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EMPLOYMENT, LABOUR AND SOCIAL AFFAIRS COMMITTEE**

**Meeting of the Employment, Labour and Social Affairs Committee at Ministerial Level
on Social Policy**

**BACKGROUND DOCUMENTS
THE CARING WORLD: AN ANALYSIS
TABLES AND CHARTS**

(Note by the Secretary-General)

Paris, 23-24 June 1998

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Table 1.1: Dependency ratios¹, 1960 -2030**Percentages**

	1960	1990	2000	2010	2020	2030
Australia	62.8	49.4	48.9	48.4	54.7	61.8
Austria	51.9	47.9	46.0	44.5	49.0	62.1
Belgium	55.0	49.7	51.0	49.5	56.8	68.0
Canada	69.6	47.0	46.8	45.1	54.8	67.6
Czech Republic	53.3	51.4	43.3	41.0	48.6	50.9
Denmark	55.8	48.4	50.0	52.5	57.3	65.0
Finland	60.3	48.6	49.1	50.1	62.8	69.9
France	61.3	52.1	52.9	50.5	59.0	67.5
Germany	48.8	45.0	45.4	47.3	49.8	62.1
Greece	53.2	49.1	49.5	52.4	56.0	62.7
Hungary	52.4	50.5	46.0	44.2	49.9	51.3
Iceland	74.3	54.9	53.8	51.7	55.0	62.1
Ireland	73.2	63.1	48.2	47.5	55.5	56.8
Italy	51.7	45.3	46.8	49.7	54.4	66.9
Japan	56.1	43.7	46.4	56.0	65.6	67.4
Korea	82.7	44.6	38.9	40.3	41.6	52.5
Luxembourg	47.4	44.9	47.8	49.3	55.0	64.3
Mexico	98.4	74.0	61.0	52.4	48.1	49.1
Netherlands	63.9	45.1	46.6	45.8	54.1	68.5
New Zealand	71.0	52.7	52.4	50.3	53.8	58.9
Norway	58.7	54.5	53.5	51.4	57.7	64.7
Poland	64.6	54.3	46.3	42.8	51.1	54.5
Portugal	59.1	50.6	48.1	49.3	52.1	58.8
Spain	55.4	49.5	46.2	46.9	50.0	60.2
Sweden	51.4	55.6	55.6	55.0	63.3	69.0
Switzerland	50.8	45.4	46.8	47.2	54.5	70.3
Turkey	81.1	64.7	52.2	48.4	45.4	48.5
United Kingdom	53.7	53.5	52.9	51.1	57.5	66.1
United States	66.7	52.2	51.1	48.0	56.2	64.5
OECD	61.6	51.6	49.6	48.9	53.8	60.7

Note: 1. Dependency ratios: population aged 0-14 and 65 and over as a per cent of the working-age population.

Source: United Nations (1996) medium variant estimates.

Table 1.2: Age of women at first childbirth

	1970	1980	1990	1993
Australia ¹	23.2	25.3	27.6	28.3
Austria	..	..	..	25.0
Belgium	..	..	26.0	..
Canada	23.1	24.6	26.4	26.8
Czech Republic	22.5	22.4	22.4	22.3
Denmark	23.2	24.1	..	26.7
Finland	..	..	26.3	26.7
France	23.8	25.0	27.0	27.6
Greece	..	..	..	25.7
Iceland	..	..	..	24.3
Italy	..	24.4	26.2	26.9
Japan	25.6	26.4	27.0	27.2
Korea	28.2	24.4	25.9	26.3
Netherlands	..	27.5	29.2	27.8
New Zealand ²	..	24.9	27.6	28.7
Norway	..	..	..	25.5
Portugal	24.4	23.6	24.7	25.2
Spain	..	..	26.0	27.1
Sweden	24.8	25.0	25.8	26.5
Switzerland ³	25.1	26.4	27.6	28.1
United Kingdom	..	24.6	26.6	27.5
United States	25.4	25.7	26.3	26.4

Notes: .. Data not available.

1. Data for 1971 and 1981.

2. Data relates to live births in current union only. Data are for 1981, 1991 and 1995.

3. Married women only.

Source: EU members: Eurostat, 1996; Australian Bureau of Statistic *Social Trends*; Statistics Canada; Czech Ministry of Labour and Social Affairs; Annual Report on the Vital Statistics, National Statistics Office, Republic of Korea. Japanese Ministry of Health and Welfare *Vital Statistics*; Statistics Netherlands *Statistical Yearbook*; Portuguese Ministerio para a Qualificacao e o Emprego; Statistics New Zealand; United States National Center for Health Statistics Annual Report on Vital Statistics.

Table 1.3: Recent trends in the number of lone-parent families

Country/Year	Number	Index ^a	Incidence ^b	Country/Year	Number	Index ^a	Incidence ^b
Australia				Italy			
1983	296 025	100	13.6	1981	1 522 455	100	13.6
1993	417 420	141	17.2	1991	1 700 000	112	14.9
Austria				Japan			
1981	257 276	100	19.3	1980	1 480 000	100	8.9
1991	282 102	110	19.7	1995	2 120 040	143	12.8
Belgium				Korea			
1981	252 096	100	14.6	1985	593 840	100	8.8
1991	362 000	144	20.0	1995	743 900	125	8.5
Canada				Luxembourg			
1981	..	..	..	1981	8 946	100	14.1
1991	954 710	..	20.0	1991	11 000	123	15.7
Denmark				Netherlands			
1981	144 704	100	18.0	1981	294 543	100	11.9
1991	131 000	91	18.0	1991	388 000	132	15.9
Finland				New Zealand			
1983	100 000	100	13.0	1981	..	..	..
1993	103 584	104	11.9	1996	148 000	..	25.5
France				Norway			
1981	842 680	100	9.9	1983	111 000	100	17.8
1991	1 544 000	183	15.6	1993	117 600	106	19.7
Germany				Portugal			
1981	1 559 400	100	14.6	1981	227 000	100	14.5
1991	2 232 000	143	16.4	1991	254 000	112	13.1
Greece				Spain			
1981	..	..	..	1981	..	..	..
1991	193 000	..	10.9	1991	133 000	..	12.8
Hungary				Sweden			
1980	300 000	100	15.6	1983	204 000	100	19.0
1990	450 000	150	23.6	1993	182 880	90	18.0
Iceland				Switzerland			
1984	6 000	100	23.1	1981	125 000	100	12.1
1993	8 000	133	21.1	1991	146 000	117	13.7
Ireland				United Kingdom			
1981	86 754	100	15.8	1981	1 679 440	100	17.8
1991	110 000	127	17.9	1991	2 007 000	120	20.7
				United States			
				1986	7 040 000	100	22.7
				1996	9 285 087	132	27.1

Notes:

a) The index represents the growth rate of the number of lone-parent families over the given period for each country.

b) Incidence is defined as the number of lone-parent families as a percentage of all families with dependent children.

Source: OECD, Eurostat Demographics 1996 and information from national authorities.

Table 1.4: Life expectancy at age 65 and 80

	65 years		80 years	
	Male	Female	Male	Female
Australia	15.8	19.6	7.0	8.9
Austria	15.2	18.7	6.6	7.9
Belgium	15.3	19.7	6.7	8.7
Canada	16.2	20.1	7.5	9.5
Czech Republic	12.8	16.4	5.8	6.9
Denmark	14.1	17.6	6.4	8.1
Finland	14.6	18.7	6.5	7.9
France	16.1	20.6	7.1	9.0
Germany	14.9	18.6	6.6	8.1
Greece	16.1	18.4	7.3	7.7
Hungary	12.1	15.8	5.5	6.5
Iceland	16.5	19.4	7.4	8.7
Ireland	13.5	17.1	5.4	6.7
Italy	15.7	19.6	6.8	8.3
Japan	16.9	21.5	7.5	9.9
Korea	13.2	16.9	5.8	7.0
Luxembourg	14.2	18.5	5.3	6.8
Mexico	15.6	18.8	7.2	9.5
Netherlands	14.4	18.6	6.2	8.1
New Zealand	15.4	19.0	6.9	8.7
Norway	15.5	19.5	6.7	8.6
Poland	12.9	16.6	6.0	7.1
Portugal	14.3	17.7	5.7	7.0
Spain	15.8	19.8	7.0	8.5
Sweden	16.1	19.7	6.9	8.8
Switzerland	16.1	20.2	7.2	9.0
Turkey	N/A	N/A	5.2	5.9
United Kingdom	14.7	18.4	6.7	8.6
United States	15.7	18.9	7.3	8.9

Notes:

For age 65, data refer to 1996 data with the exception of Austria (1995); Canada (1995); Czech Republic (1995); Denmark (1994); France (1995); Greece (1994); Hungary (1995); Iceland (1995); Ireland (1993); Korea (1995).

For age 80, the data refer to the same year cited above with the exception of France (1992); Ireland (1982); Italy (1994); Luxembourg (1987); Turkey (1990).

N/A: data not available

Source : *OECD Health Data 98*

Table 1.5: Trends in infant mortality rates, 1970 and 1995

	1970	1995
Australia	17.9	5.7
Austria	25.9	5.4
Belgium	21.1	7.0
Canada	18.8	6.0
Czech Republic	20.2	7.7
Denmark	14.2	5.5
Finland	13.2	4.0
France	18.2	5.0
Germany	23.4	5.3
Greece	29.6	8.1
Hungary	36.0	11.0
Iceland	13.2	6.1
Ireland	19.5	6.3
Italy	29.6	6.2
Japan	13.1	4.3
Korea	45.0	9.0
Luxembourg	24.9	5.0
Mexico	69.0	16.5
Netherlands	12.7	5.5
New Zealand	16.8	7.0
Norway	12.7	4.0
Portugal	55.1	7.4
Spain	26.3	5.5
Sweden	11.0	4.1
Switzerland	15.1	5.0
Turkey	151.0	44.4
United Kingdom	18.5	6.0
United States	20.0	8.0
Average	27.7	7.9

Note: Number of deaths of infants aged under one-year of age per 1000 live births.

Source: OECD Health Data 98; National Statistic Office Republic of Korea

Table 1.6: Potential years of life lost between 1970 and 1993 by type of disease

	Circulatory system				Liver cirrhosis				Lung Cancer				Tuberculosis				Malignancies				% of total PYLL explained			
	Females		Males		Females		Males		Females		Males		Females		Males		Females		Males		Females		Males	
	1970	1993	1970	1993	1970	1993	1970	1993	1970	1993	1970	1993	1970	1993	1970	1993	1970	1993	1970	1993	1970	1993	1970	1993
Australia	1583	431	3478	1107	1379	1142	1587	1311	1072	518	3022	1686	66	40	129	119	82	123	384	284	57	64	67	70
Austria	1077	616	2527	1568	1583	1204	1775	1508	1019	668	3722	2184	141	162	484	496	59	106	413	407	49	70	61	77
Belgium	1059	488	2517	1157	1450	1233	1867	1683	1048	715	2662	2012	69	96	132	183	53	109	593	588	52	63	60	69
Canada	1044	431	2843	1178	1489	1208	1557	1309	1144	618	3135	1795	98	46	207	114	90	246	406	405	56	65	67	69
Czech Rep.	1387	929	3136	2691	1502	1457	2079	2332	934	660	3330	2427	77	92	268	347	62	111	566	763	52	68	64	79
Denmark	811	564	2057	1258	1782	1556	1635	1480	1017	678	2294	1645	56	119	110	277	105	265	382	386	62	66	65	67
Finland	1452	558	4421	1937	1215	944	1909	1149	903	706	3793	2876	25	75	111	217	42	60	614	302	61	70	75	80
France	738	323	1667	937	1205	1012	1866	1936	1020	739	3002	2181	293	122	564	269	36	66	320	509	54	62	63	67
Germany	1067	613	2066	1606	2038	1306	1761	1650	1073	502	3221	1620	112	185	357	440	58	107	349	436	59	71	61	72
Greece	821	499	1412	1402	1087	962	1355	1425	457	467	1625	1633	61	30	223	104	82	67	302	475	35	59	44	72
Hungary	1538	1587	2892	4336	1514	1727	1686	3106	856	910	3034	3287	76	719	200	2071	90	252	351	1049	44	68	54	77
Iceland	605	271	2848	1093	1086	1445	1548	845	816	335	3404	1465	33	24	74	24	52	261	228	199	55	72	74	73
Ireland	1510	632	2953	1836	1668	1372	1683	1457	636	404	1721	1512	47	37	45	59	124	147	491	331	51	65	58	73
Italy	1061	470	1989	1145	1379	1126	1852	1625	528	366	1990	1369	159	97	492	262	59	77	433	472	41	60	52	67
Japan	1204	463	2100	1028	1278	870	1556	1284	897	469	2512	1311	83	42	279	190	57	70	134	190	55	67	63	74
Korea	n.a.	509	n.a.	940	n.a.	87	n.a.	528	n.a.	62	n.a.	174	n.a.	74	n.a.	168	n.a.	818	n.a.	1386	n.a.	n.a.	n.a.	n.a.
Lux.	1235	663	2918	1247	1597	1250	2295	1635	1545	909	3993	2858	215	103	349	296	48	69	827	448	55	73	67	77
Mexico	1873	871	2020	1239	1101	1031	653	762	914	689	4514	3616	350	230	1157	1069	47	50	81	120	19	40	29	54
Netherlands	786	508	2242	1262	1514	1267	1780	1449	740	371	1875	963	32	40	50	74	46	160	611	437	57	61	65	64
NZ	1479	699	3293	1640	1605	1490	1763	1483	850	776	2822	2359	39	31	68	55	114	180	424	275	55	66	67	76
Norway	717	418	2327	1293	1404	1169	1397	1151	536	434	2398	1449	25	38	44	86	43	116	190	249	57	64	66	67
Portugal	1159	635	1934	1485	1306	1119	1466	1570	714	693	2744	2457	267	192	593	513	46	50	158	316	27	57	36	61
Spain	1385	422	2209	1241	1171	1000	1478	1694	457	445	1747	1696	148	69	397	283	57	42	244	475	49	58	55	66
Sweden	688	408	1802	1214	1350	1108	1195	992	896	542	2286	1347	55	28	147	103	55	114	168	171	61	68	67	70
Switzerland	689	350	1722	1002	1359	1050	1646	1273	939	656	2961	2000	57	71	226	123	35	123	417	347	55	62	65	70
UK	1251	657	3058	1690	1630	1371	1875	1399	624	377	1549	1152	26	62	38	101	162	175	691	346	54	64	62	70
US	1551	806	3707	1801	1511	1253	1730	1453	1223	831	3613	2602	210	78	392	200	141	254	528	466	57	61	68	66
OECD	1145	589	2544	1515	1431	1218	1654	1498	879	595	2806	1981	108	109	275	311	71	131	396	402	48	66	61	75

Source: *OECD Health Data 98*. Except for Korea: National Statistics Office. Potential Years of Life Lost: number of years of life lost with an implicit life expectancy of 70 for all premature deaths. Based on death certificate information for disease identification.

Table 1.7: Trends in life expectancy without disability at age65

Country	Life expectancy at 65	Disability- free life expectancy	Life expectancy at 65	Disability free life expectancy
		Males		Females
<i>Moderate DisabilityFree Life Expectancy(1)</i>				
Australia (2)				
1981	13.9	7.9	18.1	10.1
1993	15.7	6.5	19.5	9.1
Canada (3)				
1986	14.9	8.5	19.2	9.4
1991	15.6	8.3	19.7	9.2
France (4)				
1981	14.1	8.8	18.3	9.8
1991	15.7	10.1	20.1	12.1
Netherlands (5)				
1983	14.0	8.0	18.6	7.4
1990	14.4	9.0	19.0	8.0
United-States (6)				
1980	14.2	6.8	18.4	9.3
1990	15.1	7.4	18.9	9.8
New Zealand (7)				
1981	13.3	9.9	17.1	10.5
1993	14.8	10.0	18.4	10.2
Germany (8)				
1986	13.8	10.6	17.6	13.0
1995	14.9	12.2	18.7	14.9
<i>Severe DisabilityFree Life Expectancy(1)</i>				
Australia (2)				
1981	13.9	11.9	18.1	13.8
1993	15.7	13.4	18.7	14.8
Canada (3)				
1986	14.9	12.8	19.2	14.9
1991	15.6	13.3	19.7	15.4
France (6)				
1981	14.1	13.1	18.3	16.5
1991	15.7	14.8	20.1	18.1
Japan (9)				
1980	14.6	13.2	17.7	15.8
1990	16.2	14.9	20	17.3
United Kingdom (10)				
1980	12.9	11.8	16.9	15.0
1991	14.5	13.6	18.1	16.9
Norway (11)				
1975	14.0	13.3	17.2	16.1
1985	14.4	13.3	18.2	16.9

- 1) Health expectancy concepts are not yet totally harmonised. The "severe disability" measures are more comparable than those for "moderate disability". Levels for other OECD countries have been estimated for single years only: extrapolating from indirect evidence brings a prognosis of analogous trends. Results also available in OECD *Health Data 98* partially based on *REVES (1997) Health Expectancies in OECD countries, paper n° 317*.
- 2) For moderate disability: *Functional limitation free life expectancy*; for severe disability: *severe handicap-free life expectancy*, Mathers C. Trends in Health Expectancies in Australia 1981-1993, Journal of the Australian Population Association, 13, 1, 1996.
- 3) Using a general scale including Activities of Daily Living, *general activity limitation*, severe disability score >11, no disability score zero, Wilkins Changes in health expectancy in Canada from 1986 to 1991. Statistics Canada.
- 4) Moderate: *general handicap free life expectancy*; Severe: *mobility handicap free life expectancy* from Robine J.M., Mormiche P. 1993, L'espérance de vie sans incapacité augmentée, INSEE première 1993.
- 5) *Activity restriction free life expectancy*, Perenboom R.J.M., Boshuizen H., van de Water HPA, 1993, Trends in health expectancies in the Netherlands, 1981-1990, in Calculation of Health Expectancies: John Libbey Eurotext.
- 6) *Active life expectancy* including both major and secondary activities, moderate to severe disability, Crimmins E.M., Saito Y., Ingegneri D. 1997, Population and Development Review 23, 3, 555-572.
- 7) Davis and Graham, 1997, Personal Communication to REVES, 1997.
- 8) *General concept of disability*. Data refer to West Germany (Old Länder), Brückner G., (1997) Health Expectancy in Germany, October.
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- 10) *Independent Life Expectancy*, Bone M.R., Bebbington A.C., Jagger C., Morgan K., Nicolaas G., HMSO 1995.
- 11) Norway, concept of *active independant life* Grotvedt L., Viksand G. (1994) *Life expectancy without diseases and disability*, in Mathers C., McCallum J., Robine JM. eds, Advances in Health Expectancies, Australian Institute of Health and Welfare, AGPS Canberra.

Table 1.8: Prevalence of severe disability

Country	Share of population aged over 80 in total population 1995	Share of frail elderly in population aged over 65 % of total	Share of very severe disability in population aged over 65 % of total
	(1)	(2)	(2)
Australia	2.5	16.7	n/a
Austria	3.5	25.0	2.9
Belgium	3.6	5.9 to 16.4	3.3
Canada	2.6	16 to 32	n/a
Finland	3.2	18 to 20	n/a
France	4.1	13 to 17	3.7
Germany	4.1	12.1	3.5
Italy	3.6	22.1	2.0
Japan	2.8	11.2	4.2
Korea	0.9	13.5	n/a
Netherlands	3.0	18.9	n/a
Norway	3.9	18.0	n/a
Sweden	4.5	15.1	3.4
United Kingdom	3.8	14.1 to 28	n/a
United States	3.0	12 to 26	n/a

“N/A” means information is not available.

(1) *OECD Health Data 98* for population and expenditure on health as of March 1998. Population data refer to 1994 for Denmark.

(2) The share of frail elderly refers to the prevalence of severe disability prevalence. Data refer to the most recent published national disability survey, currently between 1990 and 1995. Secretariat estimates using various sources and experts reports, Pacolet *et. al.* (1997) for European countries together with national sources :

Australia	Australian Institute of Health and Welfare (1995), based on the 1993 Survey of Disability, Ageing and Carers, persons with a profound or severe handicap.
Austria	K. Leichsenring (1998), the concept refers not strictly to ADLs, but to the need of care. The very severe concept refers to total immobility with more than 180 hours help a month.
Belgium	Pacolet <i>et. al.</i> (1998). The smaller level refers to the most severe degree of disability (at least 3 ADLs) and the larger level refers to the prevalence of inability to perform at least one ADL. The very severe dependency corresponds to bedridden people, including dementia.
Canada	The large number refers to the Health and Activity Limitation Survey, data refer to 1991 and to “important” disability, Statistics Canada, 1992, 11-001. The smaller number adds the population in institution in 1991(Census), assumed to be disabled, and the population with ADL limitations in the survey.
Finland	Vaarama (1997), continuous and substantial need for daily life, data refer to 1992.
France	Joel (1995). The concept of disability refers to the inability of going outside the home without help and is based on ADL concept. Severe disability refers to persons confined to bed or chair in the EHPA survey.
Germany	Rothgang (1995). Data refer to the concept of sufficiently disabled to be potentially eligible for the grade I of the long-term care insurance.
Italy	Mengani <i>et. al.</i> (1996), Situazione attuale et prospective future, difesa sociale, n° 4, 1996 (data refer to 1994). The frail elderly correspond to at least one ADL and the very severe to completely disabled persons.
Japan	Ministry of Health and Welfare, Comprehensive Survey of Living Condition of the People on Health and Welfare, Kokumin Seikatsu Kiso Chosa, data refer to 1989, Results presented in Fukawa (1993).
Korea	Population Projections (1996), National Statistics Office Republic of Korea.
Netherlands	CBS (1993) Ouder worden in Nederland, data refer to problems performing ADLs.
Norway	Daatland (1997), The concept of severe disability includes all institutionalized older persons plus the number of disabled persons at home under an ADL acceptance.
Sweden	Survey of Living Conditions (1995), prevalence of severe ill-health, data may be biased downwards as it refers to age groups up only to 85 years. The very severe concept refers to total immobility with complete help for daily life.
United Kingdom	Parliamentary reports (1996). Disability refers to an ADL concept.
United States	Wiener <i>et. al.</i> (1993). There is a wide variation of the number of disabled older persons across surveys (LSOA, NLTCS, NHIS) which is reflected here.

Table 2.1: Budgetary targets in OECD countries

Fiscal Constraint	Member of EU seeking to satisfy Maastrich criteria ¹ for economic and monetary union	Countries negotiating for entry into EU in the next wave	Other governments with a commitment to surplus or balanced budget ²
Countries	Austria, Belgium, Denmark ³ , Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden ³ , United Kingdom ³	Czech Republic, Hungary, Poland	Australia, Canada, , Iceland, New Zealand, Norway, Switzerland, United States

1. Current deficit of no more than 3 per cent of GDP; public debt to GDP ratio of 60 per cent or below. Progress towards these targets may be considered sufficient even if the targets are not reached.
2. Definitions of balance (e.g. over the cycle, excluding some items of expenditure, accruals or cash basis) differ.
3. Countries which are Members of the EU but will not join EMU when it is first introduced.

Table 2.2: Taxation as a percentage of GDP

	1965	1975	1985	1990	1995
OECD total	26.1	31.5	34.9	36.2	37.4
OECD America	25.1	29.6	25.4	26.8	27.0
OECD Pacific	22.1	23.7	27.0	29.8	30.0
OECD Europe	26.8	33.3	38.0	39.0	40.1

Source: OECD Revenue Statistics

Table 2.3: Health spending, 1960 -1996¹
Percentage of GDP

Country	1960	1970	1980	1990	1995	1996²
Australia	4.9	5.7	7.3	8.3	8.6	8.5
Austria	4.3	5.3	7.7	7.2	8.0	8.0
Belgium	3.4	4.1	6.5	7.5	7.9	7.8
Canada	5.5	7.1	7.2	9.1	9.6	9.5
Czech Republic				5.4	7.5	7.2
Denmark	3.6	6.1	6.8	6.5	6.4	6.3
Finland	3.9	5.7	6.5	8.0	7.6	7.4
France	4.2	5.8	7.6	8.9	9.9	9.7
Germany	4.8	6.3	8.8	8.7	10.4	10.5
Greece	2.9	4.0	4.3	5.2	7.2	4.7
Hungary				6.1	7.1	6.7
Iceland	3.3	5.0	6.2	7.9	8.2	8.2
Ireland	3.8	5.3	8.7	6.7	7.0	5.9
Italy	3.6	5.2	7.0	8.1	7.8	7.7
Japan		4.4	6.4	6.0	7.2	7.2
Korea		2.1	2.9	3.9	3.9	4.0
Luxembourg		3.7	6.2	6.6	7.0	7.3
Mexico					4.9	4.6
Netherlands	3.8	5.9	7.9	8.3	8.7	8.5
New Zealand	4.3	5.2	6.0	7.0	7.1	7.1
Norway	2.9	4.5	7.0	7.8	8.0	7.9
Poland				4.4		5.0
Portugal		2.8	5.8	6.5	8.2	8.3
Spain	1.5	3.7	5.6	6.9	7.3	7.4
Sweden	4.7	7.1	9.4	8.8	7.2	7.3
Switzerland	3.1	4.9	6.9	8.3	9.6	9.7
Turkey		2.4	3.3	2.9		
United Kingdom	3.9	4.5	5.6	6.0	6.9	6.9
United States	5.2	7.3	9.1	12.6	14.1	14.0
Total, OECD³	3.9	4.9	6.6	7.1	7.9	7.7

Notes:

1. Notwithstanding considerable efforts at homogeneity, part of the intercountry differences are caused by statistical artifacts.
2. 1996 ratios are preliminary estimates.
3. The arithmetic average for OECD excludes the Czech Republic, Hungary, Poland, and Turkey, and does not include Portugal, Luxembourg, Korea, or Japan in 1960

Source: OECD Health Data 98.

Table 2.4: Main components of health care expenditures,¹ 1970-1995

	Pharmaceutic al	Ambulatory care	Inpatient	Pharmaceutic al	Ambulatory care	Inpatient	Pharmaceutic al	Ambulatory care	Inpatient	Pharmaceutic al	Ambulatory care	Inpatient
	1970	1970	1970	1980	1980	1980	1990	1990	1990	1995	1995	1995
Australia	-	-	29.1	7.9	22.3	52.9	8.9	26.4	47.2	11.4	29.3	44.2
Austria	16.2	23.9	28.8	12.0	20.2	28.3	13.4	22.5	21.7	14.1	23.4	20.6
Belgium	28.1	42.5	25.7	17.4	39.2	33.1	15.5	39.8	32.8	18.1	37.7	37.4
Canada	11.2	22.4	52.1	8.4	23.2	53.3	11.3	23.7	48.4	13.3	-	45.6
Denmark	9.1	29.3	55.8	9.1	21.1	65.1	8.9	23.4	61.2	11.5	18.9	62.1
Finland	12.6	37.2	49.5	10.7	39.9	48.4	9.4	44.3	44.2	14.2	49.9	40.2
France	23.2	26.6	38.0	15.9	24.8	48.1	16.7	28.2	44.4	16.7	-	44.5
Germany ²	15.9	31.7	30.2	13.1	33.4	32.6	13.9	30.4	34.2	12.5	29.7	36.3
Greece	43.3	38.7	46.4	34.8	45.4	48.9	24.4	-	58.4	19.3	-	-
Iceland	17.4	-	47.8	15.9	17.0	62.1	15.5	22.9	55.5	15.8	23.5	55.6
Ireland	22.2	-	-	11.2	-	-	13.6	-	-	13.4	-	-
Italy	14.5	36.2	47.8	13.7	27.5	46.7	18.3	29.1	45.3	17.2	30.0	47.1
Japan ²	-	48.4	26.4	-	44.6	30.9	21.4	43.9	33.0	-	-	-
Luxembourg	19.7	22.4	-	14.5	49.5	31.3	14.9	49.3	26.4	-	52.1	34.7
Netherlands	7.5	-	55.1	7.9	27.7	57.3	9.6	29.6	52.3	10.8	28.1	52.5
NewZealand	-	-	-	-	8.4	72.2	15.0	7.4	60.4	16.2	-	-
Norway	7.8	-	68.2	8.7	18.4	63.9	7.2	20.8	61.6	8.7	-	-
Portugal	-	-	-	19.9	-	28.7	24.9	-	31.0	25.2	-	-
Spain	-	-	-	21.0	12.6	54.1	17.8	10.8	44.1	-	-	-
Sweden	-	-	-	6.5	-	-	8.0	-	-	14.6	-	-
Switzerland	19.1	-	41.7	15.2	45.5	42.6	8.2	39.5	49.5	7.6	37.4	51.7
UnitedKingdom	-	-	-	12.8	-	53.5	13.8	-	43.9	15.9	-	-
UnitedStates	12	27.1	44.0	8.7	27.2	48.7	8.6	32.4	44.1	8.4	33.2	43.3
<i>Total, EU</i>	<i>19.3</i>	<i>32.1</i>	<i>41.9</i>	<i>14.7</i>	<i>31.0</i>	<i>44.3</i>	<i>14.9</i>	<i>30.7</i>	<i>41.5</i>	<i>15.7</i>	<i>33.7</i>	<i>41.7</i>
TotalOECD³	17.5	32.2	42.9	13.6	28.8	47.7	13.9	29.1	44.7	14.4	33.1	44.0

- Notes:
- 1) Notwithstanding considerable efforts at homogeneity, part of the intercountry differences are caused by statistical artifacts.
 - 2) Preliminary estimates for Japan and Germany in 1995.
 - 3) Arithmetic average, OECD countries. Does not include Poland, Czech Republic, Korea, Hungary, and Turkey. *Source: OECD Health Data 97.*

Table 2.5: Public share in total health spending,¹ 1960-1996

	1960	1970	1980	1990	1995	1996 ²
Australia	47.6	56.7	62.9	67.3	66.7	64.7
Austria	69.4	63.0	68.8	73.5	73.3	72.0
Belgium	61.6	87.0	83.4	88.9	87.8	87.7
Canada	42.7	70.2	75.6	74.6	71.1	69.9
Czech Republic		96.6	96.8	96.2	92.6	92.4
Denmark	88.7	86.3	85.2	82.3	82.7	82.3
Finland	54.1	73.8	79.0	80.9	74.7	78.4
France	57.8	74.7	78.8	74.5	80.6	80.7
Germany	66.1	72.8	78.7	76.2	78.2	78.3
Greece	64.2	53.4	82.2	82.3	75.8	82.9
Hungary					69.8	69.3
Iceland	76.7	81.7	88.2	86.6	84.1	83.6
Ireland	76.0	81.7	81.6	72.9	74.7	
Italy	83.1	86.9	80.5	78.1	69.5	69.0
Japan	60.4	69.8	71.3	77.6	79.6	78.3
Korea		8.3	25.3	40.3	49.0	
Luxembourg		88.9	92.8	93.1	92.8	92.7
Mexico					57.2	59.4
Netherlands	33.3	84.3	74.7	72.7	76.7	72.1
New Zealand	80.6	80.3	88.0	82.4	76.4	75.9
Norway	77.8	91.6	85.1	83.3	82.8	82.5
Portugal		59.0	64.3	65.5	60.5	59.8
Spain	58.7	65.4	79.9	78.7	78.7	78.7
Sweden	72.6	86.0	92.5	89.9	81.6	80.2
Switzerland	61.3	63.9	67.5	68.4	72.9	72.9
Turkey		37.3	27.3	35.6		
United Kingdom	85.2	87.0	89.4	84.1	84.4	84.5
United States	24.8	37.8	42.4	40.7	45.9	46.7
Total, OECD³	63.9	71.3	75.8	75.8	75.4	76.8

Notes:

1. Notwithstanding considerable efforts at homogeneity, part of the intercountry differences are caused by statistical artifacts.
2. 1996 ratios are preliminary estimates.
3. The arithmetic average for OECD excludes the Czech Republic, Hungary, Poland, and Turkey, and does not include Portugal, Luxembourg, Korea, or Japan in 1960.

Source: *OECD Health Data 98*.

Table 2.6: Net public social expenditure

	Denmark	Germany	Nether-lands	Sweden	United Kingdom	United States
1 Gross public social expenditure	35.3	32.5	34.0	42.4	26.9	16.3
- Direct taxes and social contributions paid on transfers	4.5	2.9	6.5	5.9	0.7	0.1
2 Net cash public social expenditure	30.7	29.6	27.5	36.5	26.2	16.2
- Indirect taxes	4.5	3.3	2.8	4.1	2.6	0.5
3 Net direct public social expenditure	26.3	26.3	24.8	32.9	23.6	15.7
+ Tax breaks for social purposes (2)	0.1	0.9	0.1	0.0	0.3	1.3
4 Net current public social expenditure	26.4	27.2	24.9	32.4	23.9	17.0

1. The indicators developed here aim to measure that part of domestic production to which recipients of public social support lay claim, and by doing so, they account for the value of indirect taxation on the consumption of benefit income. Consequently, the indicators presented are related to GDP at factor costs which does not include the value of indirect taxation and government subsidies to private enterprises and public corporations.
2. These estimates of the value of tax breaks for social purposes (TBSP) do not include the value of TBSPs towards pensions. Due to methodological and measurement issues such data are not available for all countries. Some information is available for the United Kingdom and the United States which indicates that the value of such tax advantages can be significant. For example, in the United Kingdom tax relief for personal and occupational pension programmes and the contracted-out rebate of National Insurance contributions amounted to 3.1 per cent of GDP factor cost in 1993. This figure reflects the cost to the public budget—on a cash basis—of the current tax system in the current financial year on tax breaks on contributions, regardless of what effects the current tax system may have on revenues in future years.

Source: Adema et al. (1996).

Table 2.7: Net private social expenditure

	Denmark	Germany	Nether-lands	Sweden	United Kingdom	United States
1 Net current public social expenditure	26.4	27.2	24.9	32.4	23.9	17.0
2 Net current mandatory private social expenditure	0.3	0.9	-	0.4	0.2	0.5
3 Net current voluntary private social expenditure (2) of which	0.4	1.5	3.4	1.0	3.2	7.8
Net private pension expenditure	0.7	0.6	2.0	0.8	2.1	2.3
Private health expenditure (3)	0.2	0.7	1.5	0.1	0.4	5.6
4 Net current total social expenditure (4)	27.1	29.5	28.2	33.8	27.3	24.2

1. The indicators developed here aim to measure that part of domestic production to which recipients of collectively decided direct and indirect social support lay claim, and by doing so, they account for the value of indirect taxation on the consumption of benefit income. Consequently, the indicators presented here are related to GDP at factor costs which does not include the value of indirect taxation and government subsidies to private enterprises and public corporations.
2. The estimates on net private social benefits are net of consumption and direct taxes paid by recipients of private cash transfers—which are largely private pension benefits, but also include voluntary employer-provided sickness benefits.
3. The estimates include only collectively financed health care, insured on a group basis by employers. Individual payments for health care or individual insurance are not included.
4. Net current total social expenditure is the total of net current public, net current mandatory private and net current voluntary private social expenditure. However, some government expenditures on tax advantages (TBSPs) are tantamount to financing private social benefits and therefore the value of such TBSPs has to be ignored to avoid double counting. Therefore, net current total social expenditure is not necessarily equivalent to adding the values in lines 4,5 and 6.

Sources: Adema *et al.* (1996), and Adema and Einerhand (1998), *forthcoming*.

Table 2.8: Men, aged 55-64, receiving an old-age cash benefit, as a percentage of the population 1975-1995

Country	Programme	1975	1980	1985	1990	1995	Coverage (2)
Austria	Anticipated old age pension in case of long insurance time	..	11.4	16.0	16.3	13.0	55.1
Belgium	Private employees and public temporary personnel	..	..	..	8.2	9.8	48.8
Denmark	Early retirement in the form of Basic Pension	..	..	5.5	4.6	5.8	68.3
Finland (3)	Standard Retirement Pension	..	7.9	7.8	9.6	9.7	91.8
France	General scheme for employees in industry and trade (CNAVTS)	..	..	..	..	37.9	35.3
Western Germany	General pension insurance scheme: employees and self-employed	4.6	6.4	9.6	9.6	11.2	67.7
Greece	General scheme for employees (IKA)	4.4	3.9	6.6	9.5	10.5	26.4
Italy (4)	Old age benefit	..	..	..	..	24.8	57.6
Japan (5)	Employees' pension insurance (KOUSEI-NENKINN)	..	..	..	0.6	0.4	46.3
Korea	National Pension Insurance						
Luxembourg	Vieillesse -contributif	..	..	8.4	21.4	29.7	65.2
Netherlands	Civil servants and teachers (ABP)	2.6	4.3	4.9	4.2	3.6	13.0
Portugal	General (non-ag.) scheme: employed & self-employed (IGFSS)	0.9	2.1	2.6	2.5	3.8	49.5
Spain	Employees & self-employed, social security pension	..	4.4	6.8	10.8	14.3	76.6
Sweden	Old-Age Basic Pension	0.6	1.3	2.2	1.7	2.9	35.4
Turkey	Old-age pension	..	..	..	..	48.5	100
United States	OA Retired Workers	8.7	9.5	12.0	12.9	12.7	53.2

Notes:

- Information concerns individuals receiving old-age cash benefits (based on administrative data) divided by the population aged 55-64.
- For each country, data concern benefit recipients of a public pension programme which in terms of benefit payments accounts for a large share in public spending on old-age cash benefits ("coverage"). However, the coverage of the programmes varies from country to country. For example in Denmark (1990), Finland (1993), Germany (1990), Luxembourg (1990) and Spain (1989) benefit payments through the relevant social expenditure programme cover about 70 to 90 per cent of all public spending on old-age cash benefits. For Austria (1995), Belgium (1992), France (1990), Greece (1989), Italy (1990), Japan (1995), Netherlands (1995), Portugal (1990), Sweden (1995) and the United States (1995) the coverage rate of the benefits included in the table is about 15 to 50 per cent. The Netherlands data are for pensions paid to civil servants and teachers prior to the standard age of retirement (it also includes survivors benefits). The Austrian data concern the largest, but not the only early-retirement programme in Austria.
- Information refers to age group 50-64.
- Information refers to age group 40-64.
- Information refers to age group 55-59.

Source: OECD Beneficiary database (1998), OECD Population database (1998).

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Table 2.9: Recipients of main disability, sickness, unemployment and social assistance, social protection programmes as a percentage of the population, 1975 - 1995

Social policy area (3)	Programme (1)	Age group 25-54					Age group 55-64					Working age population (4)					Coverage (2)
		1975	1980	1985	1990	1995	1975	1980	1985	1990	1995	1975	1980	1985	1990	1995	
Australia																	
Disability (6)	Disability Support Pension	..	1.4	1.5	1.6	2.6	..	6.2	6.7	8.0	10.9	..	2.3	2.4	2.7	4.1	68.9
Sickness	Sickness Allowance	..	..	0.7	0.8	0.4	..	..	0.8	1.0	0.3	..	..	0.6	0.7	0.3	100.0
Unemployment	Job Search Allowance	..	2.0	4.2	3.0	6.1	..	1.1	2.5	2.5	4.0	..	3.1	5.4	3.6	6.9	48.5
Austria																	
Disability	Invalidity pensions (employees)	..	1.1	1.5	1.5	1.5	..	9.3	12.8	16.8	17.3	..	2.1	3.0	3.5	3.6	40.3
Unemployment (7)	Unemployment benefit	..	..	..	2.3	2.6	..	..	..	2.2	1.7	..	..	..	2.1	2.3	90.6
Canada																	
Disability	CPP Disability	0.1	0.2	..	0.5	0.9	1.7	2.8	3.9	4.9	6.6	0.3	0.5	0.5	1.0	1.5	59.8
Sickness	UI Sickness benefits	0.2	0.2	0.1	0.2	0.2	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.1	0.2	0.2	100.0
Unemployment	UI Regular Benefits	3.6	3.1	5.2	4.7	3.5	2.6	2.2	4.1	2.9	2.3	3.9	3.2	5.2	4.4	3.1	97.2
Denmark																	
Social Assistance	Assistance up to 9 months	..	..	..	2.3	2.0	..	..	..	0.8	1.0	..	..	..	3.4	3.2	42.2
Unemployment	Unemployment compensation	..	..	8.1	8.4	8.8	..	..	4.8	5.9	8.8	..	..	7.4	7.8	8.1	72.4
Finland (8)																	
Disability	Standard Invalidity Pension	..	8.4	7.1	7.3	7.1	..	20.9	19.5	23.3	23.1	..	8.5	7.7	9.0	9.1	65.4
Social Assistance	Living Allowance	6.5	5.3	7.0	9.6	17.2	4.0	2.9	2.7	2.2	2.8	4.9	4.2	4.6	6.3	12.0	69.7
Sickness	Sickness Insurance (Daily Allowance)	24.4	20.2	19.7	19.6	13.9	10.3	8.3	8.5	7.8	5.5	13.2	11.3	11.6	11.9	8.4	85.7
Unemployment	Basic Daily Unemployment Allowance	..	..	..	4.2	14.5	..	..	..	1.0	2.3	..	..	..	3.8	11.4	n.a
Germany																	
Disability	Gen.I scheme for employees & self-employed	0.8	1.0	1.1	1.0	1.0	9.2	10.5	13.6	9.7	9.4	1.9	2.1	2.9	2.2	2.3	51.3
Social Assistance	Social assistance maintenance	..	1.0	1.9	2.3	2.9	..	..	..	..	..	..	0.8	1.6	2.0	2.4	68.2
Unemployment	Unemployment insurance	..	..	1.1	1.3	1.5	..	..	1.3	2.4	4.5	..	..	1.3	1.4	2.0	65.1
Greece																	
Disability	General scheme for employees (IKA)	0.7	0.7	0.8	0.8	0.7	2.8	3.4	4.4	4.6	3.8	0.9	0.9	1.2	1.4	1.1	51.8
Social Assistance	Other Contingencies	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sickness	Private sector employ., sick. all. (IKA)	6.2	9.3	9.7	6.5	5.2	3.6	6.1	6.1	6.2	2.6	4.7	7.7	7.7	5.0	3.9	100.0

Table 2.9: Recipients of main disability, sickness, unemployment and social assistance, social protection programmes as a percentage of the population, 1975 - 1995 (cont.)

Social policy area	Programme	Age group 25-54					Age group 55-64					Working age population					Coverage
		1975	1980	1985	1990	1995	1975	1980	1985	1990	1995	1975	1980	1985	1990	1995	
Italy (11)																	
Disability	General scheme for employees (INPS)	..	..	..	..	0.2	..	..	..	..	3.5	..	..	..	..	1.6	16.3
Unemployment	Unemployment Benefits	..	..	..	..	..	..	..	..	1.5	..	..	..	..	0.7	35.1	
Japan																	
Disability	National pension (KOKUMIN-NENKIN)	..	..	..	1.0	1.1	..	..	..	2.0	2.0	..	..	..	1.0	1.1	74.4
Sickness	Government managed. health insurance (SEIKAN-KENPO Syobyoteate-kin)	..	..	..	1.3	1.2	..	..	..	2.7	2.7	..	..	..	1.3	1.3	63.4
Unemployment	Unemployment insurance	0.1	0.3	0.2	0.1	0.3	0.6	1.0	0.7	0.4	1.6	0.3	0.5	0.4	0.3	0.6	100.0
Luxembourg																	
Disability	Invalidité	..	..	1.9	2.7	3.7	..	..	26.2	27.0	29.5	..	..	5.4	6.3	7.1	78.3
Social Assistance	Revenu minimum garanti	..	..	..	1.3	1.6	..	..	..	1.6	1.7	..	..	..	1.8	2.1	80.1
Netherlands																	
Disability	General scheme for residents (AAW)	3.6	6.3	6.9	7.8	6.9	12.4	21.4	23.4	24.1	23.5	4.0	7.0	7.7	8.5	8.1	50.5
Social Assistance	Periodic assistance (ABW)	2.4	1.5	2.3	2.1	1.7	..	1.4	1.7	1.7	2.0	1.4	1.2	1.8	1.7	1.5	87.3
Sickness	Employees, sickness benefit (ZW)	3.1	3.2	2.4	3.5	2.3	1.4	1.0	1.9	0.7	0.5	3.1	3.1	2.5	3.4	2.1	63.2
Unemployment	Unemployment compensation (WW/WWv)	..	..	..	5.3	7.4	..	..	..	5.8	8.7	..	..	..	5.1	7.0	84.7
New Zealand																	
Disability	Invalids Benefit (All Categories)	0.7	1.2	1.0	1.3	1.7	..	..	1.5	1.9	2.9	0.5	0.8	1.0	1.2	1.7	65.7
Social Assistance	Special Benefit	..	..	..	..	2.0	..	..	..	..	1.0	..	..	..	..	1.6	65.6
Sickness	Sickness Benefit (All Categories)	2.4	2.2	0.5	0.8	1.4	..	..	0.5	0.9	1.3	1.9	1.6	0.6	0.9	1.3	31.5
Unemployment	Unemployment and Emergency Unemployment Benefit	0.3	5.3	1.2	5.0	5.4	..	..	0.9	3.0	3.8	0.2	4.7	1.8	6.1	6.3	100.0
Norway (9)																	
Disability	Supplementary Disabled Pension	1.8	2.3	3.9	6.1	6.7	18.8	26.2	35.4	52.3	57.3	2.4	3.3	5.0	6.9	7.3	41.1
Social Assistance	Social Assistance, Cash Benefits	..	..	..	..	0.1	..	..	..	..	0.0	..	..	..	..	0.8	
Sickness	Sickness Benefit, Employees	..	..	..	..	2.1	..	..	..	..	5.1	..	..	..	..	1.6	59.4
Portugal																	
Disability	General (non ag.) scheme for employed & self-employed (IGFSS)	2.1	2.9	3.3	3.0	2.5	8.6	14.1	18.2	19.4	17.8	2.5	3.7	4.9	5.0	4.4	56.5
Sickness	Employees and self-employed (IGFSS)	9.7	12.6	7.3	11.8	8.4	11.1	99.4
Unemployment	Unemployment compensation	1.2	0.9	0.9	11.1	1.0	2.7	73.7

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Table 2.9: Recipients of main disability, sickness, unemployment and social assistance, social protection programmes as a percentage of the population, 1975 - 1995 (cont.)

Social policy area	Programme	Age group 25-54					Age group 55-64					Working age population					Coverage
		1975	1980	1985	1990	1995	1975	1980	1985	1990	1995	1975	1980	1985	1990	1995	
Spain																	
Disability	Current general scheme for employed & self-employed permanent pension	..	1.5	1.9	1.4	1.4	..	11.5	13.4	10.4	9.9	..	2.6	3.3	2.5	2.4	69.8
Sweden																	
Disability	Permanent/Temporary Sup. Disability Pension (ATP)	1.4	2.0	2.4	3.2	4.2	13.3	14.6	19.5	23.8	24.9	3.3	3.9	4.8	5.7	6.6	52.6
Social Assistance	Social Welfare Allowance	..	..	7.0	6.5	8.3	..	..	2.0	2.0	2.7	..	..	6.2	5.8	8.0	66.4 (5)
Sickness	Sickness Cash Benefit	..	56.6	62.8	67.2	13.5	..	35.3	45.2	45.4	13.6	..	53.4	55.1	59.3	11.6	100.0
Unemployment	Unemployment Benefits	..	..	..	..	17.6	..	..	..	..	10.2	..	..	..	..	16.6	97.3
Switzerland																	
Disability	Rente ordinaire d'invalidité simple (AI)	1.3	..	1.2	1.5	2.0	5.5	..	5.6	6.5	6.7	1.7	..	1.6	2.0	2.4	59.4
Unemployment	Allocations chômage (sauf celles pendant formation)	..	..	..	..	6.1	..	..	..	..	3.9	..	..	..	..	6.0	79.6
United Kingdom																	
Disability (10)	Disability cash benefits	0.9	1.2	1.6	2.2	3.2	3.8	5.0	6.8	9.0	12.7	1.2	1.6	2.1	2.8	4.1	45.5
Social Assistance	Other Contingencies	..	..	..	7.9	8.9	..	..	..	15.0	11.8	..	..	..	9.2	8.8	99.6
Sickness	Sickness benefit	1.1	1.0	0.5	0.3	0.3	1.7	1.4	1.0	0.6	0.6	1.1	1.1	0.5	0.3	0.3	57.2
Unemployment	Unemployment Benefit	..	2.1	2.1	1.0	1.2	..	2.2	1.8	0.7	0.7	..	2.6	2.3	0.9	1.0	68.1
United States																	
Disability	Disabled Workers	1.3	1.3	1.2	1.4	2.1	7.0	7.6	6.5	6.6	8.0	1.8	1.9	1.7	1.8	2.4	57.1
Social Assistance	Food Stamps (Food & Nutrition Service)	..	5.6	5.6	6.4	7.7	..	..	..	11.1	5.5	..	5.1	4.9	6.6	8.3	50.0

- Over the 1975-1995 period social expenditure programmes have been subject to many changes in terms of eligibility and generosity. Furthermore, some of these programmes protection arrangements have been abolished or replaced by others. For example, "Unemployment Benefit" in Australia was abolished in July 1991 while three new benefits were introduced: "Job Search", "Newstart" and "Youth Training Allowances". Such institutional changes have occurred in all countries and the data are therefore not fully comparable over time.
- The data represent information for one cash transfer programme within each broad social policy area per country ("Coverage" see footnote 1, table 2.7). For example in Australia the Disability support programme covers about 69 per cent of all disability cash benefits; the Sickness programme capture all (100%) of the relevant payments; while the "Job Search Allowance" covers 48.5 per cent of unemployment payments. Coverage refers to the year 1995 for Australia, Austria, Canada, Japan, the Netherlands, Sweden, Switzerland and the United States. For the remaining countries: 1990 for Canada, 1990 for Denmark, 1993 for Finland, 1990 for Germany, 1989 for Greece, 1993 for Italy, 1990 for Luxembourg, 1992 for New Zealand, 1993 for Norway, 1990 for Portugal, 1989 for Spain and 1992 for United Kingdom.
- Comparability of information across countries is hampered by differences in measurement: beneficiary data sometimes concern annual averages (Norway) while others reflect the number of beneficiaries at one point during the relevant year (Finland). Some countries, for example, the United Kingdom, have provided information based on samples of their beneficiary data, and sample sizes differ per programme. All these differences limit the value of cross-country comparisons of the presented beneficiary population ratios.
- Working age population refers to individuals aged 15-64.
- Refers to 1993.
- Age group 25-54 refers to 20-49.
- Age group 55-64 refers to 55-59.
- Age group 25-54 refers to 30-49 and 55-64 refers to 50-64.
- Age group 25-54 refers to 26-55 and 55-64 refers to 56-64.
- Age group 25-54 refers to 30-59.
- Age group 25-54 refers to 30-39 and age group 55-64 refers to 40-64.

Source: OECD Beneficiary database (1998)

Table 3.1: Trends in inequality indices, mid 1980s to mid 1990s¹

Equivalence scale elasticity = 0.5

	Gini index			
	Levels		Changes	
	Initial	Final	Relative	Absolute
Australia, 1984-1993/94	31.2	30.6	-1.9	-0.6
Belgium, 1983-1995	29.3	29.9	2.3	0.7
Canada, 1985-1995	28.9	28.4	-1.9	-0.6
Denmark, 1983-1994	22.9	21.7	-4.9	-1.1
Finland, 1986-1995	21.0	23.0	9.7	2.0
France, 1979-1990	29.6	29.1	-1.7	-0.5
Germany, 1984-1994	26.5	28.2	6.4	1.7
Italy, 1984-1993	30.6	34.5	12.7	3.9
Japan, 1984-1994	25.2	26.5	4.9	1.2
Netherlands, 1985-1994	23.4	25.3	8.2	1.9
Norway, 1986-1995	23.4	25.6	9.4	2.2
Sweden, 1983-1995	21.6	23.0	6.5	1.4
United States, 1985-1995	34.0	34.4	1.1	0.4

	SCV		MLD		Atkinson	
	Changes					
	Relative	Absolute	Relative	Absolute	Relative	Absolute
Australia, 1984-1993/94	4.5	1.6	1.4	0.3	-0.8	-0.1
Belgium, 1983-1995	19.2	7.6	-3.6	-1.0	1.5	0.1
Canada, 1985-1995	-17.5	-6.6	-6.8	-1.0	..	..
Denmark, 1983-1994	2.0	0.4	-14.3	-1.5	-11.1	-0.5
Finland, 1986-1995	47.7	7.8	12.8	1.0	0.0	0.0
France, 1979-1990	2.1	1.3	-13.6	-4.7	-3.0	-0.2
Germany, 1984-1994	-6.3	-2.2	13.0	1.6	29.9	2.0
Italy, 1984-1993	44.7	18.0	41.2	7.0	32.7	2.6
Japan, 1984-1994	21.7	5.3	13.5	1.5	10.9	0.6
Netherlands, 1985-1994	6.0	1.4	21.3	2.0	17.9	0.8
Norway, 1986-1995	8.1	2.3	31.1	3.1	..	..
Sweden, 1983-1995	58.9	8.0	23.0	2.1	20.6	0.8
United States, 1985-1995	2.9	1.2	2.4	0.5	2.0	0.2

1. Absolute change is the difference in the value of the index.

Source: OECD. Income distribution and Poverty in selected OECD countries, *forthcoming*.

Table 3.2: Trends in poverty, mid-1980s to mid-1990s¹

Equivalence scale elasticity = 0.5

Changes in percentage points, unless otherwise indicated

	50 % median income			
	Head-count	Income gap		Sen index ²
	Level (end period)	Changes (absolute)	Changes (absolute)	Changes (absolute)
Australia, 1984-1993/94	9.5	-2.7	5.0	-0.2
Belgium, 1983-1995	10.8	-7.7	-1.9	-6.8
Canada, 1985-1994	8.9	-0.8	-1.4	-0.5
Denmark, 1983-1994	5.0	-2.0	-0.8	-0.9
Finland, 1986-1995	4.9	-0.2	-4.2	-0.4
France, 1979-1990	3.1	-1.5	-4.9	-1.1
Germany, 1984-1994	9.1	2.9	2.5	0.4
Italy, 1984-1993	14.2	3.9	5.6	2.9
Japan, 1984-1994	8.1	0.8	2.5	0.6
Netherlands, 1985-1994	6.1	3.0	-3.6	1.1
Norway, 1986-1995	8.0	1.1	0.0	0.6
Sweden, 1983-1995	6.4	0.4	7.9	0.8
United States, 1985-1995	17.1	-1.2	0.2	-0.4

1. "Relative threshold" poverty lines are fixed in terms of real median income in each period.

2. Absolute change is the difference in the value of the index.

Source: OECD, Income distribution and Poverty in selected OECD countries, *forthcoming*.

Table 3.3: Distribution of income components across income deciles

Equivalence scale elasticity = 0.5; (per cent of total of each source of income)

	Earnings			Capital and self-employment			General government transfers			Taxes			Total disposable income		
	three bottom deciles	four middle deciles	three top deciles	three bottom deciles	four middle deciles	three top deciles	three bottom deciles	four middle deciles	three top deciles	three bottom deciles	four middle deciles	three top deciles	three bottom deciles	four middle deciles	three top deciles
Australia, 1993/94	3.5	33.5	63.0	10.6	33.9	55.5	58.0	34.6	7.4	1.9	27.8	70.4	13.8	35.1	51.1
Changes, 1975-1994	-5.8	-4.2	10.1	-8.5	3.4	5.2	1.1	5.2	-6.3	-7.9	-6.0	13.9	-0.4	-1.0	1.4
Belgium, 1995	4.8	36.0	59.2	5.1	16.2	78.7	30.0	45.7	24.3	2.1	29.3	68.6	13.8	36.6	49.6
Changes, 1983-1995	0.3	-0.1	-0.2	-2.2	-6.4	8.6	0.0	1.2	-1.2	-1.5	0.6	0.9	0.5	-1.7	1.1
Canada, 1994	5.6	32.9	61.5	9.0	36.9	54.1	41.7	41.0	17.3	2.9	29.2	67.9	14.0	35.9	50.1
Changes, 1975 - 1994	-0.5	-3.5	4.1	-7.2	2.7	4.5	-7.6	7.2	0.4	-0.7	-2.0	2.7	1.2	-0.9	-0.4
Denmark, 1994	6.7	38.7	54.6	14.4	30.8	54.8	45.8	37.5	16.7	12.7	36.5	50.8	17.6	38.2	44.2
Changes, 1983 - 1994	-1.0	-0.9	1.9	-5.8	-3.9	9.6	3.8	-1.1	-2.7	2.1	-3.0	0.9	0.8	-0.2	-0.6
Finland, 1995	6.3	36.1	57.6	20.0	32.3	47.8	39.8	41.4	18.7	9.5	32.9	57.6	17.5	37.2	45.3
Changes, 1986 - 1995	-3.4	-2.0	5.4	-3.2	-1.4	4.5	2.4	4.4	-6.8	0.3	-1.1	0.8	-0.6	-1.2	1.7
France, 1990	10.8	35.7	53.5	13.2	27.0	59.9	53.5	36.1	10.4	2.1	15.5	82.4	15.3	34.6	50.1
Changes, 1979 - 1990	1.4	0.8	-2.3	-3.0	-0.5	3.5	9.4	-6.7	-2.8	-1.1	-2.1	3.2	0.4	-0.2	-0.2
Germany, 1994	7.5	34.6	57.8	11.0	31.3	57.7	38.6	40.1	21.3	5.3	31.7	62.9	14.8	36.1	49.1
Changes, 1984 - 1994	-0.2	-0.8	1.0	-1.5	0.7	0.8	-5.0	4.9	0.1	-0.5	0.4	0.1	-1.1	-0.1	1.2
Italy, 1993	9.3	35.4	55.3	5.6	20.0	74.5	20.8	44.7	34.5	5.8	29.8	64.4	12.1	34.4	53.5
Changes, 1984 - 1993	-3.1	-2.2	5.3	-2.2	-2.5	4.6	-5.8	0.8	5.1	-4.8	-2.3	7.1	-1.9	-0.7	2.6
Japan, 1994	13.0	36.5	50.5	17.8	27.5	54.7	27.5	37.5	35.0	11.3	29.7	59.0	15.7	36.5	47.8
Changes, 1984-1994	1.1	-1.1	-0.1	-5.5	-3.8	9.4	-0.5	4.8	-4.2	-1.3	-1.2	2.4	-0.6	-0.2	0.8
Netherlands, 1994	8.3	37.6	54.2	8.8	30.3	61.0	43.6	35.7	20.7	10.7	34.5	54.7	16.2	36.8	47.0
Changes, 1977 - 1994	-5.9	0.3	5.6	-0.3	5.5	-5.2	9.8	-2.3	-7.5	-1.6	2.3	-0.7	-1.6	0.4	1.2
Norway, 1995	8.7	40.8	50.5	9.5	22.8	67.7	47.7	35.3	17.0	8.3	35.4	56.3	16.0	37.2	46.8
Changes, 1986-1995	-3.1	-0.2	3.4	-0.8	-2.6	3.4	2.3	-0.9	-1.4	-1.8	-2.4	4.2	-1.0	-0.4	1.4
Sweden, 1995	7.2	35.5	57.2	17.3	28.8	53.9	31.4	41.4	27.2	10.7	34.8	54.4	17.2	37.9	44.9
Changes, 1975 - 1995	-0.2	-1.8	2.1	-2.1	-6.6	8.7	-8.3	5.9	2.4	3.5	1.2	-4.7	0.3	-0.1	-0.2
United States, 1995	7.6	33.9	58.5	7.5	26.8	65.7	37.2	38.2	24.6	5.2	26.5	68.2	11.5	35.0	53.5
Changes, 1974 - 1995	-1.1	-3.3	4.4	-1.6	1.0	0.6	-6.8	3.8	3.0	0.3	-3.7	3.5	-1.2	-1.4	2.6

Source: OECD. Income distribution and Poverty in selected OECD countries, *forthcoming*.

Table 3.4: Relative disposable income and population share, by age of the household head*Total population*

Equivalence scale elasticity = 0.5

	Young head		Prime-age head		Older working-age head		Retirement-age head	
	Relative income	Population share	Relative income	Population share	Relative income	Population share	Relative income	Population share
Australia, level 1993-94	101.1	13.3	101.4	53.7	110.9	19.9	68.2	13.1
Point changes, 1975-1994	-4.4	-5.3	1.4	0.9	3.1	0.8	-5.7	3.6
Canada, level 1990	87.7	11.3	101.5	48.3	111.9	23.9	87.3	16.6
Point changes, 1975-1994	-1.8	-1.8	0.4	1.8	0.5	-0.6	-0.4	0.6
Denmark, level 1994	89.6	16.7	105.9	48.1	117.3	19.0	73.4	16.2
Point changes, 1983-1994	-10.9	-1.3	-1.5	0.0	10.7	0.6	4.7	0.6
Finland, level 1995	80.3	13.2	106.8	53.8	114.5	18.2	78.1	14.7
Point changes, 1986-1995	-7.6	-4.8	0.3	0.5	6.4	1.4	1.1	2.7
France, level 1990	78.7	10.5	101.7	52.7	110.1	22.1	95.0	14.7
Point changes, 1979-1990	-8.9	-1.1	0.8	2.5	2.3	-1.3	0.8	-0.1
Germany, level 1994	78.5	9.8	100.9	45.7	113.0	25.1	89.3	19.4
Point changes, 1984-1994	-1.9	0.4	-1.5	-1.6	0.6	-1.2	4.3	2.4
Italy, level 1993	92.1	4.5	98.1	46.5	109.9	31.3	84.7	17.6
Point changes, 1984-1993	-4.8	0.2	1.5	-1.1	-2.7	-2.8	2.9	3.6
Japan, level 1994	75.9	5.0	94.2	52.5	120.7	30.3	93.1	12.2
Point changes, 1984-1994	-6.0	-1.2	-0.9	-7.2	3.6	3.7	-0.8	4.7
Netherlands, level 1994	85.2	11.5	100.8	52.9	114.0	20.6	87.5	14.9
Point changes, 1977-1994	-5.9	-1.0	5.0	3.4	-2.2	-3.4	-8.9	1.1
Norway, level 1995	78.0	14.8	107.3	53.1	117.3	17.2	73.7	14.8
Point changes, 1986-1995	-11.5	-0.4	0.6	1.4	4.6	-1.6	4.0	0.4
Sweden, level 1995	73.3	17.8	104.2	46.0	125.8	18.6	89.3	17.6
Point changes, 1975-1995	-15.8	-2.1	-5.3	3.9	12.2	-2.2	16.5	0.4
United States, level 1995	75.0	13.4	101.5	53.4	120.0	18.9	91.9	14.2
Point changes, 1974-1995	-9.5	-3.9	0.9	6.0	1.8	-4.0	6.4	1.9

Note: Young, prime age, older age and retired refer, respectively, to households with heads below 30, between 30 and below 50, between 50 and 65 and above 65 years old

Source: OECD, Income distribution and Poverty in selected OECD countries, *forthcoming*.

Table 3.5: Relative disposable income and population share, by household type

Total population

Equivalence scale elasticity = 0.5

	Single adult				Two (or more) adults			
	<i>with children</i>		<i>no children</i>		<i>with children</i>		<i>no children</i>	
	Relative income	Population share	Relative income	Population share	Relative income	Population share	Relative income	Population share
Australia, level 1993-94	58.5	5.3	78.6	8.3	95.7	46.9	119.8	39.5
Point changes, 1975-1994	-8.0	2.8	-0.6	12.1	0.4	37.4	-0.1	47.7
Canada, level 1990	54.6	2.8	79.8	12.1	94.3	37.4	112.5	47.7
Point changes, 1975-1994	1.7	0.1	-0.4	0.3	0.3	-1.4	-0.2	1.0
Denmark, level 1994	61.9	4.9	71.1	17.2	104.4	40.7	110.9	37.3
Point changes, 1983-1994	-2.7	0.6	0.3	3.0	-2.2	-7.7	3.5	4.1
Finland, level 1995	77.9	5.5	71.5	16.7	103.1	45.2	108.6	32.7
Point changes, 1986-1995	1.2	2.0	-0.5	3.5	0.7	-4.9	-1.0	-0.6
France, level 1990	70.3	6.3	84.4	10.5	101.2	59.7	108.0	23.4
Point changes, 1979-1990	-7.9	2.1	-1.3	1.7	1.5	-4.0	-2.1	0.2
Germany, level 1994	58.9	3.0	85.0	16.7	97.4	41.9	110.3	38.5
Point changes, 1984-1994	2.7	1.4	2.7	2.9	-0.9	-3.7	0.0	-0.4
Italy, level 1993	54.1	1.2	71.1	5.3	93.6	49.6	112.7	43.9
Point changes, 1984-1993	-4.6	0.6	-4.3	1.1	0.3	-6.1	0.1	4.4
Japan, level 1994	57.4	0.5	82.4	6.6	94.2	57.0	121.5	35.8
Point changes, 1984-1994	-1.2	-0.2	-5.0	1.3	-0.5	-12.5	2.6	11.4
Netherlands, level 1994	58.6	3.6	80.0	15.1	95.0	42.8	118.1	38.3
Point changes, 1977-1994	-3.5	2.1	-10.5	7.4	0.8	-18.4	1.3	8.8
Norway, level 1995	63.1	7.0	38.3	17.9	116.0	44.3	107.3	10.9
Point changes, 1986-1995	-5.6	2.3	-33.8	4.2	12.2	-4.5	-3.2	-21.9
Sweden, level 1995	73.9	7.7	74.5	29.0	103.7	36.2	121.7	27.0
Point changes, 1975-1995	-11.6	2.2	-1.3	5.5	-2.7	-8.1	8.0	0.3
United States, level 1995	49.9	6.8	88.4	9.4	94.9	50.0	122.4	33.7
Point changes, 1974-1995	5.6	1.4	7.0	2.7	-0.9	-9.0	-0.9	4.9

Source: OECD. Income distribution and Poverty in selected OECD countries, *forthcoming*.

Table 3.6: Relative disposable income and population share, by degree of work attachment of households*Population in households with a working-age head*

Equivalence scale elasticity = 0.5

	No worker		One worker		Two workers or more	
	Relative income	Population share	Relative income	Population share	Relative income	Population share
Australia, level 1993-94	45.4	13.6	79.9	30.8	121.3	55.6
Percentage point change	3.4	7.6	2.4	-9.6	-2.2	2.0
Canada, level 1990	47.0	7.9	81.9	25.0	110.9	67.1
Percentage point change	-2.9	2.2	0.9	-0.1	-0.1	-2.2
Denmark, level 1994	67.0	9.7	84.8	27.9	111.9	62.4
Percentage point change	1.9	0.7	1.2	-0.9	-0.8	0.2
Finland, level 1995	58.4	6.9	82.7	20.8	106.7	72.3
Percentage point change	-3.8	4.1	2.0	-1.6	-0.5	-2.5
France, level 1990	74.8	9.0	92.0	46.8	116.6	44.2
Percentage point change	-0.2	2.8	0.5	-10.2	-0.7	7.4
Germany, level 1994	55.9	11.5	89.3	48.9	122.3	39.6
Percentage point change	-9.5	1.5	-1.2	1.4	3.6	-3.0
Italy, level 1993	51.0	10.0	77.4	45.2	131.2	44.8
Percentage point change	-1.3	4.6	-5.5	-4.8	6.3	0.2
Japan, level 1994	62.7	2.1	88.7	41.4	110.0	56.5
Percentage point change	5.3	0.4	-5.0	-1.8	3.8	1.4
Netherlands, level 1994	62.0	14.7	89.7	37.2	119.3	48.1
Percentage point change	-10.9	7.8	0.1	-14.8	1.7	7.0
Norway, level 1995	49.4	11.4	85.7	34.7	115.4	53.9
Percentage point change	2.4	4.7	-0.2	-2.4	-0.1	-2.3
Sweden, level 1995	58.2	8.1	80.8	37.3	115.1	54.7
Percentage point change	9.9	3.2	-6.3	1.4	3.0	-4.6
United States, level 1995	39.6	6.2	82.2	30.2	116.7	63.6
Percentage point change	1.3	1.2	-5.0	-7.0	3.1	5.9

Note: Relative disposable income is the equivalent disposable income of the household group as a per cent of the mean income of total population.

Source: OECD. Income distribution and Poverty in selected OECD countries, *forthcoming*.

Table 4.1: Married and lone mothers employed full-time and part-time

	Year	Married/cohabiting mothers				Lone mothers			
		Full time	Part-time	All employed	% of employed who work full time	Full time	Part time	All employed	% of employed who work full-time
Australia	1994	24	32	56	43	23	20	43	53
Austria	1993	28	18	46 ^a	61	43	15	58 ^a	74
Belgium	1992	36	22	61	59	52	16	68	76
Denmark	--	64	20	84	76	59	10	69	86
Finland	1993	62	8	70	89	61	4	65	94
France	1992	49	20	68	72	67	15	82	82
Germany ^b	1992	21	20	41	51	28	12	40	70
Ireland	1993	--	--	32	--	--	--	23	--
Italy	1993	29	12	41	71	58	11	69	84
Japan	1993	17 ^c	20 ^c	54 ^c	31 ^c	53 ^f	34 ^g	87 ^b	61
Korea ^d	1995	--	--	39	--	--	--	49	--
Luxembourg	1992	32	13	45	71	61	13	73	82
Netherlands	1994	13	39	52	25	16	24	40	40
New Zealand	1991	31	27	58	53	17	10	27	63
Norway	1991	40	37	77	52	44	17	61	72
Portugal ^e	1991	48	7	55	87	43	7	50	86
Sweden	1994	42	38	80	53	41	29	70	59
United Kingdom	1990-92	21	41	62	34	17	24	41	41
United States	1992	45	19	64	70	47	13	60	78

Note: Part-time work is less than 30 hours per week.

- a) Excludes 13% of married/cohabiting mothers and 20% of lone mothers who are on parental leave.
- b) Includes self-employed who may work full-time or part-time.
- c) For married/cohabiting women with or without dependent children (1992).
- d) Information from Korea National Statistic office.
- e) If the definition of lone mothers was restricted to single, separated and divorced women (to counter the bias resulting from the disproportionate number of widowed women in the Portuguese definition of lone mothers), Portugal would have a much higher level of lone mothers in paid work.
- f) Including self-employed.
- g) Including working for family.
- h) 36+hours

Source: Bradshaw, et. al., 1996

Table 5.1: Changes in unemployment benefit systems over the 1990s^a

	Changes in initial gross replacement rates ^b (UI) ^c	Changes in maximum duration (UI) ^c	Tighter work availability requirement	Tighter eligibility requirement	Additional information on reforms
Australia	=	=	X	X	Changes in benefit withdrawal regime in July 1995. 1997 reforms to tighten benefit eligibility and administration also changed penalties for non-compliance.
Austria	43% → 36%	=	=	X	
Belgium	=	=	X		1993 reforms: UI eligibility suspended for the dependent person in two-income households if the unemployment spell is "abnormally" long.
Canada	60% → 55%	50 → 45wks	X	X	1996 reforms: RR depends on hours worked and declines with repeated spells of UI claims.
Denmark	61% → 55%	2.5y → 7y ^d	X	X	As of 1997 the maximum duration will gradually be reduced to 5 years
Finland	54% → 61%	=	X	X	1996 reforms: employment conditions tightened; requalification options tightened; and earnings in subsidised jobs form the basis for new benefits.
France	57% → 53%	=	=	X	
Germany	40% → 38%	=	X	=	
Greece	=	=	=	=	Benefits have been fixed in recent years at a low level (Dr 2710 per day) as an emergency measure; the maximum duration has been reduced for people under 30
Ireland	41% → 32%	=	=	=	The earnings related benefit was ended. Increased incentive for long-term unemployed to return to work (back to allowance schemes), including part-time work.
Italy	15% → 33%	=	X	=	
Netherlands	=	2y → 1.5y	X	X	In 1995 the qualifying conditions for UI were tightened for young workers
New Zealand	39% → 35%	=	X	X	1991 reform: benefit rates reduced. Sanctions and waiting period tightened. 1996 reform: the cut-off point for benefit abatement increased. 1997 reform: work availability tests tightened for single parents and spouses of unemployed beneficiaries if there are no children under 14 years. Changes to benefit targeting have increased incentive to undertake part-time work.
Norway	=	1.5y → 3y ^d	=	X	.
Spain	80% → 70%	=	X	X	In 1993 the employment requirement doubled from 6 to 12 months; 1994 reform: unemployment benefits were made taxable. 1995 reform: eased UI eligibility for agricultural workers in certain regions.
Sweden	90% → 75%	=	X	X	1993 reform: unemployed become entitled to a training place requalifying them for UI.
Switzerland	80% → 70%	250d → 400d	=	X	1996/97 reforms tighten eligibility
United Kingdom	24% → 22%	12m → 6m	X	X	Benefits increased in line with prices, implying a decline relative to average earnings.
United States		=	=	=	Changes to other assistance benefits have included mandatory work experience provisions

a) UI refers to unemployment insurance benefits; RR refers to replacement rates; "=" means no change has been enacted; "X" means that changes have been enacted.

b) The figures refer to the gross replacement rates in the first months of joblessness for unemployed persons with a dependent spouse.

c) In countries with no UI, the figures refer to guaranteed-income schemes. In this column, m refers to months, y refers to years and d refers to days.

d) The extension of statutory duration was accompanied by limits on the possibility of requalifying for UI benefits via participation in active labour market programmes. Thus, the effective limit on duration may not have been affected.

Sources: OECD database on taxes and benefits; various issues of OECD Economic Surveys, OECD Caring World Synthesis Report (1998).

Table 5.2: Key features of employment-conditional tax credit and benefit programmes^a

	Canada	Ireland	Italy	New Zealand	United Kingdom	United States
	Child tax benefit (Working Income Supplement)	Family income supplement	Family benefits for employees ^b	Independent Family Tax Credit (to be introduced)	Family credit	Earned income tax credit
Cost		IR£21.9m = \$33.9m	Lit 5763bn = \$3.76bn	NZ\$210m	£1 1bn = \$1.7bn	\$26.7bn
Number of recipients	0.7m	11 847	-	150 000	0.5m	19m
Average receipt		IR£1 850	-	NZ\$ 27	£2 400	\$1 450
Responsible department	Tax administration	Social security	Social security	Tax administration	Social security	Tax administration
Maximum benefit	C\$605pa: 1 st child; CS405: 2 nd child; CS330: each extra child	^c	Lit 2.76m pa	NZ\$15pw per child	£67.80pw ^d	\$2 152/3 556/323 pa
Minimum earnings	C\$3 750	none	^e		none	\$0
Phase in rate	8%	none	none		none	34/40/7.65%
Earnings when phasing out begins	C\$20 921	immediately	Lit 15.984m		£73pw	\$11 610/11 610/5 280 pa
Withdrawal rate	10% of gross income	60% of gross income (net of income tax from October 1998)	10% of gross income	18% between NZ\$20 000 and NZ\$27 000, 30% above ^f	70% of net income	16.0/21.1/7.7% of gross income
Minimum working hours for eligibility	No limit	19 hours	No limit ^g		16 hours. Supplement for 30 hours or more	No limit
Family type eligible	Families with children	Families with children ^h	Families receiving unemployment benefit ^g		Families with children. Pilot scheme for childless	First figure is for 1 child families, 2 nd for 2 or more children, 3 rd for no children

a) Data on the entitlement rules refer to 1995 except for New Zealand (IFTC, 1997) Ireland and the United States (1996). Data on costs, number of recipients, etc. refer to 1997 for Canada; 1993 for Ireland, 1990 for Italy, and 1994 for the United Kingdom and the United States. IFTC figures for New Zealand are forecasts for when the scheme is fully implemented in 1998-1999. New Zealand's current Guaranteed Minimum Family Income (GMFI), which is a smaller employment-conditional payment, will continue to be paid. The GMFI is paid to lone parents working more than 20 hours and couples working more than 30 hours. The maximum benefit is around NZ 110 per week. The difference between family income and NZ\$320 is paid. As all eligible families receive family benefits, and there is a minimum wage of around NZ\$6.25 per hour, maximum benefit for lone parents is around NZ\$110, substantially less (around NZ\$30) for single-earner couples. It has approximately 5,000 recipients. It is operated through the tax administration. Figures for EITC in the United States are total programme costs, including outlays on repayments and the tax expenditure component (the reduction in tax liabilities).

b) In addition to this payment, Italy has income-related tax credits for dependent spouses and children.

c) Payment is 60 per cent of the difference between family income before tax and a weekly threshold of IR£165, plus IR£20 per child with a minimum payment of £5. Family income will be assessed after tax from October 1998 and the weekly threshold is IR£212 (as of June 1998) for family with one child plus IR£20 for each additional child.

d) Rates depend on the age and number of children. The above figure is for two children under 11 years old.

e) Ordinary unemployment benefits only last for 6 months in Italy, so the allowance operates *de facto* as an employment-conditional benefit.

f) IFTC and Family Support are subject to the same means test.

g) At least 70 per cent of family income must be from earnings (or pensions).

h) There are other employment-conditional benefits in Ireland. The *part-time job incentive scheme* is open to the long-term unemployed (15 months or more) who work for less than 24 hours a week. A flat-rate payment (IR£40 per week for singles, IR£66 for one-earner couples) is paid where this is more beneficial than means-tested unemployment assistance. The *Back to Work Allowance* is paid to the long-term unemployed (1 year or more) who are aged 23 years and over and to lone parents (no age limit) when the person takes up self-employment or a new job. 75 per cent of the standard means-tested unemployment or lone parent assistance is paid in the first year, 50 per cent in the second year and 25 per cent in the third year.

Sources: United Kingdom, Department of Social Security (1994); United States, Department of the Treasury, United States House of Representatives (1994); and information supplied by national authorities. OECD (1998) Caring World Synthesis Report.

Table 5.3: Structured reductions in employers' social security contributions in favour of low-wage groups

Country	Groups affected	Description of the measure	Number of workers affected	Total cost per year
Belgium				
As from 1/04/94	Workers earning up to 58 % of APW in 1995	Reduction of employers' contributions inversely related to the gross wage, varying between 50 and 10%	In 1995, 10% of labour force	Shortfall in Social Security receipts equals 0.12% of GDP
Maribel operation, since 1981 (last modified April 1997)	Manual workers	Permanent reduction varying between 1.4% and 3.2% of TLC at APW earnings per worker, depending on the share of manual workers in the total labour force of the enterprise	In 1995, 16% of labour force	In 1995, shortfall in Social Security receipts equals 0.19% of GDP
France				
Exemption from family contributions, since July 1993	Workers earning up to 1.3 times the minimum wage ("SMIC") (82.3% of APW in 1995)	Total exemption (3.7% of TLC) up to 1.2 times the SMIC level, and exemption of half up to 1.3 times the SMIC (1.8% of TLC)	Since 01/95, about 18% of the labour force	In 1995, shortfall of Social Security receipts equals 0.2% of GDP
"Degressive reduction", since September 1995	Workers earning up to 1.2 times the minimum wage (76% of APW in 1995)	Reduction of 8.7% of TLC at the SMIC level; falling linearly to 0 at 1.2 times the SMIC. Cumulated with the above exemption	Since its introduction, about 14% of the labour force.	In 1995, shortfall of Social Security receipts equals 0.05% of GDP
Unification of the two previous measures, since 1/10/96	Workers earning up to 1.33 times the minimum wage (84.3% APW in 1995)	Reduction of 12.4% of TLC at the SMIC level, falling to 0 at 1.33 times the SMIC	Estimation of about 20% of the labour force	In 1996, estimated shortfall in Social Security equals 0.47% of GDP
Netherlands				
SPAK scheme, since 1/1/96	Workers earning up to 115% the legal minimum wage (60.5% of APW in 1995)	Permanent reduction of employers' contributions (3.3 % of TLC in 1996 and 5.2 % of TLC in 1997). An extension of the scheme in 1998 is currently under discussion. For long-term unemployed and apprentices higher reductions apply for 4 years (16.9% of TLC in 1997). After the gross wage > 115 % of the minimum wage, half of the tax reduction continues to be granted for max. 2 years if the worker stays with the same employer.	Target of 13% of the labour force.	Estimated tax expenditures equal 0.10 % GDP in 1996, and about 0.15 % GDP in 1997. Including the additional reductions for long-term unemployed and apprentices, tax expenditures equal 0.24 % GDP in 1996 and 0.29 % GDP in 1997.

APW: Average production worker.

TLC: Total labour costs.

Sources: National submissions; OECD, *Tax/Benefit Position of Production Workers* (1996).

Table 6.1: Referral systems in Member countries

	Regulations	Checking	Selection
Australia	R		
Austria	R		
Belgium	X	-	-
Canada	R		
Czech Republic	X	-	-
Denmark	R(a) ¹	H	F
Finland	R(a)	X	L
France	X		
Germany	R		
Greece	R	n/a	L
Hungary	R(a, b) ²	G, H	L
Iceland	X		
Ireland	R		
Italy	R		
Japan	X		
Korea	R(b)	G, H	F
Luxembourg	X ³	n/a	F
Mexico	n/a		
Netherlands	R ⁴	⁶	F
New Zealand	R		
Norway	R	G	L
Poland	n/a		
Portugal	R(a)	G	L
Spain	R		
Sweden	R		
Switzerland	⁵	n/a	n/a
Turkey	R		
United Kingdom	R		F
United States	X		

Notes: n/a means no answer to question. X means no referral system in place, though there may be other means of limiting access.

1. In Denmark, Group 1 patients must register with a GP, whereas Group 2 patients have the right but not the duty to register with a GP. People under Group 2 pay higher co-payments without referral.
2. Some types of special consultation (e.g. gynaecology, ophthalmology, otolaryngology) can be accessed without referral
3. Access is regulated by limiting the number of consultations
4. Regulations are made through negotiations between providers and purchasers
5. Patients may choose a referral system for lower premium
6. Purchasers have a control system

Regulations: regulations on access to second-tier care

R: Referral system is adopted

(a) Access without referral is forbidden by law

(b) Access without referral is allowed but costs are not covered by a public system (borne by the individual patient)

Checking: checks on the appropriateness of the referral

G: Examination by GPs

H: Examination by health authorities

Selection: Selection of second-tier care institutions by primary care doctors

F: Free

L: Limited

Table 6.2: Family of health outcome/health status measures

Range of Measures	Examples of Measures
Quantity of Life	<ul style="list-style-type: none"> • Life Expectancy • Standardised Mortality Rates • Premature Mortality: Potential Years of Life Lost
Quality of Life	<ul style="list-style-type: none"> • Measures of impairment, disability, and handicap • Measures of mental health • Health-Related Quality of Life
Composite Health Measure (combining quantity and quality of life)	<ul style="list-style-type: none"> • QALYs • Health expectancies & DFLEs • HALEs • DALYs
Quality/Performance of the System	<ul style="list-style-type: none"> • Adverse events following treatment (e.g. hospital acquired infections); • Level of risk amenable to health care (e.g. blood pressure); • Patient Satisfaction; • Rates of intervention known to be effective (e.g. immunisation); • Avoidable mortality rates

Table 6.3: Percent of population with health care coverage in OECD countries

1960 and 1995 %		
Countries	1960	1995
Australia	100	100
Austria	78	99
Belgium	58	99
Canada	68	100
Czech Republic	100	100
Denmark	95	100
Finland	55	100
France	76.3	99.5
Germany	85	92.2
Greece	30	100
Hungary	n/a	99
Iceland	100	100
Ireland	85	100
Italy	87	100
Japan	88	100
Korea	0	100
Luxembourg	90	100
Mexico	n/a	68.5
Netherlands	71	71.8
New Zealand	100	100
Norway	100	100
Poland	n/a	n/a
Portugal	18	100
Spain	54	99.5
Sweden	100	100
Switzerland	74	99.5
Turkey	5.8	n/a
United Kingdom	100	100
United States ¹	20	45

1. Does not include private health insurance coverage. With private insurance coverage, the share of persons covered rises to around 86 percent in the most recent year.

Source: *OECD Health Data 97*

Table 6.4: Comparisons of care systems

Country	Estimated total spending on LTC (1992-1995)	Estimated public spending on LTC (1992-1995)	Share of population aged 65 and over in institutions	Share of population aged 65 and over receiving formal help at home	Share of private beds among institutions	Share of spending towards institutions in total public spending on long-term care
	% GDP	% GDP	% of total	% of total	% of total	% of total
	(1)	(1)	(2)	(3)	(2)	(4)
Australia	0.90	0.73	6.8	11.7	26	73
Austria	1.4	n/a	4.9	24	n/a	n/a
Belgium	1.21	0.66	6.4	4.5	49	53
Canada	1.08	0.76	6.2 to 7.5	17	38	67
Denmark	n/a	2.24	7	20.3	n/a	80
Finland	1.12	0.89	5.3 to 7.6	14	12	86
France	n/a	0.50	6.5	6.1	32	59
Germany	n/a	0.82	6.8	9.6	33	48
Greece	0.17*	n/a	n/a	n/a	n/a	n/a
Ireland	0.86*	n/a	5	3.5	47	n/a
Italy	0.58*	n/a	3.9	3.0	33	n/a
Japan (5)	n/a	0.15 / 0.62	6.0 (3.0 NH)(6)	5	n/a	n/a
Netherlands	2.70	1.80	8.8 (2.7 NH)(6)	12	n/a	76
Norway	≅ 2.80	2.80	6.6	17	10	63
Portugal	0.39*	n/a	n/a	n/a	n/a	n/a
Spain	0.56*	n/a	2.8	2	n/a	n/a
Sweden	≅ 2.7	2.7	8.7	11.2	n/a	n/a
Switzerland	0.75*	n/a	n/a	n/a	n/a	n/a
United Kingdom	1.30	1.00	5.1	5.5	44	70
United States	1.32	0.70	5.7	16	100	67

"N/A- "Information is not available.

- (1) Longterm care spending refers to the care needed to help older persons leading an independant life, at home or in an institution. It excludes informal help. For home care, it should include all home care services, including district nurses services, excluding medical visits. For institutions, it includes all the costs related to care and lodging, including help for all self-care activities, but excluding medical costs. Definitions across countries are not always totally homogenous as information was provided from two different sources. Most of the information was derived from Pacolet *et. al.* (1997) and other national sources (see table 1.8 for sources). In addition, for other countries mentioned by *, data is derived from Markus Schneider & al. *Gesundheitssysteme im internationalen vergleich.* (1994), BASYS. Data refer to the years 1992-1994 as supplied by the authors.
- (2) Estimates may vary according to the concept chosen for institutions (sheltered housing, hotels for the elderly, medical homes). Normally, the concept described should include only staffed homes. For Denmark the concept of older persons refer mostly to over 67. Sources for Ireland O. Shea (1998), Spain Rodriguez Cabrero (1998).
- (3) Proportion of older persons receiving formal help at home, including district nursing, and help with Activities of Daily Living.
- (4) This shows the proportion of public funding devoted to institutions as opposed to supporting help in a community setting.
- (5) Japan. the data of 0.15 corresponds to present spending for care to the older person in 1995 (not including hospitalisation costs) while 0.62 correspond to the additional spending involved by the current long-term care insurance adjusted with the 1995 population.
- (6) Some of the residential accommodation is provided within hospitals. Data refers to nursing homes *stricto sensu*.

Table 7.1: Devolution measures: in selected fields, in selected countries

Country	The Role of Local Authorities in Social Assistance	The Role of Local Authorities in Health Care Services	The Role of Local Authorities in Long-term Care Services	Other shift of roles to local authorities	Devolution to private sectors
Australia		<u>Administrative arrangements</u> <ul style="list-style-type: none"> State and territorial governments generally have authority in service provision as a whole. <u>Funding Responsibilities</u> <ul style="list-style-type: none"> Shared by all levels of governments (and non-governmental sectors) 	<u>Administrative arrangements</u> <ul style="list-style-type: none"> Provision of services → overall by local governments, a small number of residential care by State governments. <u>Funding Responsibilities</u> <ul style="list-style-type: none"> Mainly State governments (along with the Commonwealth government) 		<ul style="list-style-type: none"> A compulsory private pension scheme
Austria	<ul style="list-style-type: none"> Social assistance legislation (by each Länder) 	<u>Administrative arrangements</u> <ul style="list-style-type: none"> Länders generally have authority in service provision as a whole. <u>Funding Responsibilities</u> <ul style="list-style-type: none"> Social Insurance Scheme (federal) covers the most of the population. 	<u>Administrative arrangements</u> <ul style="list-style-type: none"> Länder governments are responsible for granting social service benefits. <u>Funding Responsibilities</u> <ul style="list-style-type: none"> Possible supplementary benefits (for long-term care) by the Länder governments 		
Belgium	<ul style="list-style-type: none"> Granting access Additional payments when necessary 	<u>Administrative arrangements</u> <ul style="list-style-type: none"> Shared by Regional governments (hospital accreditation, etc.) and Communities (primary prevention, etc.) 	<u>Administrative arrangements</u> <ul style="list-style-type: none"> Shared by Regional governments (institution accreditation, etc.) and Communities (primary prevention, etc.) Public Social Assistance Centres 		<ul style="list-style-type: none"> Private non-profit sickness funds take a significant role in funding health care (risk-pooling is done by the government)
Canada	<ul style="list-style-type: none"> Decides benefits and eligibility criteria (no national standard) 	<u>Administrative arrangements</u> <ul style="list-style-type: none"> Provincial and territorial governments have authority in service provision as a whole. <u>Funding Responsibilities</u> <ul style="list-style-type: none"> Provinces and territorial governments have individual health insurance schemes (though largely funded by general taxation) with federal support subject to plans' compliance with principles in Canada Health Act . 	<u>Administrative arrangements</u> <ul style="list-style-type: none"> Provincial and territorial governments have authority in service provision as a whole, with nationally set standard of administration. <u>Funding Responsibilities</u> <ul style="list-style-type: none"> Provinces and territorial governments have individual health insurance schemes (though largely funded by general taxation) with federal support. * There is a trend toward shifting responsibilities (both administrative and financial) to local authorities. 		<ul style="list-style-type: none"> Promoting private pension schemes

Table 7.1: Devolution measures: in selected fields, in selected countries (cont.)

Country	The Role of Local Authorities in Social Assistance	The Role of Local Authorities in Health Care Services	The Role of Local Authorities in Long-term Care Services	Other shift of roles to local authorities	Devolution to private sectors
Czech Republic	<ul style="list-style-type: none"> Provides benefits on behalf of the central government Limited responsibility: discretion along with national regulations 		<u>Administrative arrangements</u> <ul style="list-style-type: none"> The role of local governments in providing services is expanding, according as the shrinking share of the central government. <u>Funding Responsibilities</u> <ul style="list-style-type: none"> Communities, towns and district authorities finance the services, getting lump-sum grants from the central government. 		<ul style="list-style-type: none"> A scheme of voluntary supplementary pension
Denmark	<ul style="list-style-type: none"> Cost of cash assistance is split 50/50 between central and local authorities. 	<u>Administrative arrangements</u> <ul style="list-style-type: none"> Managed by the county governments. <u>Funding Responsibilities</u> <ul style="list-style-type: none"> Health care reimbursement scheme at county level, funded by block grant from the central government along with county taxes. 	<u>Administrative arrangements</u> <ul style="list-style-type: none"> Municipalities have a responsibility for providing long-term care. <u>Funding Responsibilities</u> <ul style="list-style-type: none"> Municipalities have a responsibility for funding long-term care. 		<ul style="list-style-type: none"> A compulsory private pension scheme
Finland	<ul style="list-style-type: none"> Provides living allowances (subsidised by the central government, but the local authorities create their own practices) Broad equality across the country with some regional differences 	<u>Administrative arrangements</u> <ul style="list-style-type: none"> Municipalities have active role in planning, as well as primary care services, etc. <u>Funding Responsibilities</u> <ul style="list-style-type: none"> The system is funded by municipal taxes (along with Federal taxes that are allocated according to some formula). 	<u>Administrative arrangements</u> <ul style="list-style-type: none"> Local governments → monitoring and developments of services Municipalities → organising necessary care <u>Funding Responsibilities</u> <ul style="list-style-type: none"> Local authorities finances about half of the total cost. 		<ul style="list-style-type: none"> Gradual implementation of private pension schemes
France			<u>Administrative arrangements</u> <ul style="list-style-type: none"> The <i>département</i>, which is the second level of the local government, has authority to social assistance for the elderly and other service recipients. 		

Table 7.1: Devolution measures: in selected fields, in selected countries (cont.)

Country	The Role of Local Authorities in Social Assistance	The Role of Local Authorities in Health Care Services	The Role of Local Authorities in Long-term Care Services	Other shift of roles to local authorities	Devolution to private sectors
Germany	<ul style="list-style-type: none"> The central government and local governments bear increased costs. 	<u>Administrative arrangements</u> <ul style="list-style-type: none"> Regulations diffuse through State and local level of governments, along with the Federal government. Länder government subsidise hospitals for developing infrastructure. 	<u>Administrative arrangements</u> <ul style="list-style-type: none"> Länder government subsidise for developing infrastructure. Municipalities are responsible for the persons in need of long-term care. <u>Funding Responsibilities</u> <ul style="list-style-type: none"> The social assistance scheme finances cost which can not be covered by the long-term care insurance. 		<ul style="list-style-type: none"> Private pension promoted with legislation. Further expansion wanted. Funding for health care services (also largely long-term care services) are conducted by autonomous sickness funds.
Greece	<ul style="list-style-type: none"> May improve the programme through additional services 		<u>Administrative arrangements</u> <u>Funding Responsibilities</u> <ul style="list-style-type: none"> Shift of the role of care and funding borne by the state to municipal and prefectural bodies. Open Care Centres 		
Hungary	<ul style="list-style-type: none"> May increase the rate, which is covered by national budget/taxpayers 	<u>Administrative arrangements</u> <ul style="list-style-type: none"> Local governments administer most hospitals and outpatient clinics. 	<u>Administrative arrangements</u> <ul style="list-style-type: none"> Local governments mostly provides the care. 		<ul style="list-style-type: none"> New pension schemes include a portion managed by private sector
Iceland		<u>Administrative arrangements</u> <ul style="list-style-type: none"> Eight medical areas with health councils administer health affairs. <u>Funding Responsibilities</u> <ul style="list-style-type: none"> In 1992, local governments funded 20% of the total cost. 			
Ireland		<u>Administrative arrangements</u> <ul style="list-style-type: none"> Eight Health Boards provides health care services. <u>Funding Responsibilities</u> <ul style="list-style-type: none"> National funds are allocated to the health boards. 	<u>Administrative arrangements</u> <u>Funding Responsibilities</u> <ul style="list-style-type: none"> Health boards provide and finance long-term care services. 	<ul style="list-style-type: none"> Possibility of transferring administration of rent/ mortgage supplements - currently administered under supplementary welfare allowance scheme - to local authorities is being considered. 	<ul style="list-style-type: none"> Promoting private pension schemes

Table 7.1: Devolution measures: in selected fields, in selected countries (cont.)

Country	The Role of Local Authorities in Social Assistance	The Role of Local Authorities in Health Care Services	The Role of Local Authorities in Long-term Care Services	Other shift of roles to local authorities	Devolution to private sectors
Italy	<ul style="list-style-type: none"> Assistance lies within the exclusive realm of local authorities in both regions and towns/cities → <i>The central government is considering a national standard and funding for minimum benefits</i> 	<p><u>Administrative arrangements</u></p> <ul style="list-style-type: none"> The Local Health Units (USLs) administer public hospitals and make contracts with other providers. <p><u>Funding Responsibilities</u></p> <ul style="list-style-type: none"> USLs pay for services by physicians registered with them. Responsibility for overall expenditures is shared by the Region, the USL Directorates the Hospital Agency Directorate. 	<p><u>Administrative arrangements</u></p> <p><u>Funding Responsibilities</u></p> <ul style="list-style-type: none"> The Local Health Units: for organising the care and for managing related finances. 		
Japan	<ul style="list-style-type: none"> The cost is shared by central and local governments on a 3:1 basis. 	<p><u>Administrative arrangements</u></p> <ul style="list-style-type: none"> Public health centres run by prefectures and some municipalities. 	<p><u>Administrative arrangements</u></p> <ul style="list-style-type: none"> Municipalities are taking a primary role in terms of long-term care. The role of policy planning is shared by prefectures and municipalities, as well as the central government. <p><u>Funding Responsibilities</u></p> <ul style="list-style-type: none"> Prefectures provide subsidies for home care, day care centres, etc. 		<ul style="list-style-type: none"> Promoting private pension schemes
Korea					<ul style="list-style-type: none"> Legalised private pension schemes
Luxembourg	<ul style="list-style-type: none"> Applications to social assistance are made to Social Assistance Offices in small municipalities (provisional or advanced payments can be made, but final decision is left to the National Solidarity Fund.) 10% of the costs are borne by local governments. 				

Table 7.1: Devolution measures: in selected fields, in selected countries (cont.)

Country	The Role of Local Authorities in Social Assistance	The Role of Local Authorities in Health Care Services	The Role of Local Authorities in Long-term Care Services	Other shift of roles to local authorities	Devolution to private sectors
Mexico				• Shift of housing responsibilities to State governments	• A new compulsory private pension scheme
Netherlands					• Promoting private pension schemes
New Zealand		<u>Administrative arrangements</u> <u>Funding Responsibilities</u> • Health Funding Authorities purchases from service providers (they are funded by the government).			• Promoting private pension schemes (without tax concessions) • The recent cut of basic entitlement to social assistance increased the role of voluntary welfare groups (for in-kind benefits)
Norway	• Generally has own guidelines with the final amount left to the discretion of social services. Also has financial responsibilities. (National guidelines also exist on the sort of expenses which should be covered.)	<u>Administrative arrangements</u> • Counties administer hospitals. <u>Funding Responsibilities</u> • In 1997, 35% was financed by counties, 55% by the central government. • Counties fund institutional care and home care services as well as hospital services.	<u>Administrative arrangements</u> <u>Funding Responsibilities</u> • Municipalities have a primary legal responsibility for arranging and financing community based as well as institution based assistance. (They are funded by local taxes and block grants from the central government.)		

Table 7.1: Devolution measures: in selected fields, in selected countries (cont.)

Country	The Role of Local Authorities in Social Assistance	The Role of Local Authorities in Health Care Services	The Role of Local Authorities in Long-term Care Services	Other shift of roles to local authorities	Devolution to private sectors
Poland	<ul style="list-style-type: none"> Seeking greater corporations between national government, local governments and NGOs (→ balance between ensuring essential benefits and decentralised and autonomous local social assistance) 	<u>Administrative arrangements</u> <ul style="list-style-type: none"> 49 voidvoships provide regional planning and oversee 400 ZOZs (health and social care centres) <u>Funding Responsibilities</u> <ul style="list-style-type: none"> Voidvoships are funded by the Finance Ministry directly, co-ordinated by the Ministry of Health and Social Welfare. Voidvoships fund ZOZs. 	<u>Administrative arrangements</u> <ul style="list-style-type: none"> Gmina: providing nursing services, etc.(as their own responsibility), as well as paying various benefits (as delegated by the central government with necessary grants) . <u>Funding Responsibilities</u> <ul style="list-style-type: none"> Social services are funded by the central government and each Gmina, though health services are mostly from the central government. 	<ul style="list-style-type: none"> Increased role of Gminas in establishing local housing policy 	<ul style="list-style-type: none"> A new pension scheme includes private schemes as the third tier.
Portugal		<u>Administrative arrangements</u> <ul style="list-style-type: none"> Within the system of National Health Services, five regions administer the health care system (local health centres, co-ordination with hospitals). <u>Funding Responsibilities</u> <ul style="list-style-type: none"> Funded by taxation (direct taxation or through grants from the central government?) 	<u>Administrative arrangements</u> <ul style="list-style-type: none"> National Health Services <u>Funding Responsibilities</u> <ul style="list-style-type: none"> Funded by taxation (direct taxation or through grants from the central government?) 		
Slovak Republic			<u>Administrative arrangements</u> <ul style="list-style-type: none"> Municipalities to provide the assistance to the elderly within the social care settings (the cost is largely funded by the central government) 		<ul style="list-style-type: none"> Legalised private pension schemes
Spain		<u>Administrative arrangements</u> <ul style="list-style-type: none"> Regional health services (within a national system) 			

Table 7.1: Devolution measures: in selected fields, in selected countries (cont.)

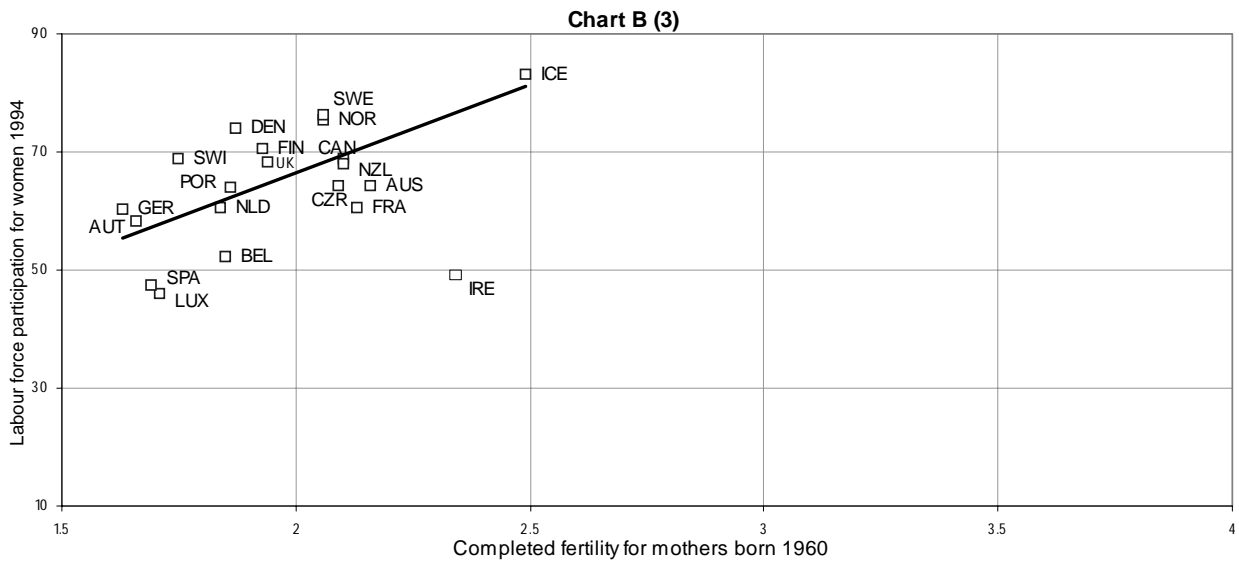
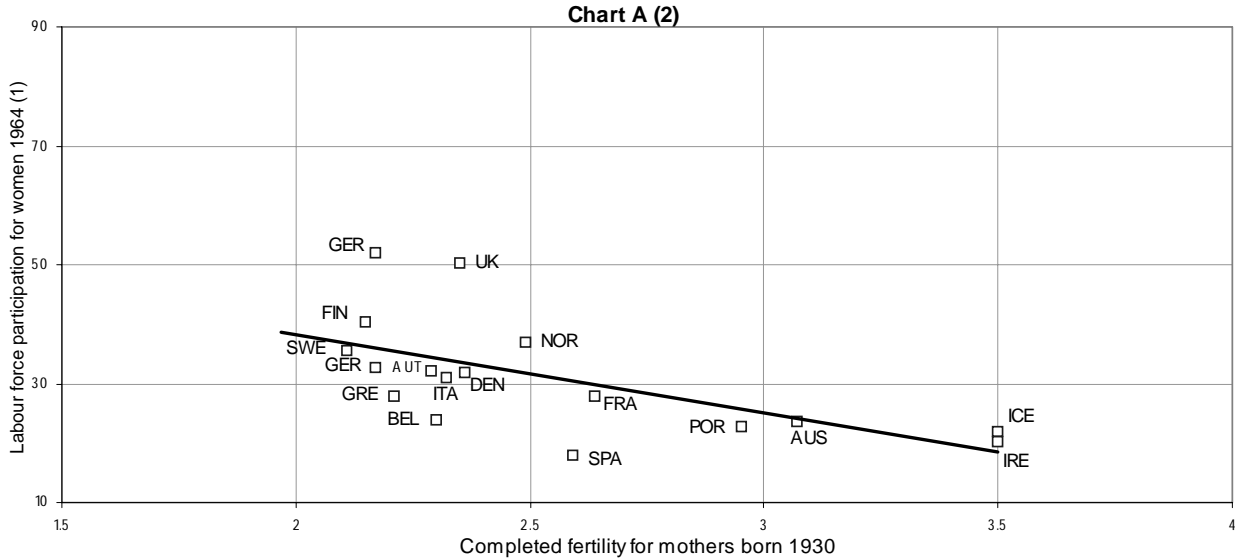
Country	The Role of Local Authorities in Social Assistance	The Role of Local Authorities in Health Care Services	The Role of Local Authorities in Long-term Care Services	Other shift of roles to local authorities	Devolution to private sectors
Sweden	<ul style="list-style-type: none"> • National standards as guidance to municipal bodies, but benefit levels might vary across the country. • <i>National initiative to set some equalities in benefits.</i> • Funding for the benefits are largely by local incomes taxes, but with block grants from the central government. 	<u>Administrative arrangements</u> <ul style="list-style-type: none"> • County councils and three municipalities (outside the councils) are responsible for in-patients care, outpatient care, etc. Some other areas such as environmental health is under the charge of municipalities. <u>Funding Responsibilities</u> <ul style="list-style-type: none"> • County councils (municipalities in some cases) collect taxes (70% of the whole cost). 	<u>Administrative arrangements</u> <u>Funding Responsibilities</u> <ul style="list-style-type: none"> • Municipalities are responsible for supplying and financing the care needs of the elderly (with the help of the central government in the form of general government grants). 	<ul style="list-style-type: none"> • <i>From 1994, State bears full cost of housing allowances and responsibility for administration given to local social insurance offices.</i> 	
Switzerland	<ul style="list-style-type: none"> • Benefits and eligibility requirements vary from canton to canton, as well as within a canton. → <i>Initiatives to set minimum level of benefits nationally</i> • Costs are borne by cantons and communes. 	<u>Administrative arrangements</u> <ul style="list-style-type: none"> • Cantons → health services, preventative care, etc. <u>Funding Responsibilities</u> <ul style="list-style-type: none"> • Cantons can contribute to the compulsory health insurance system to lower the contribution rates (with federal support). 	<u>Administrative arrangements</u> <ul style="list-style-type: none"> • Cantons or communes → elderly, home care, etc. <u>Funding Responsibilities</u> <ul style="list-style-type: none"> • Cantonal or communal benefits are paid only after it is confirmed that the all the insurance schemes (health, old-age, disability, etc.) are not available to a sufficient extent. 		
Turkey		<u>Administrative arrangements</u> Generally, services are administered a village level.			<ul style="list-style-type: none"> • Considering encouraging greater private pensions

Table 7.1: Devolution measures: in selected fields, in selected countries (cont.)

Country	The Role of Local Authorities in Social Assistance	The Role of Local Authorities in Health Care Services	The Role of Local Authorities in Long-term Care Services	Other shift of roles to local authorities	Devolution to private sectors
United Kingdom		<u>Administrative arrangements</u> <u>Funding Responsibilities</u> <ul style="list-style-type: none"> Regional health authorities administer and fund family health service authorities and provide funds to District health authorities, who fund hospitals. 	<u>Administrative arrangements</u> <ul style="list-style-type: none"> Local authorities are the prime commissioners of care. They care also operate as providers. The local municipalities are responsible for arranging social care services. <u>Funding Responsibilities</u> <ul style="list-style-type: none"> Local authorities are subsidised by the central government for providing long-term care. They can increase the funding for the services by their own discretion. 		<ul style="list-style-type: none"> Promoting private pension schemes
United States	<ul style="list-style-type: none"> No national standards for Temporary Assistance to Needy Families, Medicaid, most housing assistances, etc. → Significant variations across States and local governments. 	<u>Administrative arrangements</u> <ul style="list-style-type: none"> Policies made at many levels of state and local governments along with the federal government. <u>Funding Responsibilities</u> <ul style="list-style-type: none"> Medicaid and child care → funded by taxation, with a shared financial responsibilities with the federal government. 	<u>Administrative arrangements</u> <ul style="list-style-type: none"> Policies made at many levels of state and local governments along with the federal government. <u>Funding Responsibilities</u> <ul style="list-style-type: none"> Medicaid → funded by taxation, with a shared financial responsibilities with the federal government. 		<ul style="list-style-type: none"> Promoting private pension schemes

1) Statements with italicised words indicates that they describe the opposite directions against devolution.

Chart 1.1 The relationship between completed fertility and female labour force participation

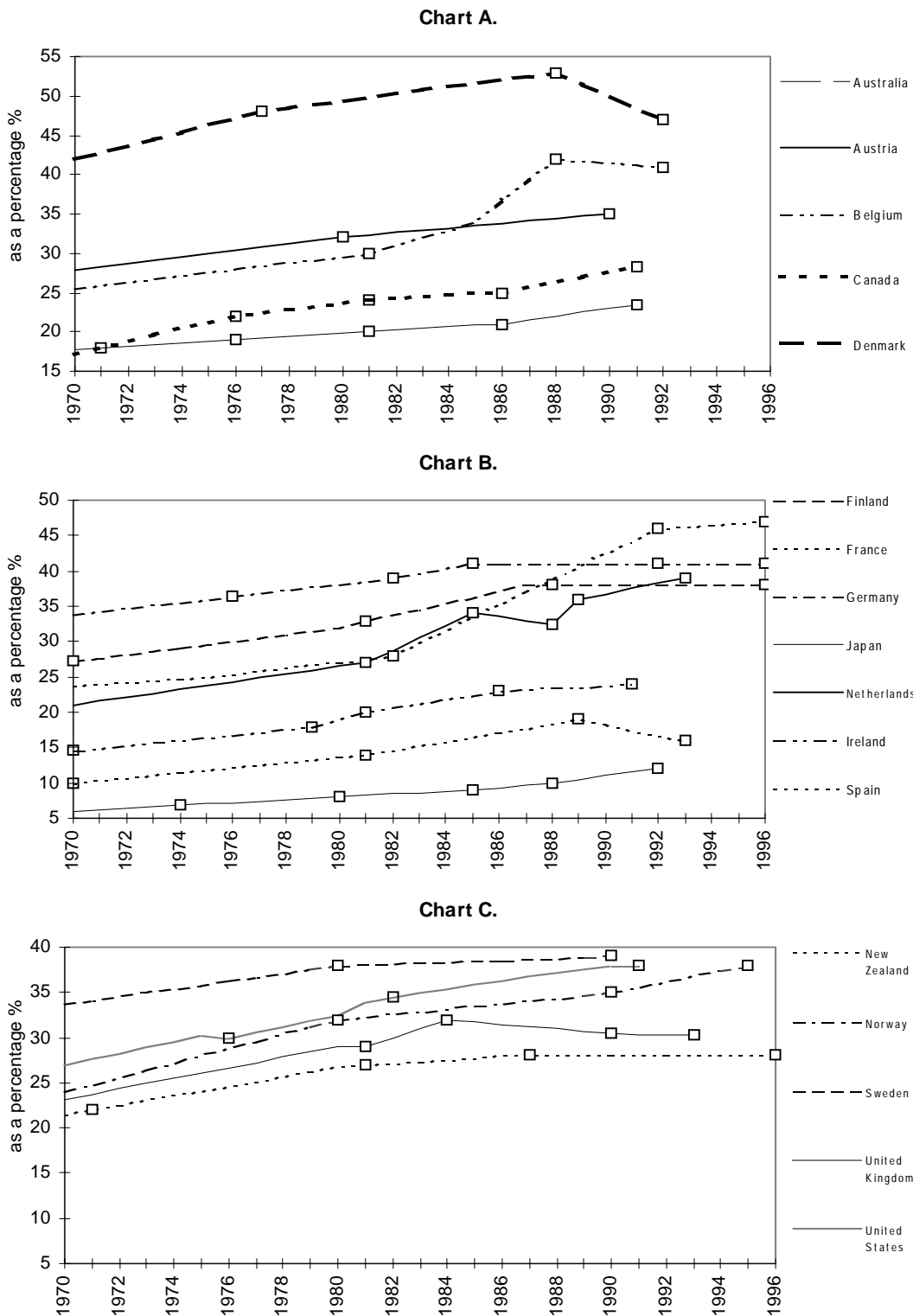


Source: *Labour Force Statistics OECD Part III (1998), Part II (1974); EUROSTAT (1996).*

Notes:

- (1) Participation rates refer to 1968 for Austria and Finland, 1969 for Switzerland, 1965 Denmark, 1961 Greece, Ireland 1966 and 1970 Spain.
- (2) Correlation between Fertility 1960 and LFP 1994 is 0.68 (Adjusted R Square = 0.33).
- (3) Correlation (outlier Ireland excluded) between Fertility 1930 and LFP 1964 is -0.61 (Adjusted R Square = 0.42).

Chart 1.2 Proportion of elderly living alone, 1970-96^a

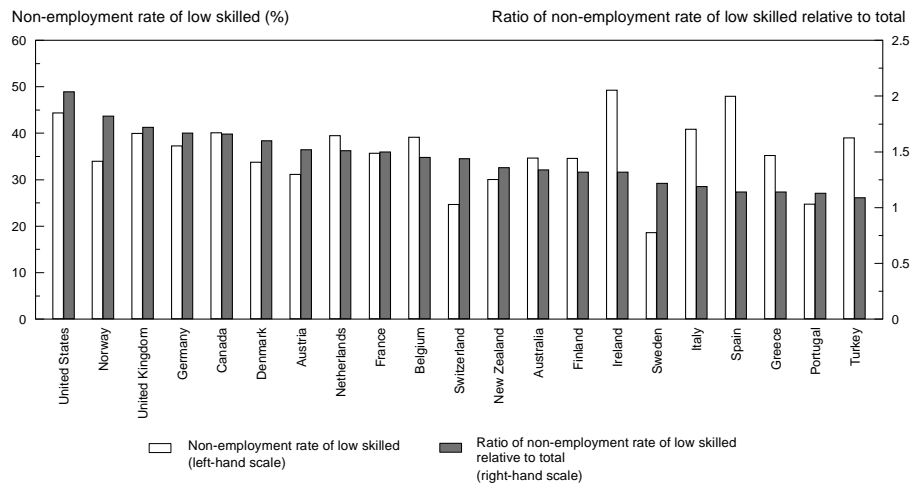
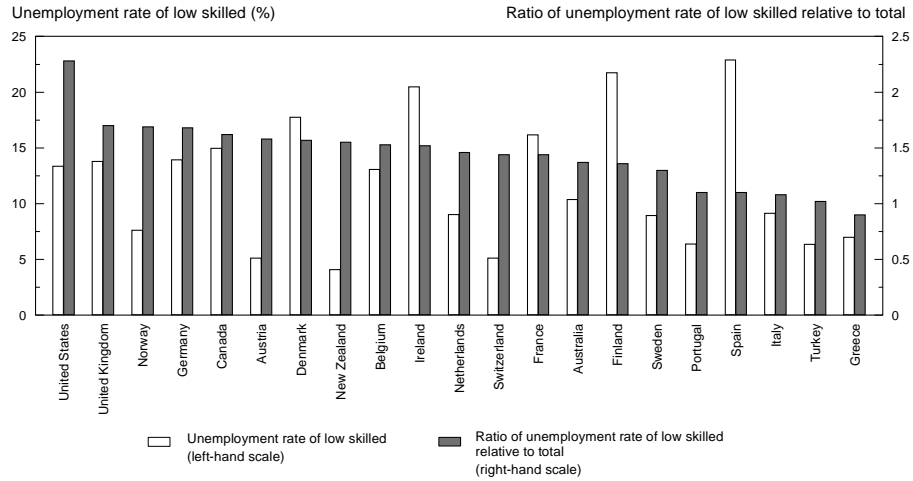


Source: OECD (1994a), Updated by the secretariat

Notes:

a. Boxes indicate observations.

Chart 1.3 Unemployment and non-employment rates by educational attainment, 1994^a
(population aged 25-54)



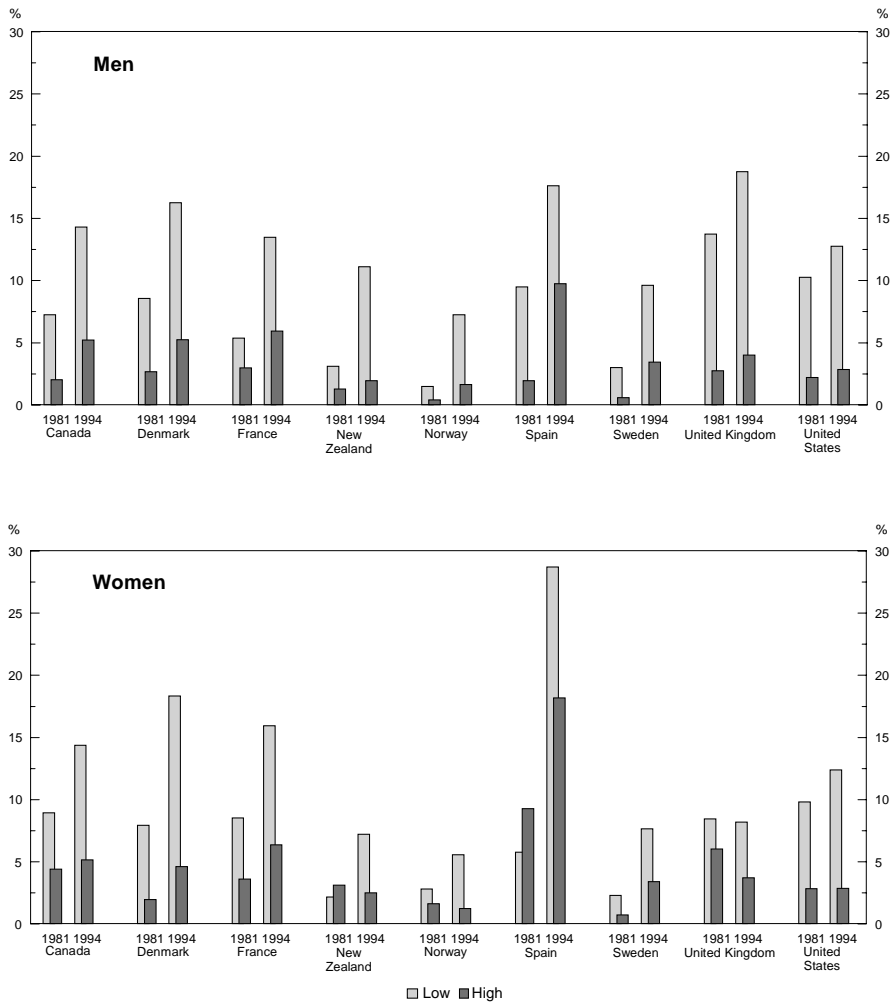
Sources: OECD *Education at a Glance* 1996.

Notes:

a. Persons with less than upper secondary education are classified as low skilled.

Chart 1.4 Trends in unemployment rates by level of educational attainment^a

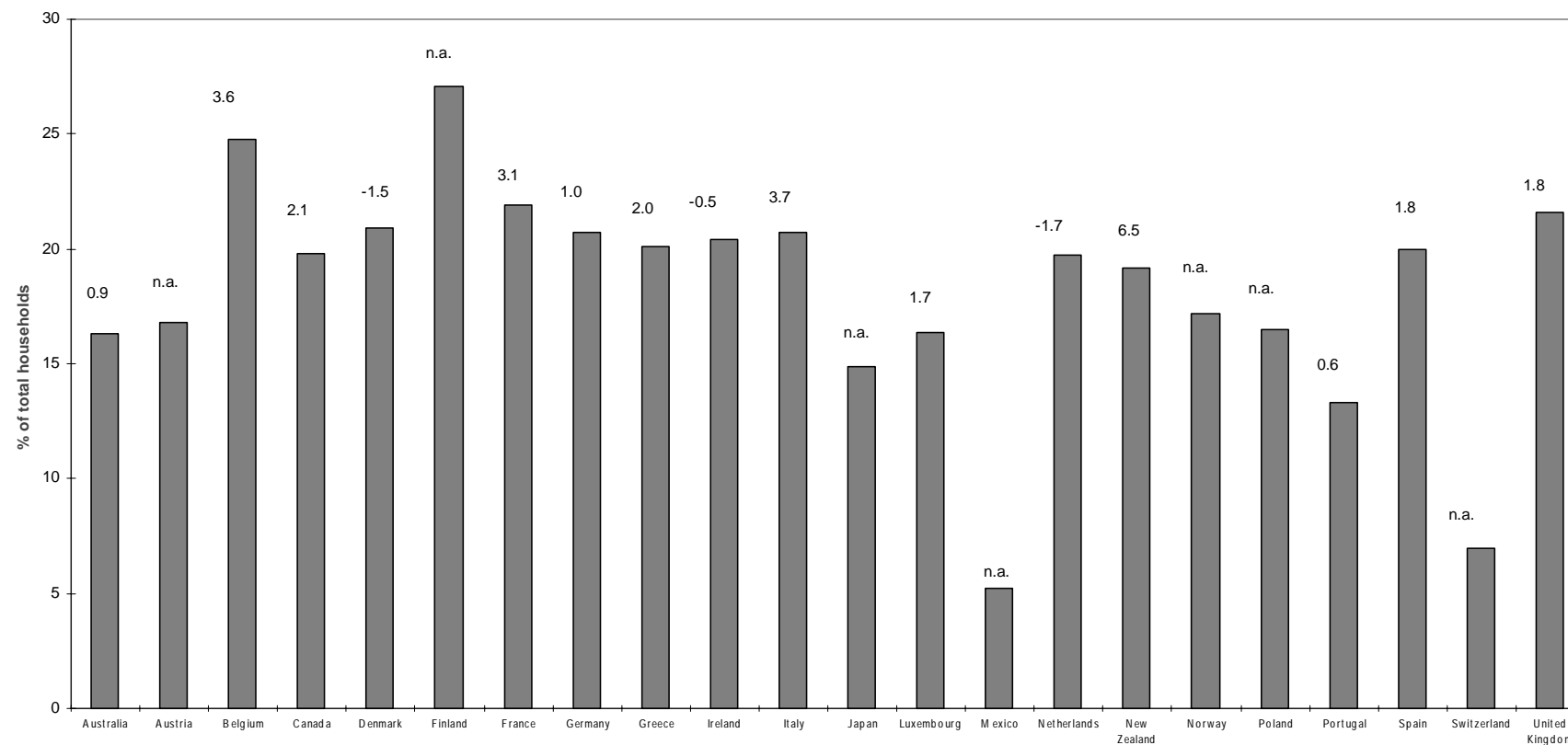
Percentages



Sources: OECD *Lifelong Learning for All 1996*; OECD *Education at a Glance 1996*.

Notes:

a. Data refer to persons aged 25-64. 'Low' level of education corresponds to upper-secondary or less. 'High' level corresponds to tertiary education.

Chart 1.5 Non-employment rates for working-age households(levels in 1996 and percentage point changes between 1985 and 1996)^{a,b}

Source: OECD Employment Outlook 1998 (forthcoming).

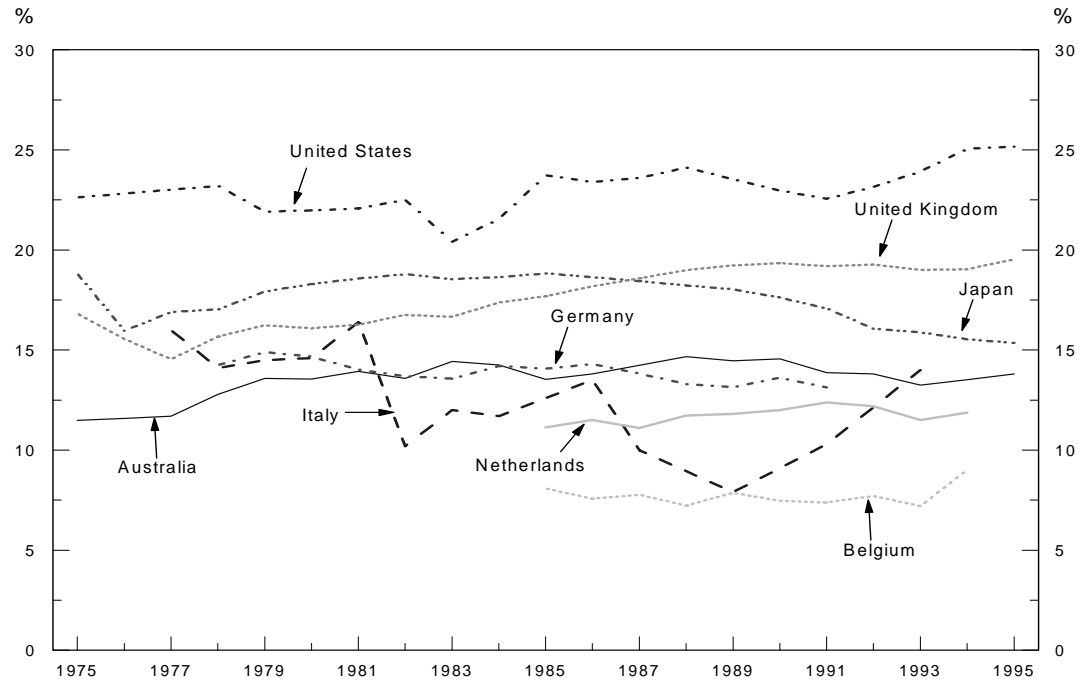
Notes:

a. Working age households are those with at least one person of working age (15-64). A household is non-employed if no member of the household is in employment (part-time or full-time) at any point during the reference period.

b. 1985 data is not available for Austria, Finland, Japan, Mexico, Norway, Poland or Switzerland.

Chart 1.6 Trends in the incidence of low-paid employment^a

Percentages

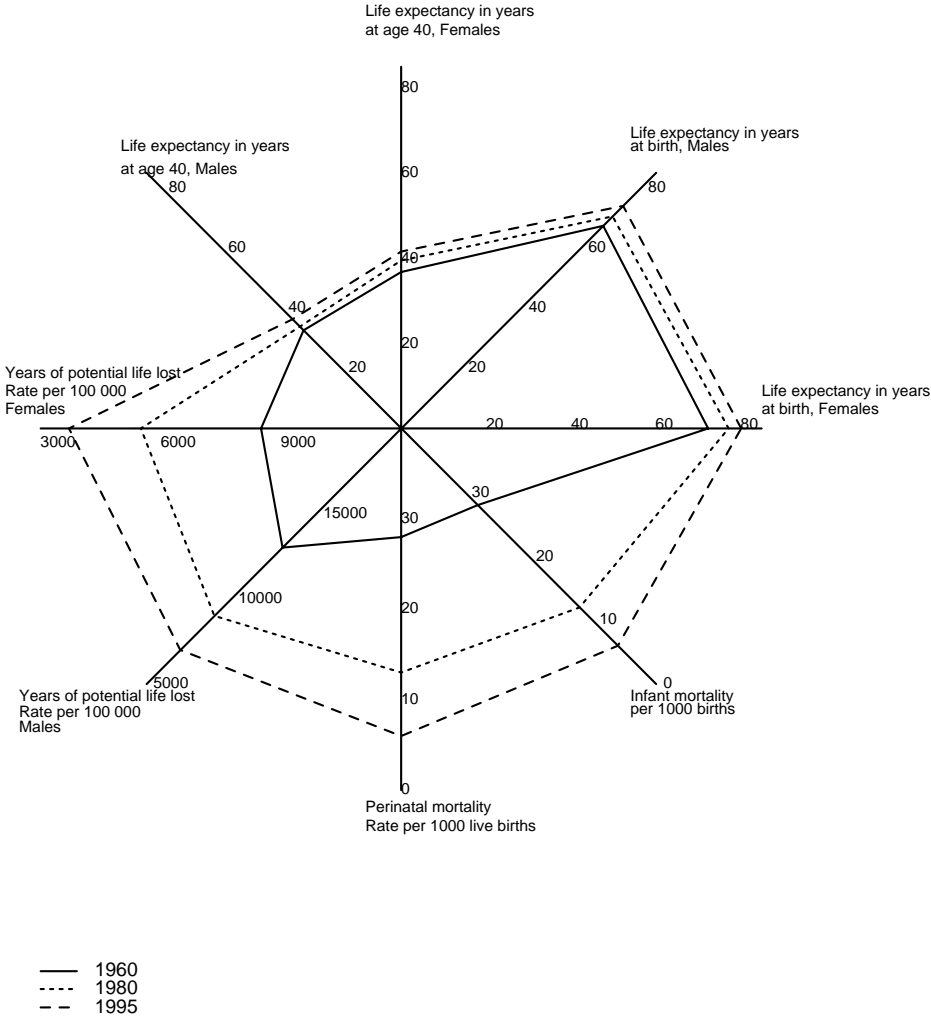


Source: OECD (1996a, Chapter 3).

Notes:

a. Low pay is defined as less than two-thirds of median full-time earnings. Data refer to full-time employment only.

Chart 1.7 INDICATORS OF HEALTH OUTCOMES (1)

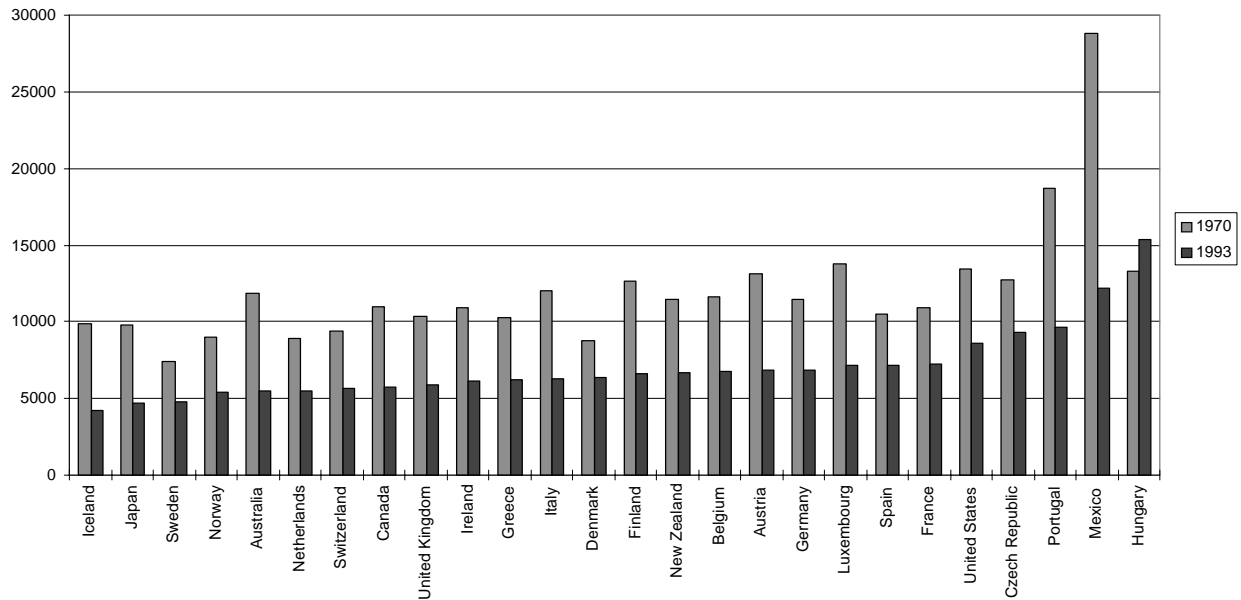


1. OECD average less Czech Republic, Hungary, Mexico, Poland and Turkey.
Source: OECD Health Data 97.

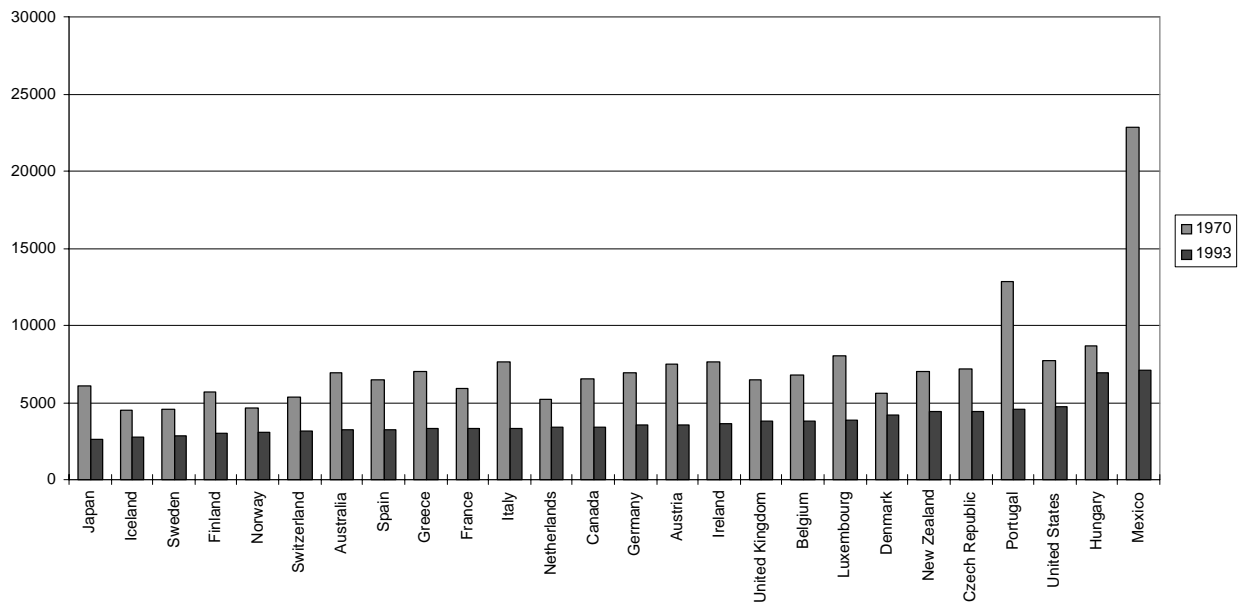
Chart 1.8 Potential years of life lost in 1970 and 1993

Potential years of life lost (all causes except suicide) per 100 000 females or males

A. Men



B. Women



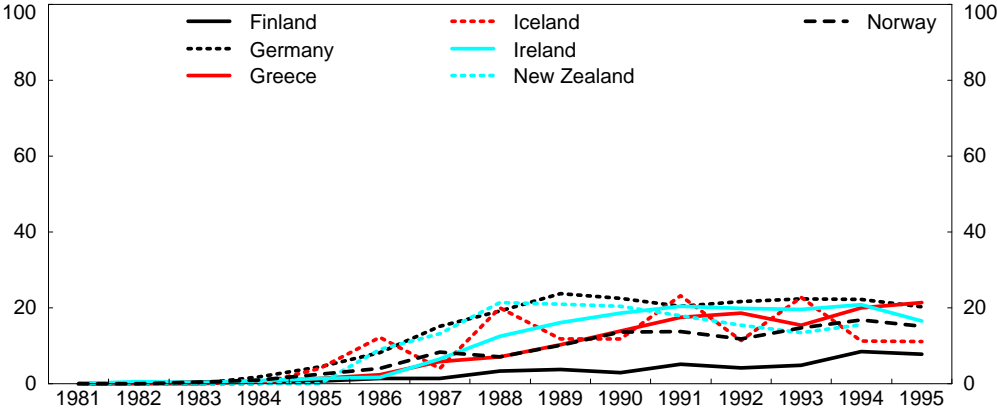
Source: OECD Health Data 98

Notes:

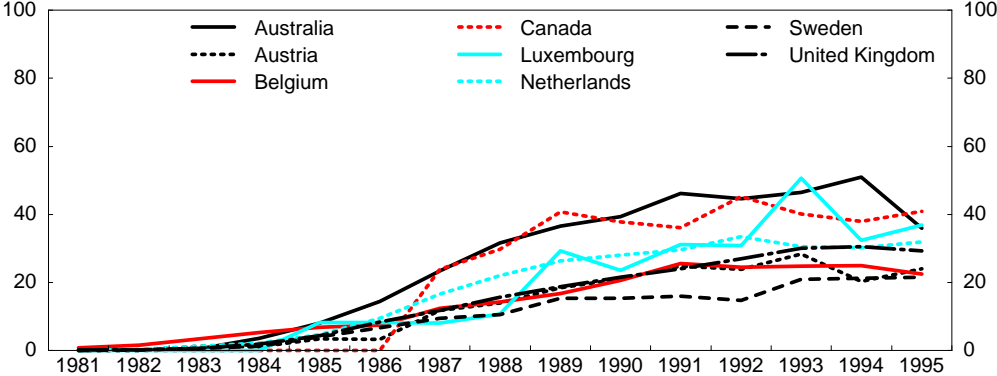
1. Data not available for Korea, Poland and Turkey

Chart 1.9 AIDS INCIDENCE RATES (1981-1995)

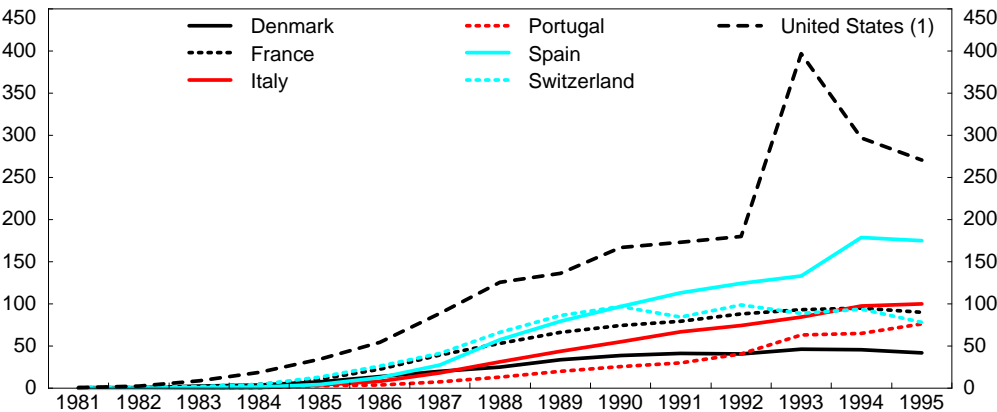
New cases per million



New cases per million



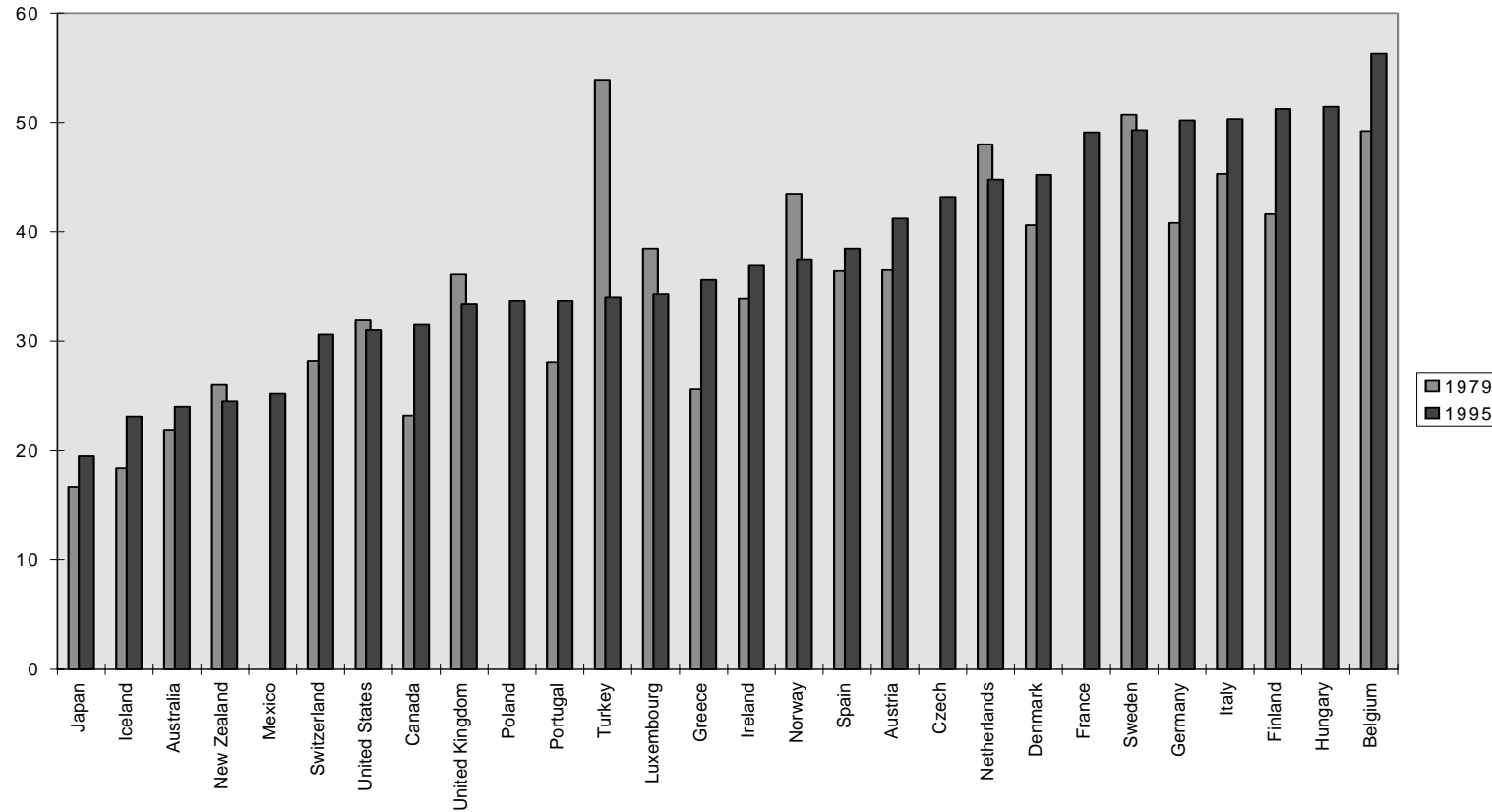
New cases per million



1. A definitional change in 1992 partly explains the sharp rise in reported AIDS cases in the United States. Source: OECD (1998).

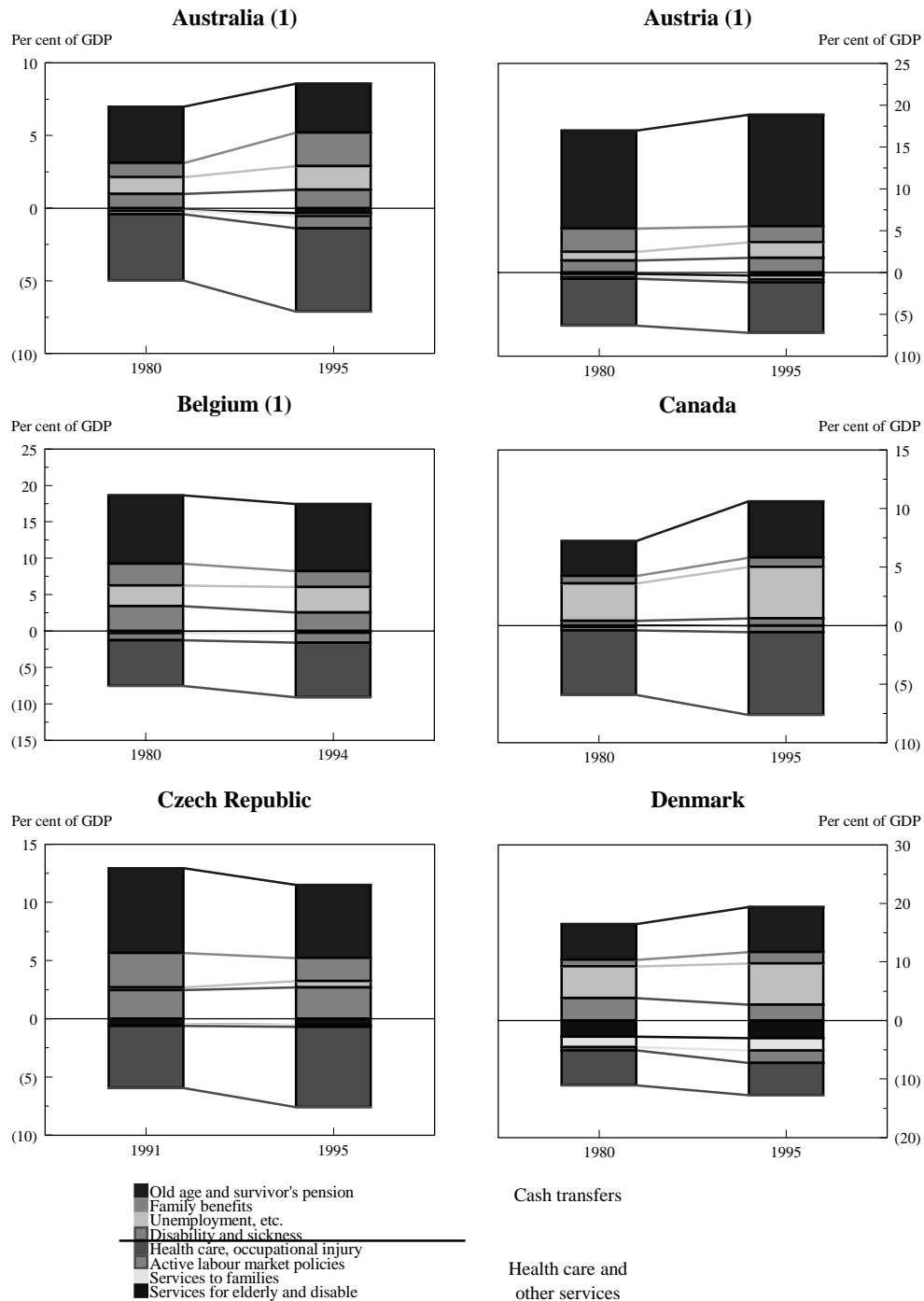
Chart 2.1 The labour tax wedge

Employees' and employers' social security contributions and personal income tax as a percentage of gross labour costs 1979-1995 (single person, APW earnings)



Source: *The tax/benefit position of employees*, OECD 1998.

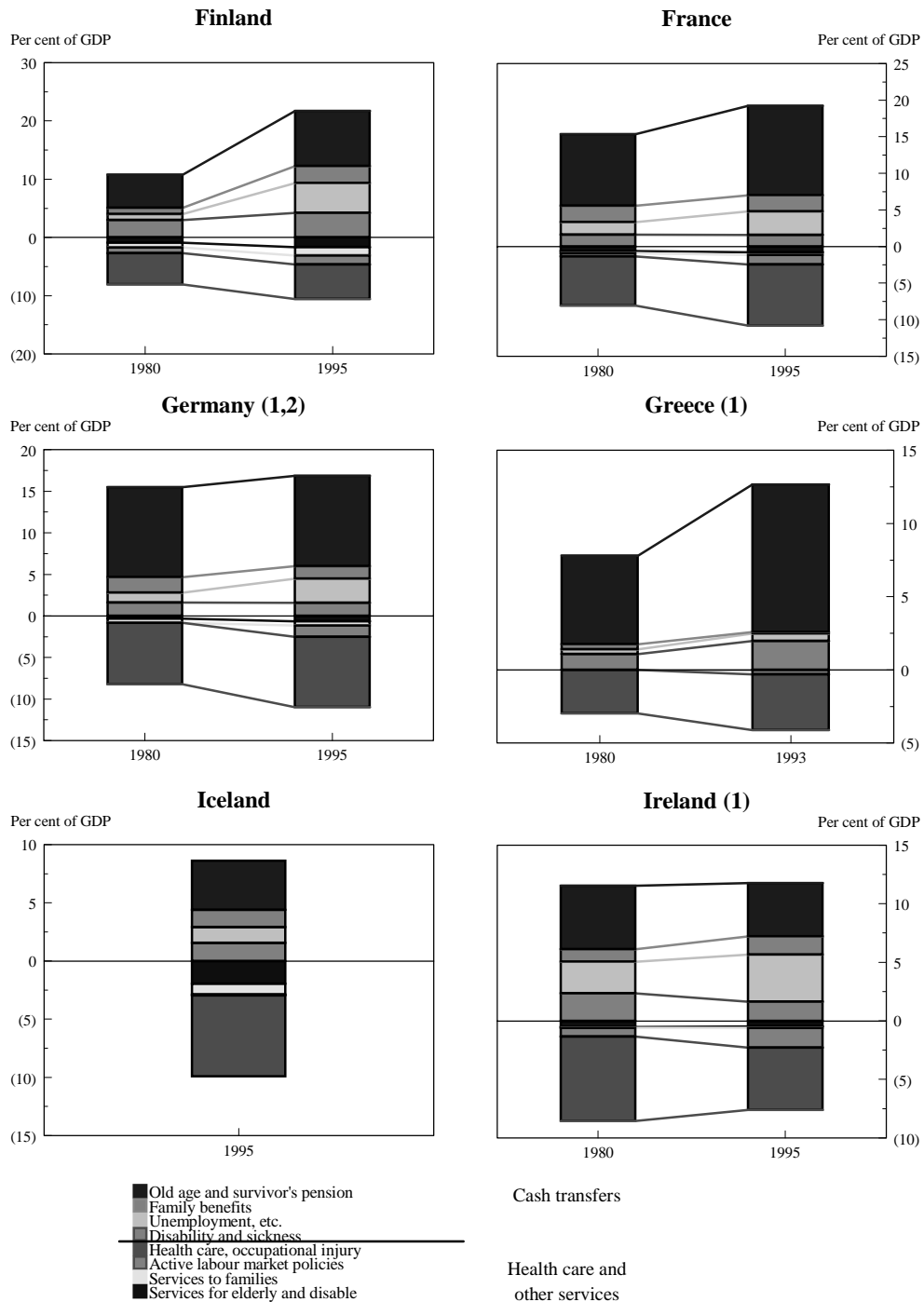
Chart 2.2 Cash transfers and expenditure on services



Note: Values for health care and other services, found under the zero-line, are positive.

1. For the 1980 expenditure on active labour market policies (ALMP), an estimate was calculated by taking the ratio between ALMP and unemployment for the closest year available, and applying this ratio to the unemployment figure for 1980.

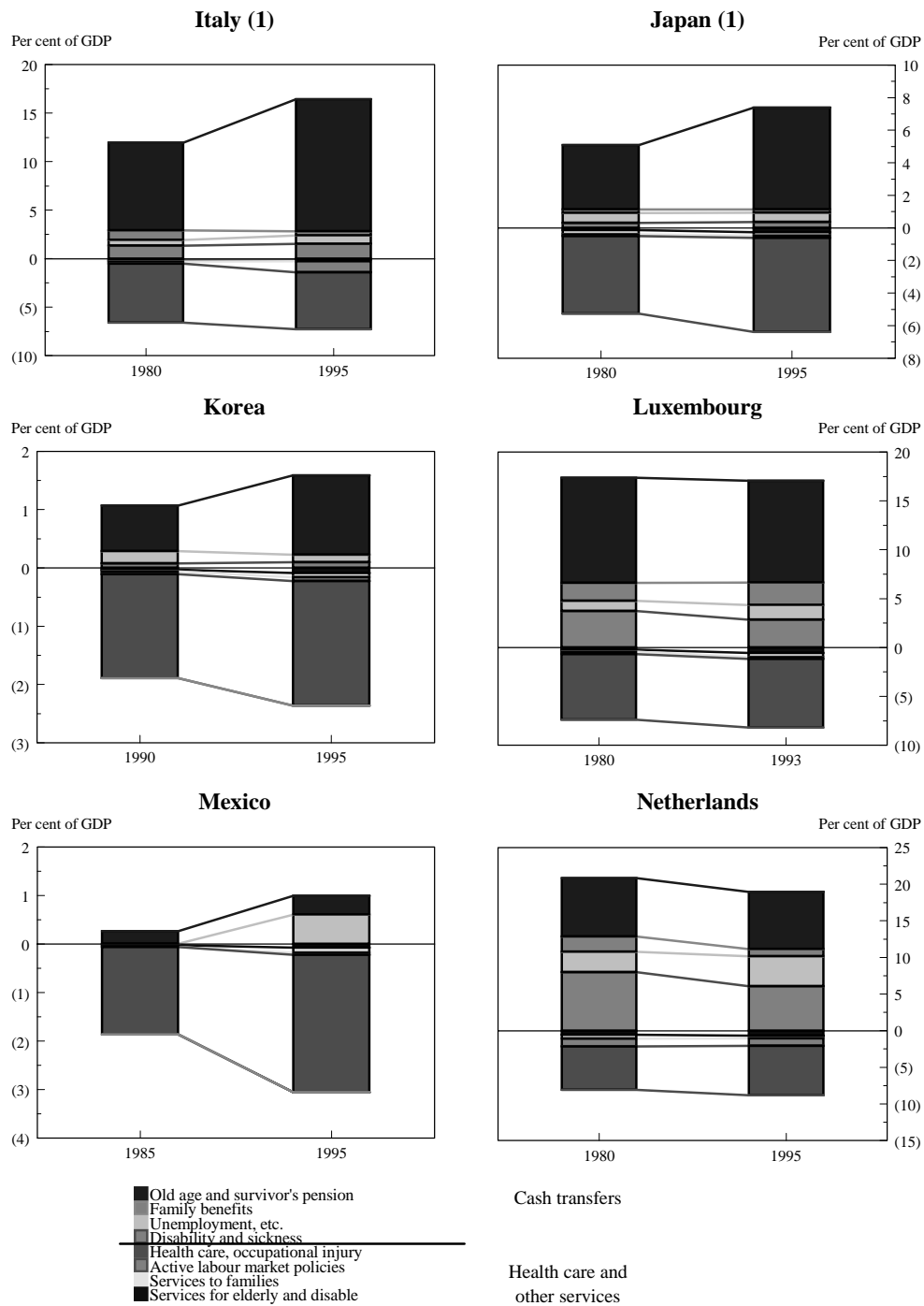
Chart 2.2 (cont.) Cash transfers and expenditure on services



Note: Values for health care and other services, found under the zero-line, are positive.

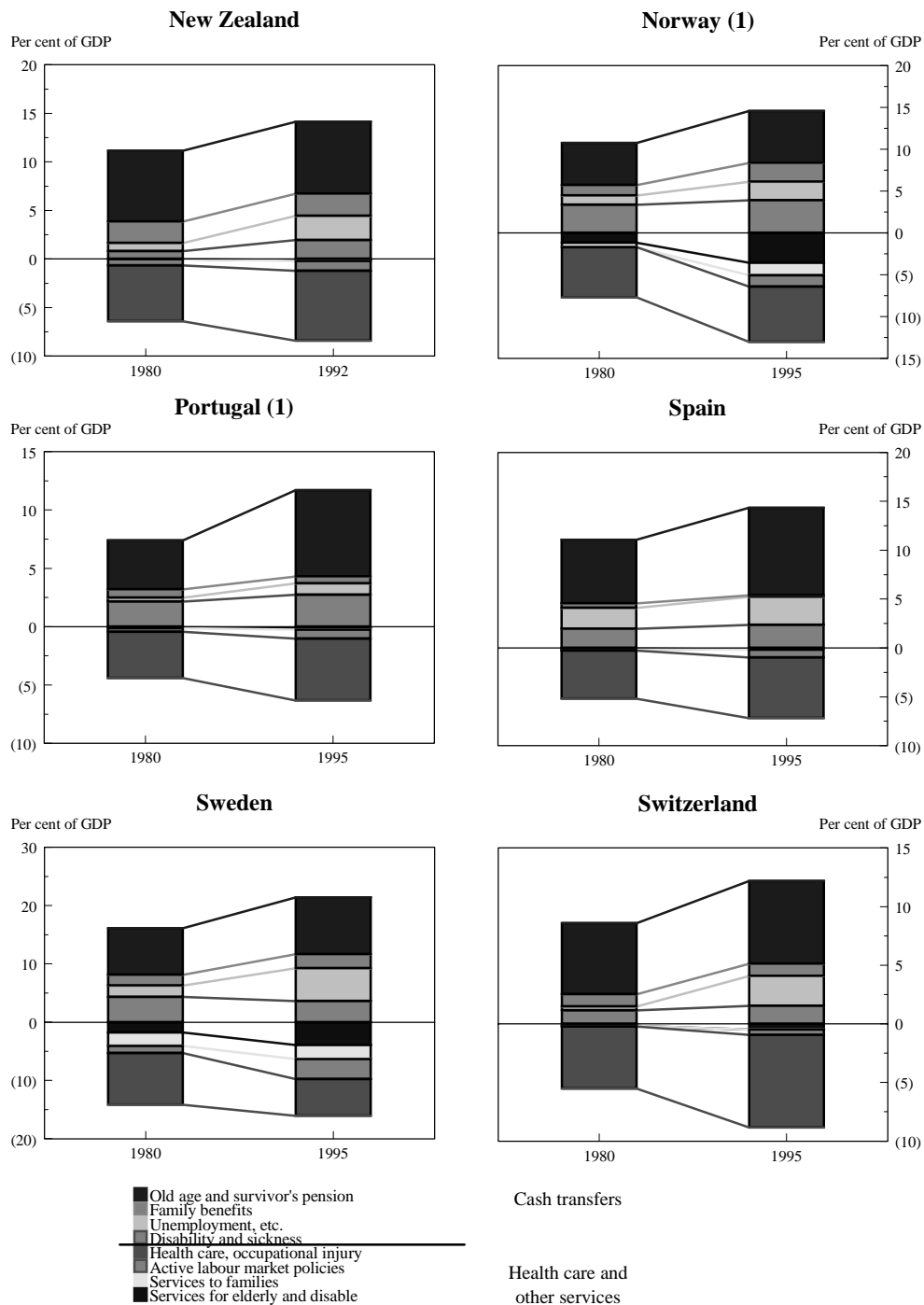
1. For the 1980 expenditure on active labour market policies (ALMP), an estimate was calculated by taking the ratio between ALMP and unemployment for the closest year available, and applying this ratio to the unemployment figure for 1980.
2. The 1980 figures are for Western Germany. 1995 figures are for unified Germany.

Chart 2.2 (cont.) Cash transfers and expenditure on services



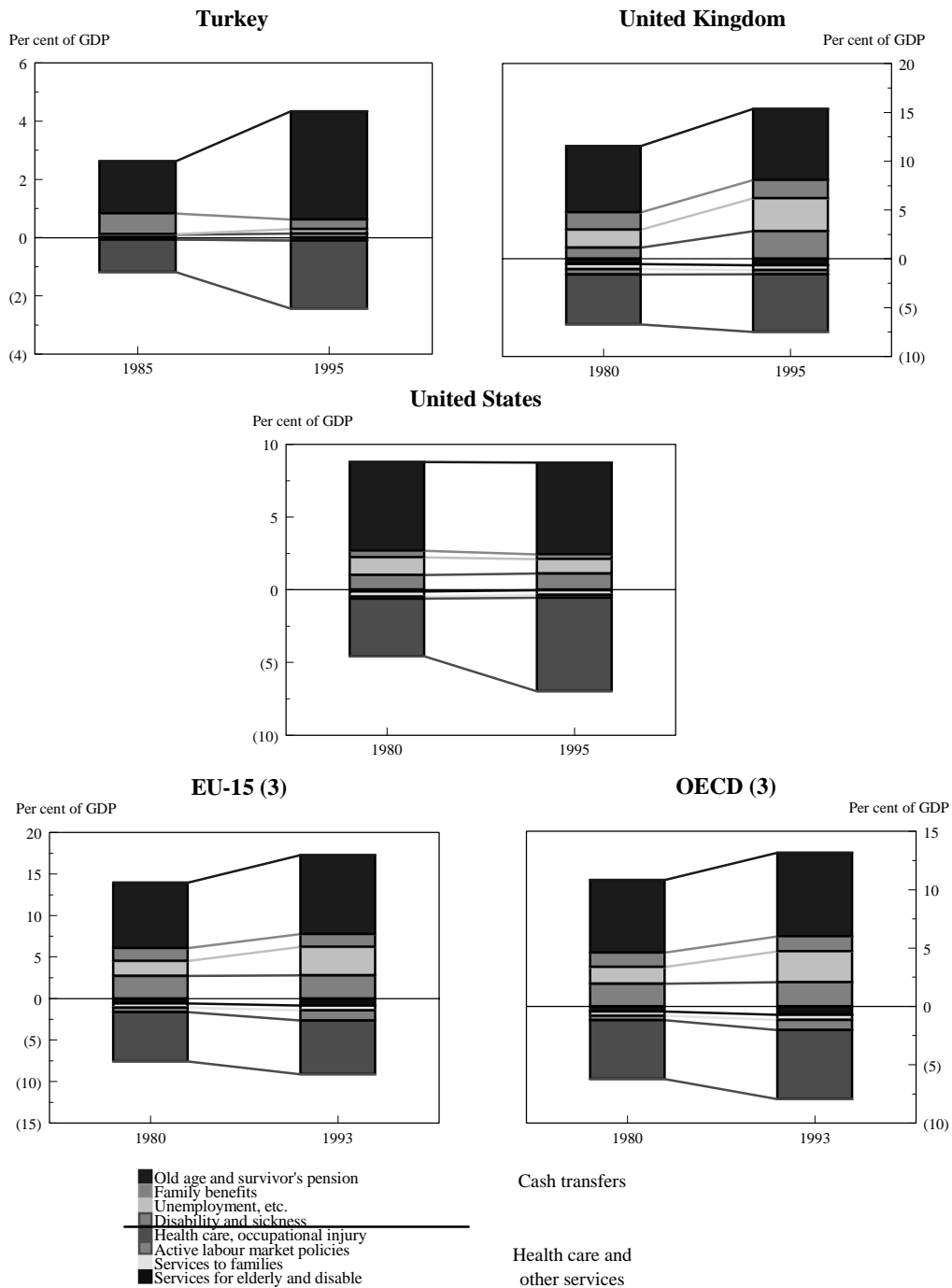
Note: Values for health care and other services, found under the zero-line, are positive.
 1. For the 1980 expenditure on active labour market policies (ALMP), an estimate was calculated by taking the ratio between ALMP and unemployment for the closest year available, and applying this ratio to the unemployment figure for 1980.

Chart 2.2 (cont.) Cash transfers and expenditure on services



Note: Values for health care and other services, found under the zero-line, are positive.
 1. For the 1980 expenditure on active labour market policies (ALMP), an estimate was calculated by taking the ratio between ALMP and unemployment for the closest year available, and applying this ratio to the unemployment figure for 1980.

Chart 2.2 (cont.) Cash transfers and expenditure on services

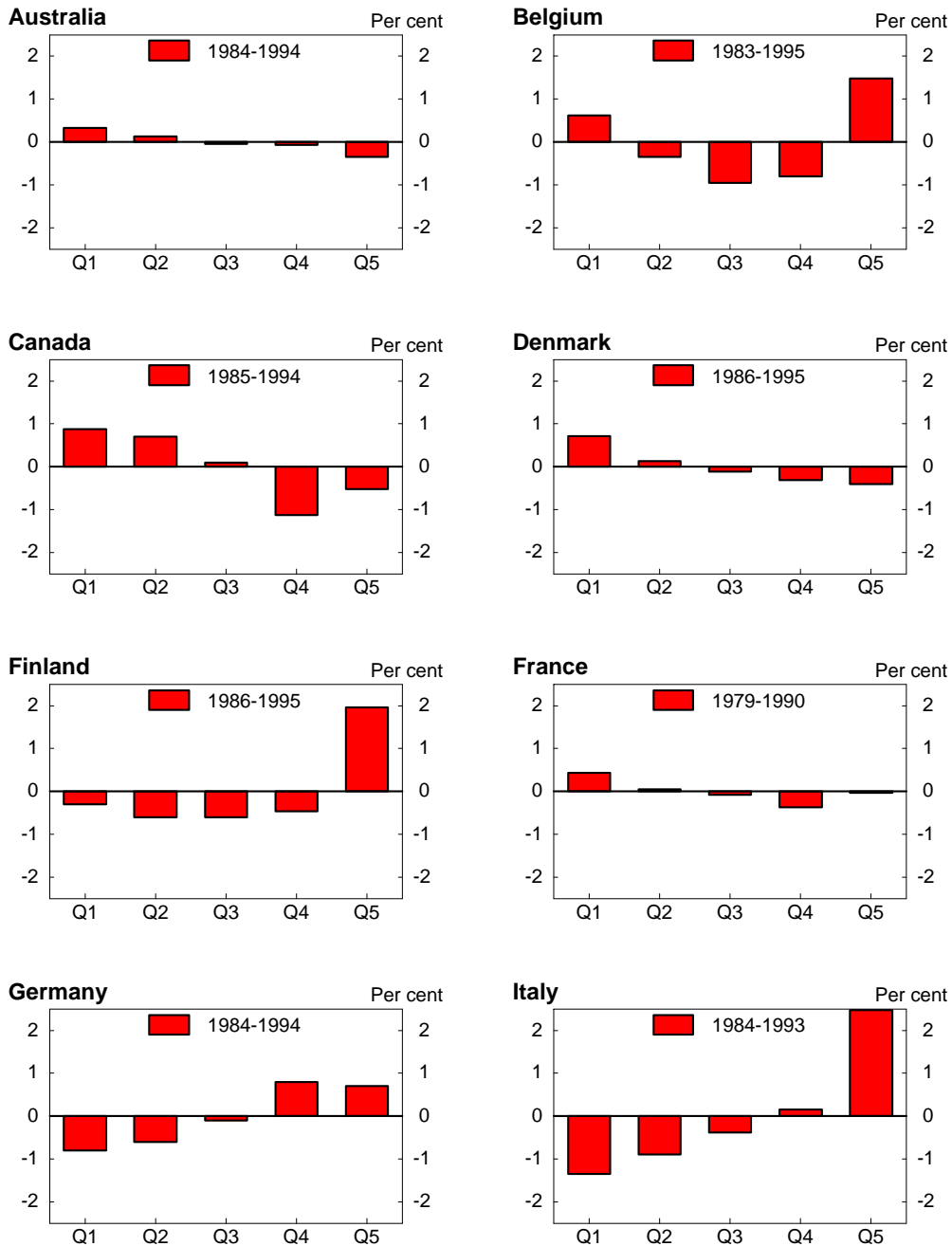


Note: Vvalues for health care and other services, found under the zero-line, are positive.

1. For the 1980 expenditure on active labour market policies (ALMP), an estimate was calculated by taking the ratio between ALMP and unemployment for the closest year available, and applying this ratio to the unemployment figure for 1980.

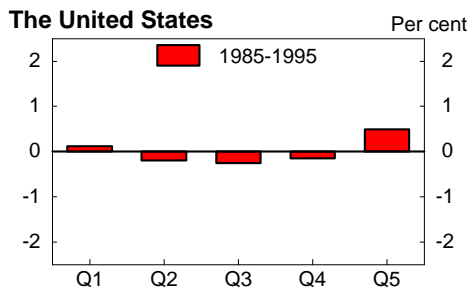
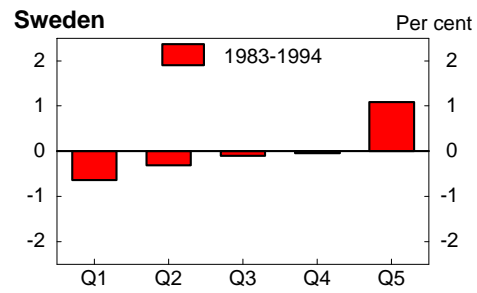
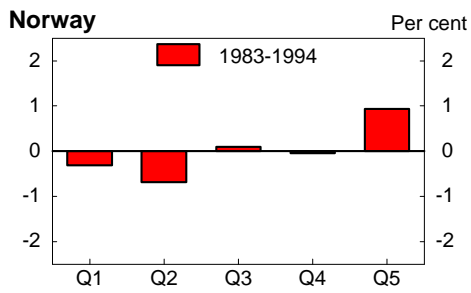
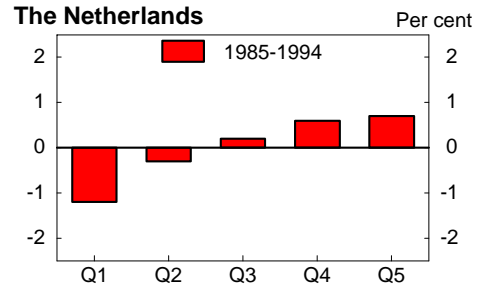
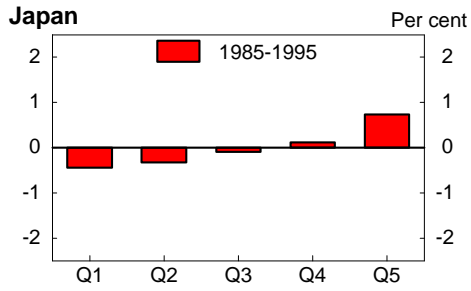
3. Region totals are calculated using a straight-average of included member countries.

Chart 3.1 DISPOSABLE INCOME, GAINS AND LOSSES BY QUINTILE (1)
Elasticity scale=0.5



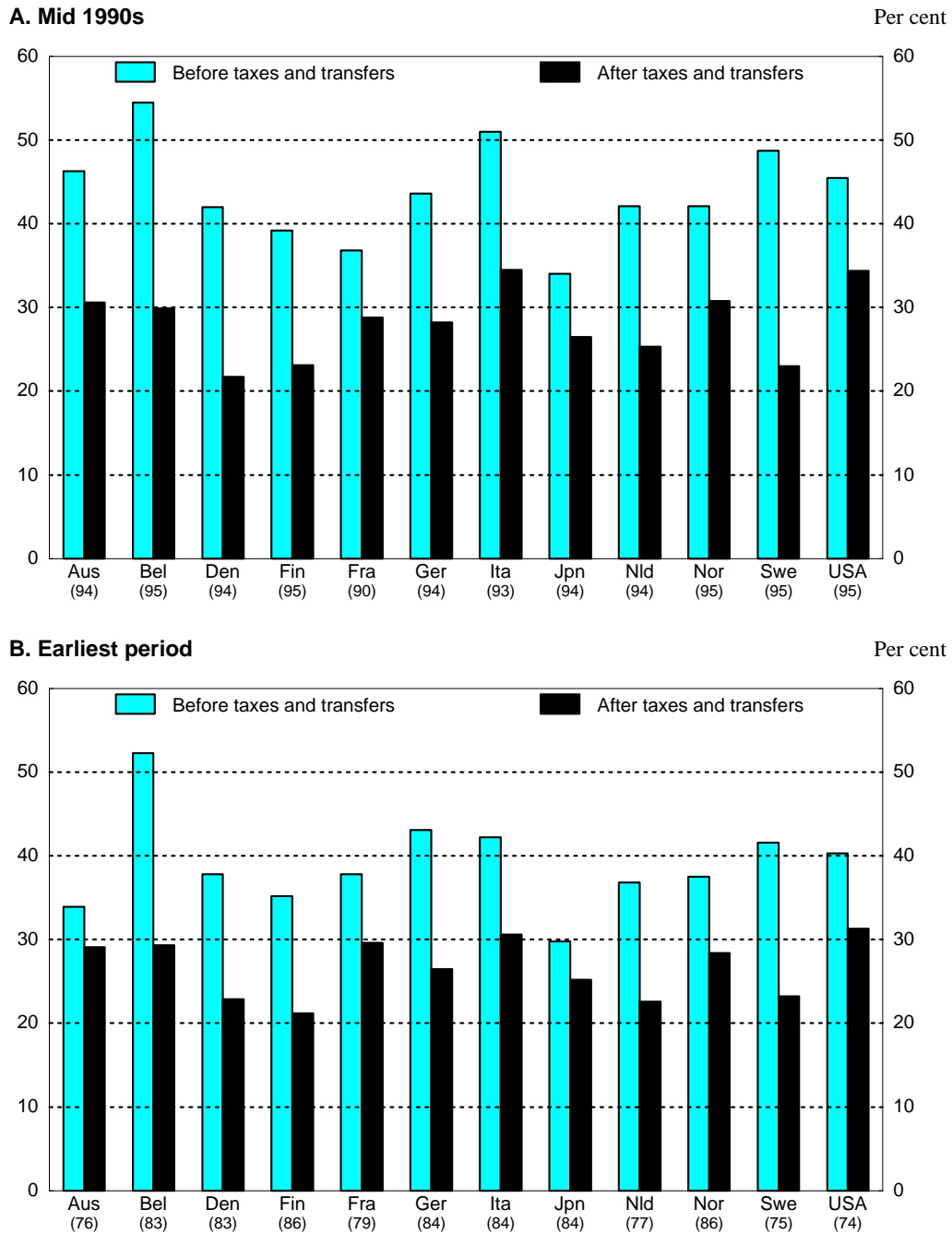
1. Quintile 1 corresponds to the lowest group.
Source: OECD (1998i).

Chart 3.1 DISPOSABLE INCOME, GAINS AND LOSSES BY QUINTILE (1)
Elasticity scale=0.5 (continued)



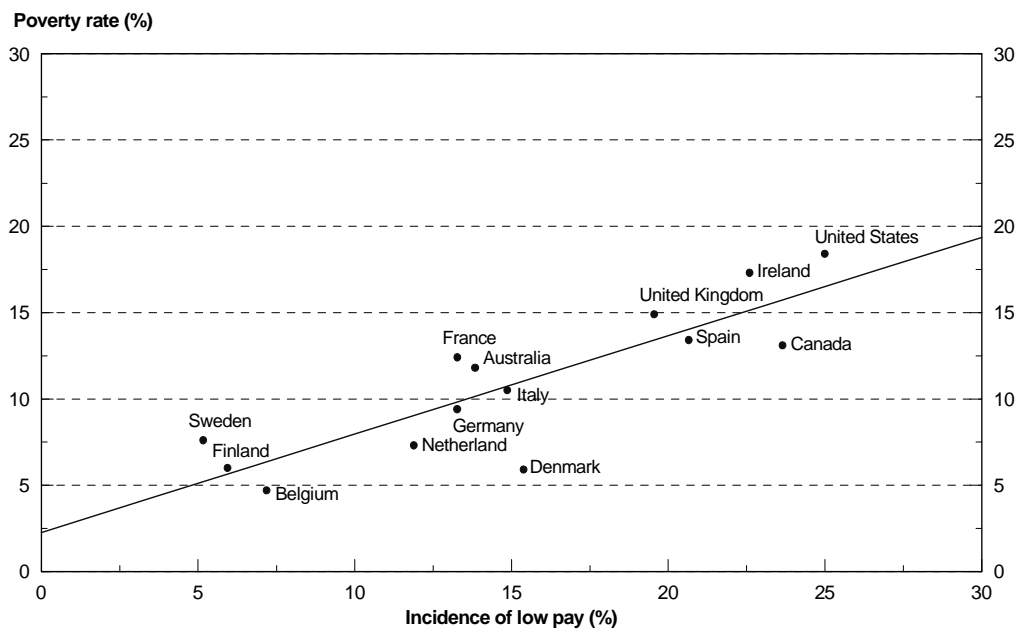
1. Quintile 1 corresponds to the lowest group.
Source: OECD (1998i).

Chart 3.2 INCOME INEQUALITY BEFORE AND AFTER TAXES AND TRANSFERS (1)



Note: Figures in parenthesis refer to the year corresponding to the given country's data.
 1. Income inequality as measured by the GINI coefficient. Gini coefficients for the entire population are defined in terms of total income for all countries except France, where non-zero income is used.
 Source: OECD (1998i).

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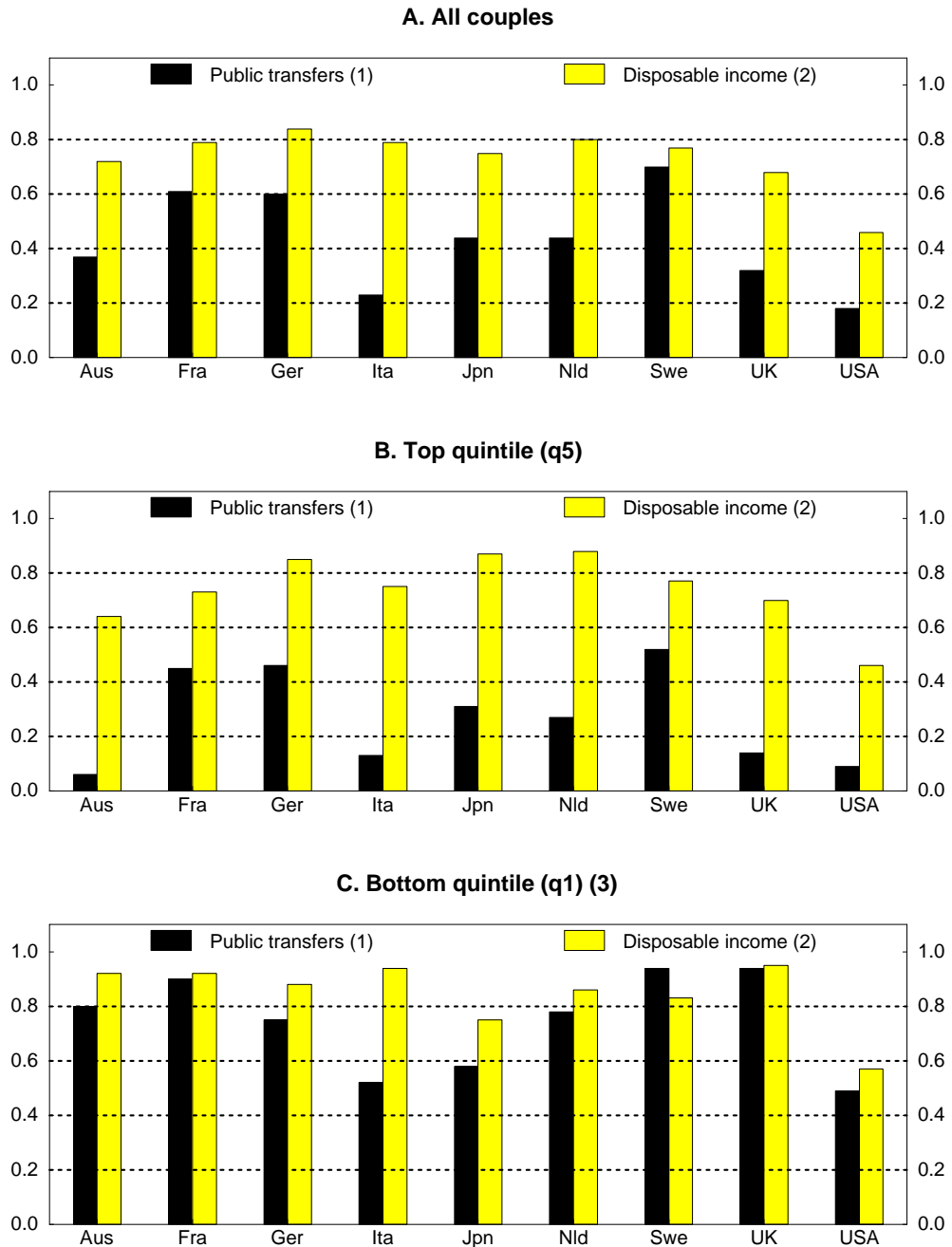
Chart 3.3 Incidence of low pay and poverty^a

Sources: OECD (1995c); and Secretariat calculations based on data from the European Community Household Panel.

Notes:

a. The incidence of low pay refers to the proportion of full-time workers earning less than two-thirds of median earnings. The data generally refer to the mid 1990s. The poverty rate refers to the proportion of all individuals aged 16 to 64 (all individuals for Italy) living in households with total income of less than 50 percent of average household income (adjusted to take account of household size). The data generally refer to the late-1980s to early-1990s period.

Chart 3.4 REPLACEMENT RATIOS FOR ALL COUPLES AND ALONG THE INCOME DISTRIBUTION



1. Public transfers of households with head aged 67 relative to income of households with head aged 55.
 2. Income of households with head aged 67 relative to income of households with head aged 55.
 3. For Australia, the bottom quintile refers to q2.
 Source: OECD (1998).

Chart 4.1 Young people aged 15-19 not at school or work
(percentage of total in age group)

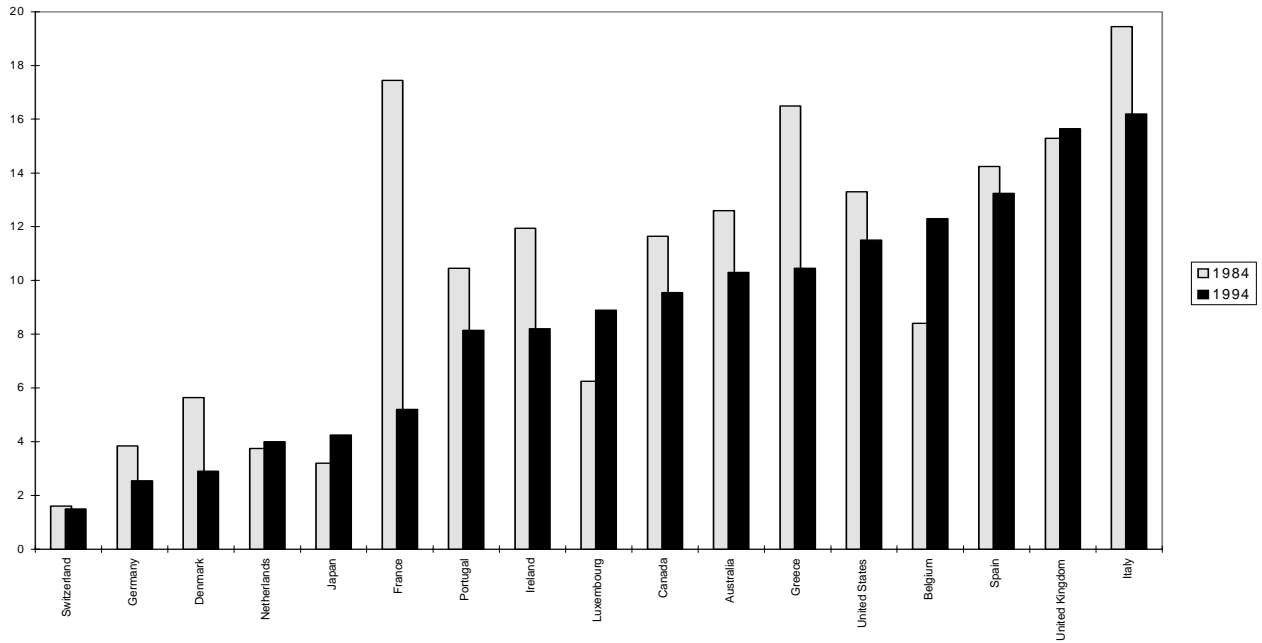
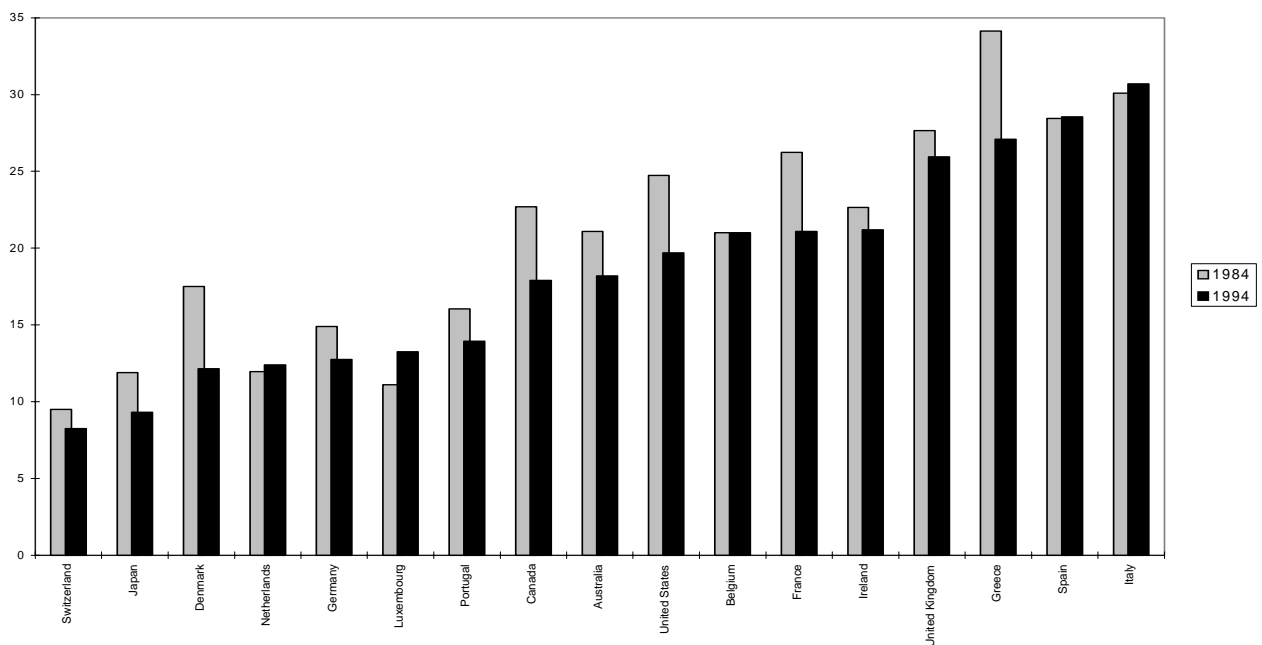
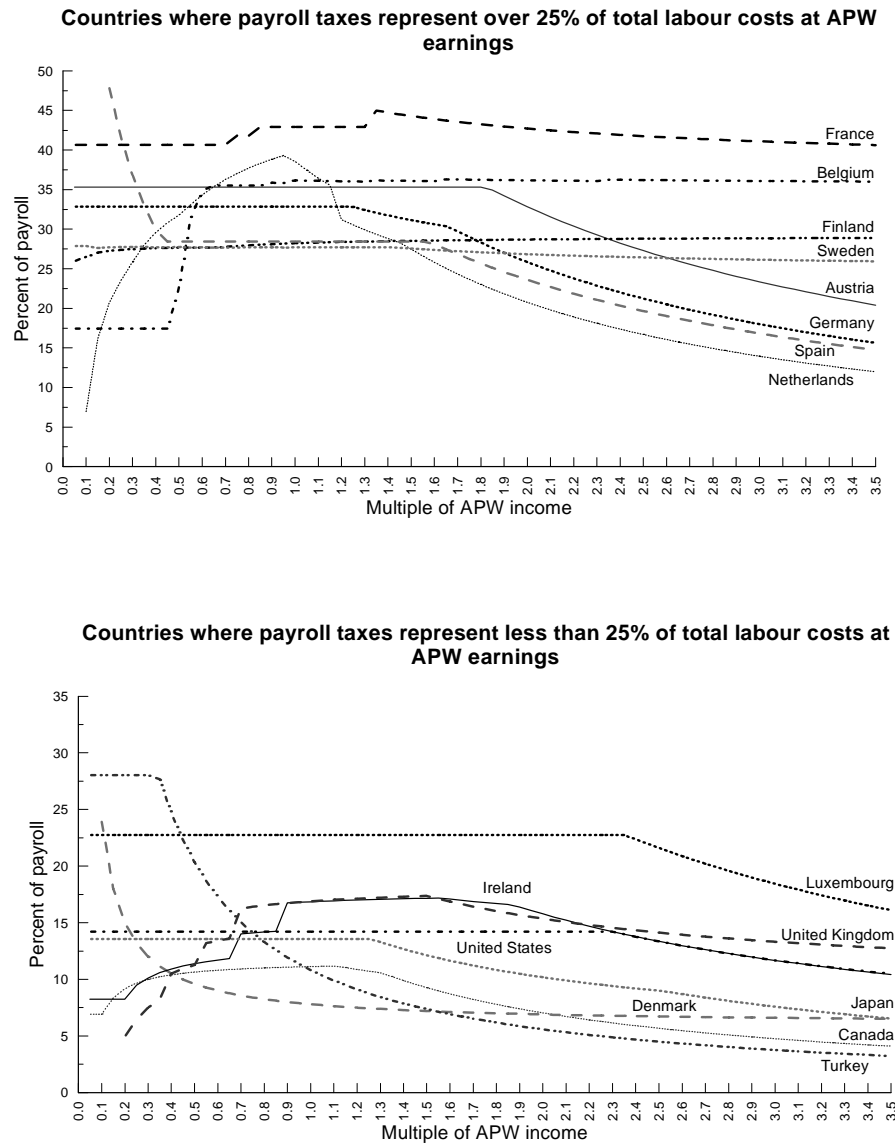


Chart 4.2 Young people aged 20-24 not at school or work
(percentage of total age group)



Source: OECD *Labour Force Statistics*, part III (1998)

Chart 5.1 The structure of payroll taxes in OECD countries, 1995^a



Source: OECD tax equations.

Notes:

a. Payroll taxes are calculated as the sum of employees' and employers' social security contributions. The countries for which payroll taxes represent a constant percentage of total labour costs, irrespective of the level of earnings, do not appear in the graphs.