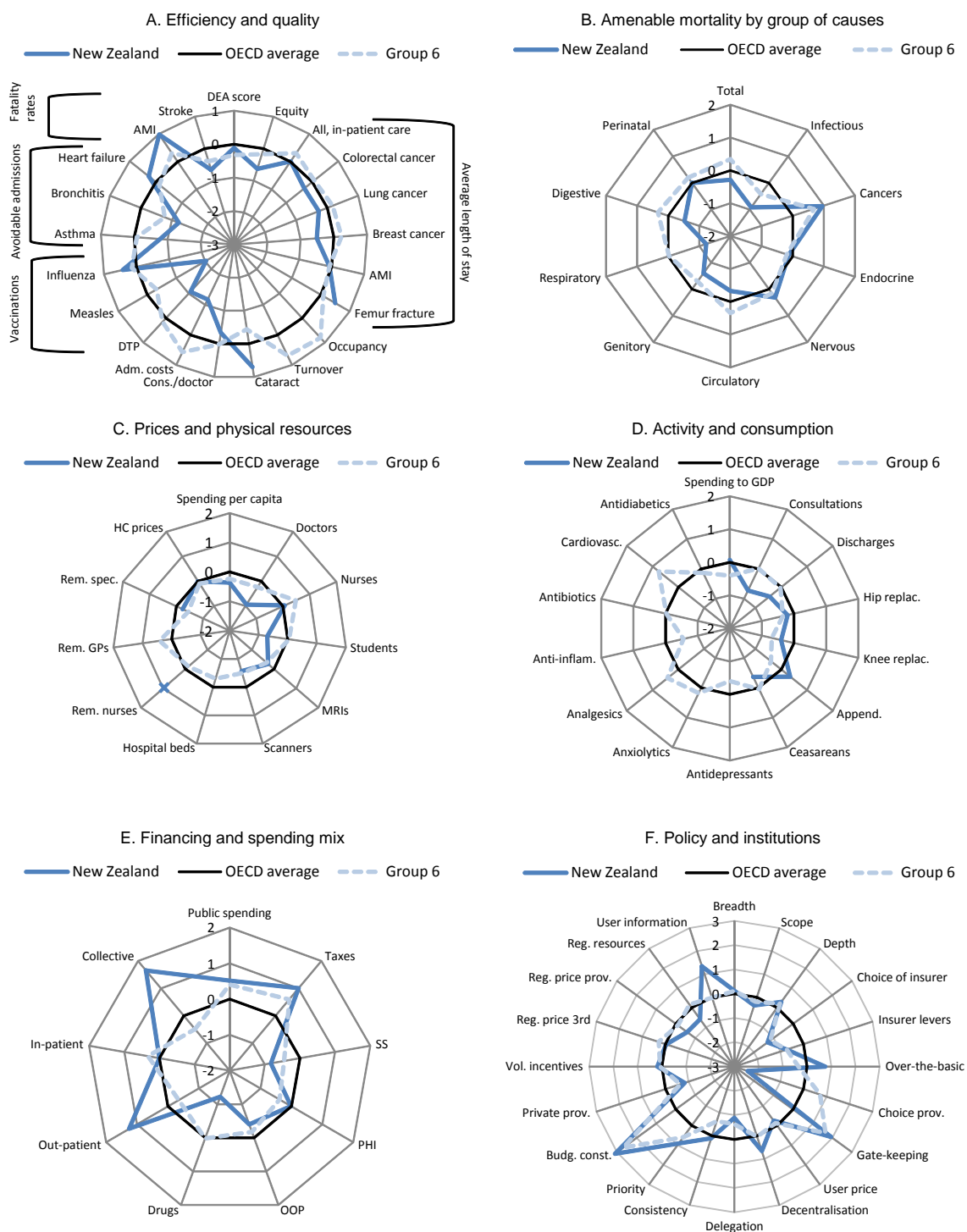


## New Zealand: health care indicators

**Group 6:** Hungary, Ireland, Italy, New Zealand, Norway, Poland, United Kingdom



*Note:* Country groups have been determined by a cluster analysis performed on policy and institutional indicators. In all panels except Panel A, data points outside the average circle indicate that the level of the variable for the group or the country under scrutiny is higher than for the average OECD country (e.g. Australia has more scanners than the OECD average country). In Panel A, data points outside the average circle indicate that the group or the country under scrutiny performs better than the OECD average (e.g. administrative costs as a share of total health care spending are lower in Australia than on average in the OECD area). In all panels except Panel F, data represent the deviation from the OECD average and are expressed in number of standard deviations. In Panel F, data shown are simple deviations from the OECD average.

*Source:* OECD Health Data 2009; OECD Survey on Health Systems Characteristics 2008-2009; OECD estimates based on Nolte and Mc Kee (2008).

## NEW ZEALAND

**GROUP 6:** Mostly public insurance. Health care is mainly provided by a heavily regulated public system, with strict gate-keeping, little decentralisation and a tight spending limit imposed *via* the budget process.

Efficiency and quality	Prices and physical resources	Activity and consumption	Financing and spending mix	Policies and institutions	Weaknesses and policy inconsistencies emerging from the set of indicators
Average DEA score and lower rate of amenable mortality but higher inequalities in health status	Below average health care spending <i>per capita</i>		Higher public, tax-financed, share	More reliance on PHI for the "over-the-basic" segment	Examine the reasons behind high inequalities in health status
Rather low scores on the efficiency in the acute care sector	Less doctors <i>per capita</i> and less medical students	Less hospital discharges <i>per capita</i>	Rather low out-of-pocket payment share	Less choice among providers	Examine the reasons behind the rather low performance of in-patient and out-patient care sectors. The degree of user choice among providers and the provider payment systems (in particular on the best mix between fixed and activity-based elements) should be examined
Mixed signals on the quality of out-patient and preventive care	Fewer high-tech equipment <i>per capita</i>	Less consultations <i>per capita</i>	High out-patient share and low drug share	More information available on the quality of services	The high share of out-patient expenditure despite the low number of doctor consultations is striking
Very high administrative costs	High relative income level of nurses				Examine options to reduce administrative costs