnesses such as cardiovascular diseases, type 2 diabetes and some cancers. 35% of New Zealanders aged over 15 are overweight, while 25.4 percent are obese. Obesity is estimated to be responsible for 4.4% of New Zealand's total health expenditure.



» What can be done?

- Encourage a more active lifestyles through health promotion media campaigns and make physical activity an easier choice in the workplace
- Tax unhealthy food and beverage, especially those high in sugar, salt and saturated fat
- Tighten regulations of food advertising to better protect children
- Meet minimum healthy mandatory standards on the food available in all schools

To read more about our work:

[Health at a Glance: Asia/Pacific2016](#)

[Obesity and the Economics of Prevention: Fit not Fat](#)

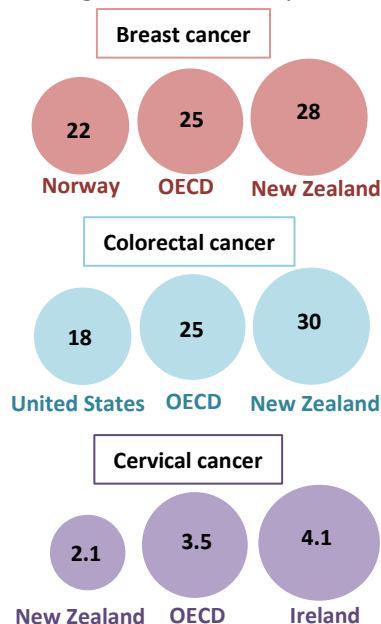
Reduce the burden of breast and colorectal cancer

► Breast and colorectal cancer mortality rates have improved in New Zealand in recent years

However, they remain above the OECD average, despite five-year survival rates comparable to those seen in countries experiencing lower mortality from these malignancies.



Cancer mortality
(age & sex-standardised rates per 100 000 persons)



► At least a third of all cancer deaths can be avoided through primary and secondary prevention

The successful prevention strategies used to address cervical cancer represent a valuable model for current and future cancer prevention programmes.

» What can be done?

- Consolidate the current breast and cervical cancer screening programmes
- Design and implement an efficient national colorectal cancer screening programme
- Ensure prompt access to appropriate care, including treatment with surgery, radiotherapy and chemotherapy

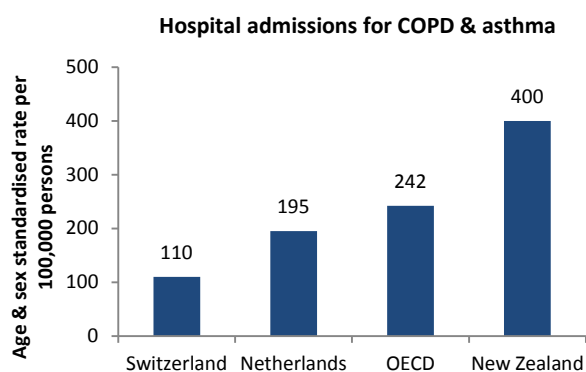
To read more about our work:

[Cancer Care: Assuring Quality to Improve Survival](#)

Reduce avoidable hospital admissions through a strong primary care sector

► New Zealand has one of the highest rates of hospital admission for Chronic Obstructive Pulmonary Disease (COPD) and asthma

This is partly driven by the high prevalence of these conditions in New Zealand but co-payment in primary care might also play an important role.



A high-performing primary care system can reduce acute deterioration in people living with these

diseases and prevent their admission to hospital.

» What can be done?

- Improve the flow and quality of clinical information between primary care providers and hospitals to facilitate better cooperation
- Identify and address potential cost barriers preventing access to GPs and relevant primary care services

To read more about our work:

[Health at a Glance 2015](#)

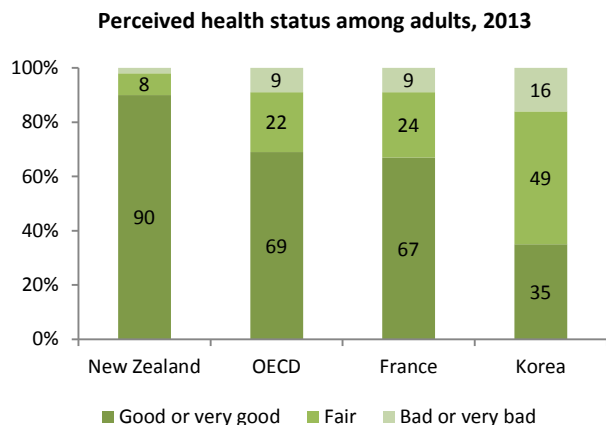
[Cardiovascular Disease and Diabetes: Policies for Better Health and Quality of Care](#)

[OECD Health Statistics 2016](#)

[The organisation of out-of-hours primary care in OECD countries \(OECD Health Working Papers No.89\)](#)

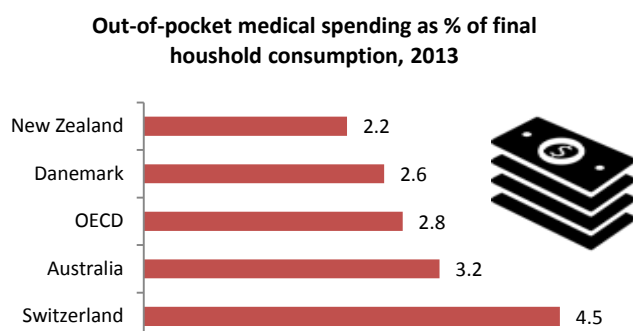
Consolidate access to health care services by reducing inequalities

► The vast majority of New Zealanders perceive their health status as high



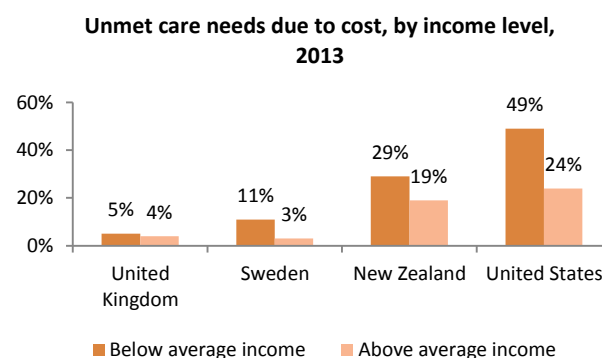
► Household spending on health is low

The household spending level in New Zealand is one of the lowest in the OECD countries.



► However, a significant proportion of the population report unmet health needs due to cost

People in the lowest socio-economic categories and those from Māori and pacific island background are particularly at risk of forgoing health care when they need it, which may jeopardise their health status.



» What can be done?

- Continue to monitor inequality in health care access and utilisation
- Improve access to care for disadvantaged or underserved populations
- Identify and address financial and non-financial barriers to health care services

To read more about our work:

[Health at a Glance 2015](#)

[Geographic Imbalances in Doctor Supply and Policy Responses All on Board - Making Inclusive Growth Happen \(OECD, 2014\)](#)