

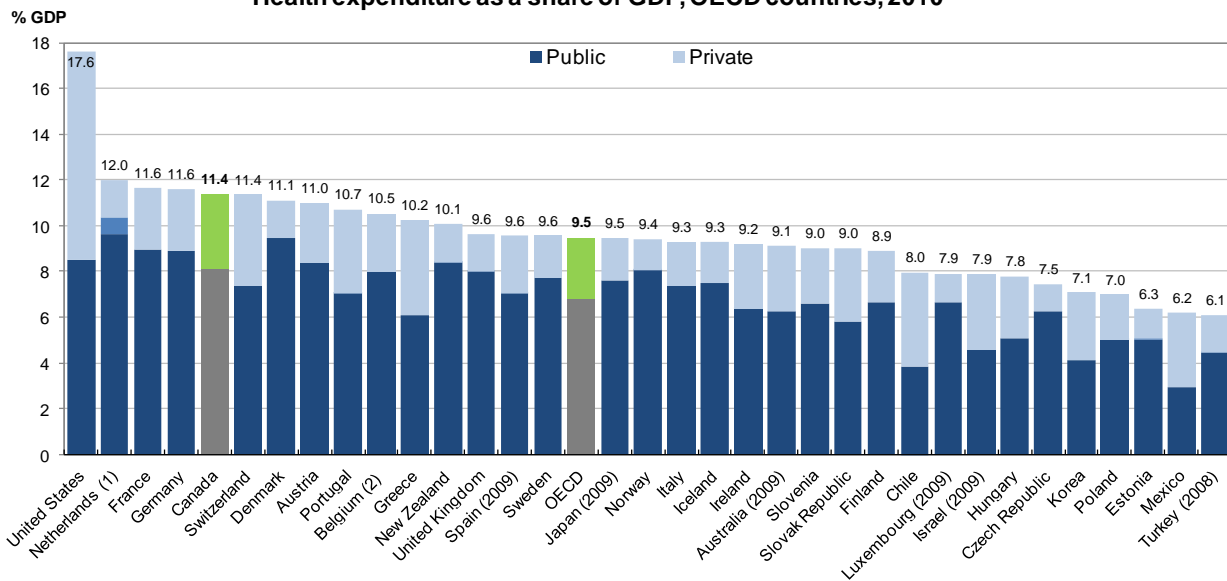
OECD Health Data 2012

How Does Canada Compare

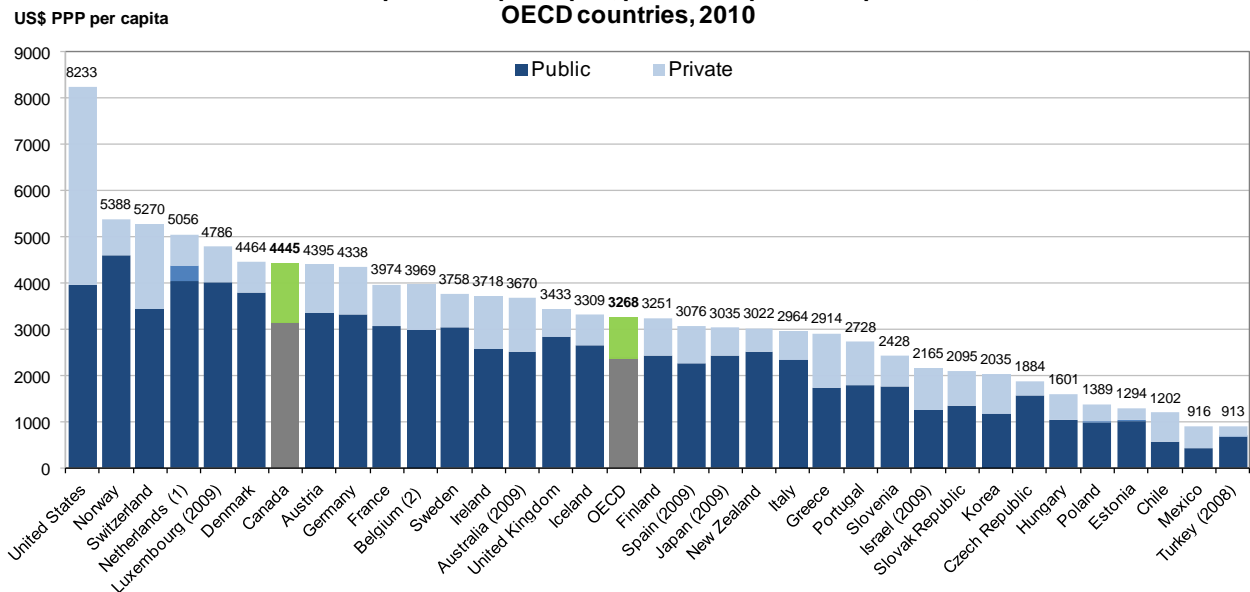
Health spending accounted for 11.4% of GDP in **Canada** in 2010, almost two percentage points higher than the OECD average of 9.5%. However, health spending as a share of GDP is much lower in **Canada** than in the United States (which spent 17.6% of its GDP on health in 2010). It is also slightly lower than in certain European countries such as the Netherlands (12.0%), France (11.6%) and Germany (11.6%).

Canada also ranks above the OECD average in terms of health spending per capita, with spending of 4445 USD in 2010 (adjusted for purchasing power parity), compared with an OECD average of 3268 USD. Health spending per capita in **Canada** remains nonetheless much lower than in the United States (which spent 8233 USD per capita in 2010), as well as in Norway, Switzerland and the Netherlands.

Health expenditure as a share of GDP, OECD countries, 2010



Health expenditure per capita, public and private expenditure, OECD countries, 2010



1. In the Netherlands, it is not possible to distinguish clearly the public and private share for the part of health expenditures related to investments.
 2. Total expenditure excluding investments. Source: OECD Health Data 2012, June 2012.

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.

Health spending in **Canada** increased in real terms by 4.6% per year on average between 2000 and 2009, but this growth rate slowed down to 3.0% in 2010.

The public sector is the main source of health funding in all OECD countries, except the United States, Mexico and Chile. In **Canada**, 71% of health spending was funded by public sources in 2010, slightly less than the OECD average of 72%.

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

Despite the relatively high level of health expenditure in **Canada**, there are fewer physicians per capita than in most other OECD countries, although their numbers have been growing in recent years. In 2010, **Canada** had 2.4 physicians per 1000 population, well below the OECD average of 3.1.

There were 9.3 nurses per 1000 population in **Canada** in 2010, slightly more than the OECD average of 8.7.

The number of hospital beds for curative care in **Canada** was 1.7 per 1000 population in 2009, half of the OECD average (3.4 beds per 1 000 population). As in most OECD countries, the number of hospital beds per capita in **Canada** 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 **Canada**, the number of MRIs has increased significantly over time, to reach 8.2 per million population in 2010. Despite this increase, Canada was still lagging behind the OECD average of 12.5 MRI units per million population. Similarly, the number of CT scanners in Canada stood at 14.2 per million population in 2010, below the OECD average of 22.6.

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 2008 (latest year available), life expectancy at birth in **Canada** stood at 80.8 years, one year higher than the OECD average (79.8 years in 2010) and more than two years greater than in the United States (78.7 years in 2010). Still, a number of countries (e.g., Japan, Switzerland, Italy, Spain and Australia) registered a higher life expectancy than **Canada**.

The proportion of smokers among the adult population has shown a marked decline over the past thirty years in most OECD countries. **Canada** provides a good example of a country that has achieved remarkable progress in reducing tobacco consumption, with the rate of daily smokers among adults having been cut by more than half since 1980 (from 34% in 1980 to 16% in 2010). Much of this decline in **Canada**, as well as in other countries, can be attributed to policies aimed at reducing tobacco consumption through public awareness campaigns, advertising bans and increased taxation.

At the same time, obesity rates have increased in recent decades in all OECD countries, although there are notable differences. In **Canada**, the obesity rate among adults, based on actual measures of height and weight, was 24.2% in 2008 (latest year available). This is lower than in the United States (35.9% in 2010) and the United Kingdom (26.1% in 2010), and about equal to Australia (24.6% in 2007). Obesity's growing prevalence foreshadows increases in the occurrence of health problems (such as diabetes and cardiovascular diseases), and higher health care costs in the future.

More information on *OECD Health Data 2012* is available at www.oecd.org/health/healthdata.

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