
Expensive health care is not always the best health care, says OECD's Health at a Glance

08/12/09 - New internationally comparable indicators on quality of care show progress in treating serious conditions such as cancer. However, despite increasing rates of chronic diseases such as asthma and diabetes, care for these conditions falls short of good practices in too many countries, resulting in deteriorating health and higher medical costs.

The United States and Canada have good cancer care, screening more people than most other countries and saving the lives of a greater number of cancer patients. Japan also has higher survival rates for people with cancer than most countries. The Netherlands, Italy, Switzerland and Germany provide good primary care, reducing costly hospital treatment for chronic conditions such as asthma or diabetes. But no one OECD country provides high quality care in all areas.

"There are opportunities for all countries to improve the performance of their health care system, and making such improvements does not necessarily require higher spending", OECD Secretary-General Angel Gurría said.

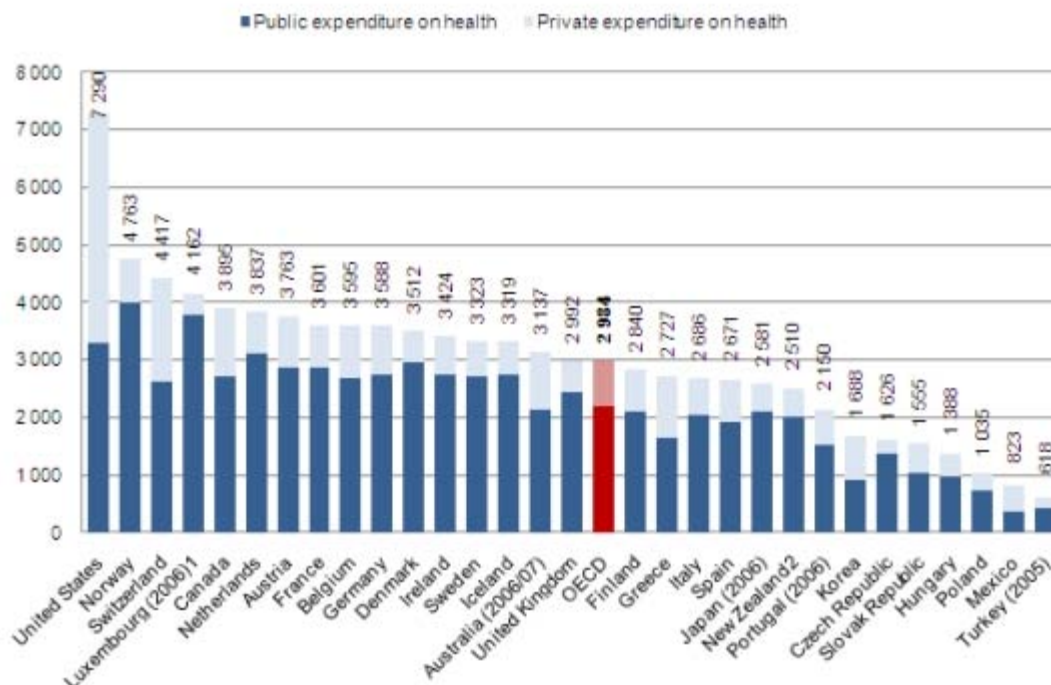
[Health at a Glance 2009](#) also looks at acute care for life-threatening conditions such as heart attack and stroke, showing that less than 5% of people hospitalised after a heart attack die within 30 days of being admitted to hospital. Iceland, Denmark, Sweden and Norway do best, with death rates of only around 3%. Health care is improving at an astonishing speed in some areas: over the past 5 years, for example, many more people are surviving after a stroke.

Large variations in health spending

Health at a Glance 2009 shows that the United States spends more on health - 7290 USD per capita in 2007 - than any other country. This is almost two and a half times greater than the OECD average of 2984 USD, adjusted for purchasing power parity. Luxembourg, Norway and Switzerland also spend far more than the OECD average. At the other end of the scale, in Turkey and Mexico health expenditure was less than one-third the OECD average.

Key indicators presented in *Health at a Glance 2009* provide information on health status and the determinants of health, including the growing rates of child and adult obesity, which are likely to drive health spending higher in the coming decades. This edition also has new data on access to care, showing that all OECD countries provide universal or near-universal coverage for a core set of health services, except the United States, Mexico and Turkey.

5 - Total health expenditure per capita, public and private, 2007



1. Health expenditure is for the insured population rather than resident population. 2. Current health expenditure (Source: OECD Health Data 2009).

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1. Breast cancer five-year relative survival rate, 1997-2002 and 2002-07 (Chart 5.8.2)
2. Colorectal cancer five-year relative survival rate, 1997-2002 and 2002-07 (Chart 5.9.2)
3. Asthma admission rates, population aged 15 and over, 2007 (Chart 5.1.1)
4. Reduction in in-hospital case-fatality within 30 days after admission for stroke, 2002-2007 (Chart 5.5.4)
5. Health expenditure per capita, public and private, 2007 (Chart 7.1.1)

- [Health at Glance 2009 in 45 slides](#) (ppt presentation)
- [Use the interactive world map featuring the main health indicators](#)

Download the individual country notes for [France](#), [United States](#), [Germany](#), [Italy](#), [Korea](#), [Japan](#), [Canada](#) and [United Kingdom](#).

More information is also available at www.oecd.org/health/healthataglance.

Journalists are invited to contact the OECD's Media Relations Division to obtain a copy of *Health at a Glance 2009* (tel.: 33 1 45 24 97 00 or news.contact@oecd.org). For further information about the content of the publication, journalists may contact Mark Pearson (tel. 33 1 45 24 92 69 or mark.pearson@oecd.org) or Gaétan Lafortune (tel. 33 1 45 24 92 67 or gaetan.lafortune@oecd.org) in the OECD Health Division.

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