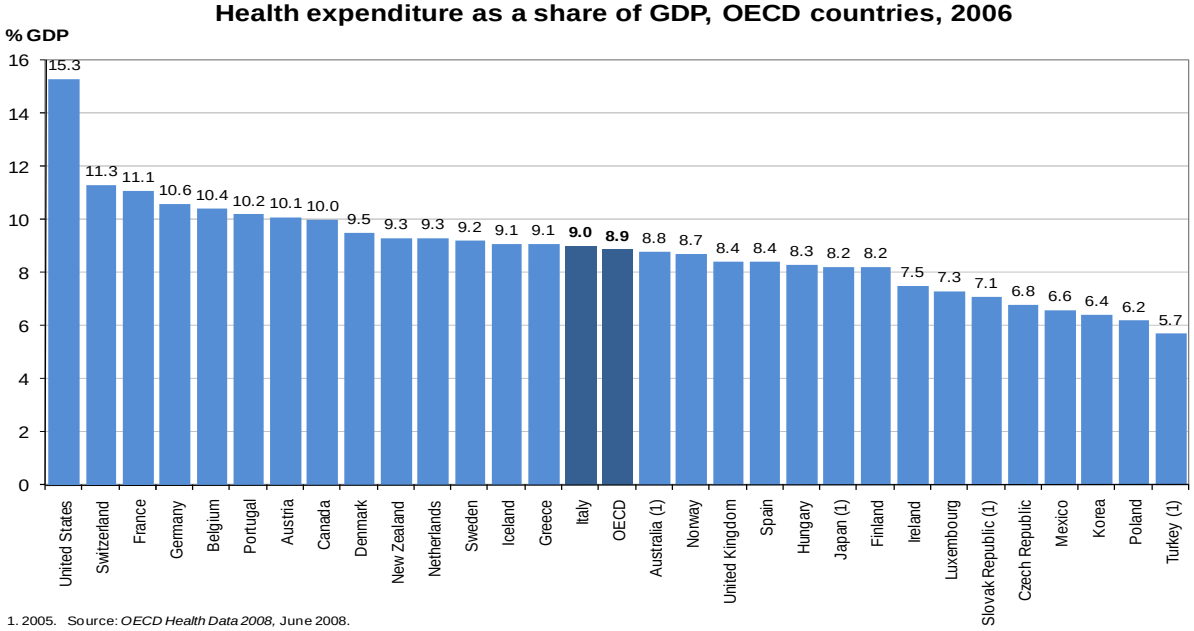
OECD Health Data 2008
How Does Italy Compare

Total health spending accounted for 9.0% of GDP in **Italy** in 2006, slightly above 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 2006), followed by Switzerland (11.3%), France (11.1%) and Germany (10.6%).

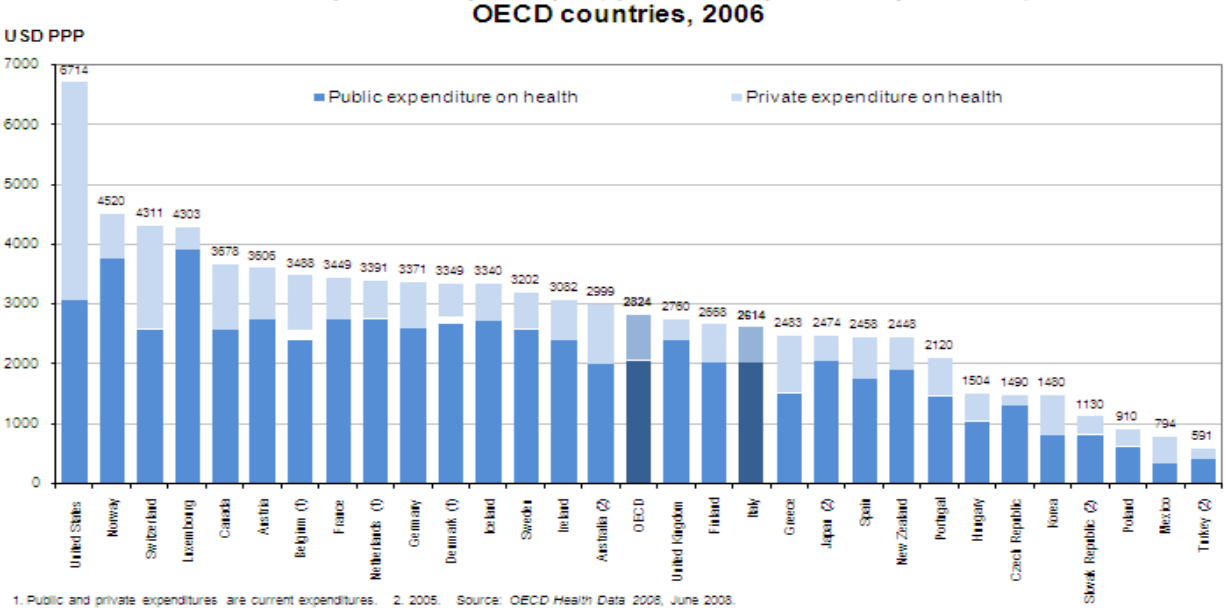
Italy ranks below the OECD average in terms of health spending per capita, with spending of about 2614 USD in 2006 (adjusted for purchasing power parity), compared with an OECD average of 2824 USD.

Health expenditure as a share of GDP, OECD countries, 2006



1. 2005. Source: *OECD Health Data 2008*, June 2008.

Health expenditure per capita, public and private expenditure, OECD countries, 2006



1. Public and private expenditures are current expenditures. 2. 2005. Source: *OECD Health Data 2008*, June 2008.

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 2000 and 2006, health spending per capita in **Italy** increased, in real terms, by 2.8% per year on average, a growth rate lower than the OECD average of 5.0% per year.

The public sector is the main source of health funding in all OECD countries, except the United States and Mexico. In **Italy**, 77% of health spending was funded by public sources in 2006, above the average of 73% in OECD countries. In 2006, the share of public spending among OECD countries was the lowest in Mexico (44%) and the United States (46%), and relatively high (over 80%) in several Nordic countries (Denmark, Iceland, 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 **Italy**, there are more physicians per capita than in most other OECD countries. In 2006, **Italy** had 3.7 practising physicians per 1 000 population, above the OECD average of 3.1.

On the other hand, there were 7.1 nurses per 1 000 population in **Italy** in 2006, a lower figure than the average of 9.7 in OECD countries.

The number of acute care hospital beds in **Italy** was 3.3 per 1 000 population in 2006, lower than the OECD average of 3.9 beds per 1 000 population. As in most OECD countries, the number of hospital beds per capita in **Italy** 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 **Italy**, the number of MRIs also increased over time, to reach 15 per million population in 2005, well above the OECD average of 10.2 MRI units per million population. Similarly, the number of CT scanners in **Italy** stood at 27.7 per million population in 2005, above the OECD average of 19.2.

Health status and risk factors

Most OECD countries have enjoyed large gains in life expectancy over the past decades, thanks to improvements in living conditions, public health interventions and progress in medical care. In 2004, life expectancy at birth in **Italy** stood at 80.9 years, two years higher than the OECD average (78.9 years). Only Japan, Switzerland, Iceland, Spain and Australia registered a higher life expectancy than **Italy**.

The infant mortality rate in **Italy,** as in other OECD countries, has fallen greatly over the past decades. It stood at 3.9 deaths per 1 000 live births in 2004, lower than the OECD average (5.2 deaths).

The proportion of daily smokers among adults has shown a marked decline over the past two decades in most OECD countries. **Italy** has achieved some progress in reducing tobacco consumption, with current rates of daily smokers among adults standing at 23% in 2006, down from 27.8% in 1990. Smoking rates in **Italy** is now slightly lower than the OECD average of 23.7%. Sweden, Australia, Canada and the United States provide examples of countries that have achieved remarkable success in reducing tobacco consumption, with current smoking rates among adults in these countries below 18%.

Obesity rates have increased in the past two decades in nearly all OECD countries, although there remain notable differences across countries. The prevalence of obesity among adults varies from a low of 3.5% and 4% in Korea and in Japan, to a high of 34.3% in the United States. The United Kingdom, Australia, New Zealand, Mexico and Greece also have relatively high levels of obesity among adults, with rates of

over 20%[1]. The obesity rate in **Italy,** based on self-reported data, stood at 10.2 % in 2006, up from 7.0% in 1994. 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 **Italy** 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 2008*** is available at www.oecd.org/health/healthdata. Note that *OECD Health Data 2008* is available in Italian.

For more information on OECD's work on Italy, please visit www.oecd.org/italy.

[1] It should be noted however that the data for the United States, 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.