

OECD Centres**Germany**

Berlin (49-30) 288 8353

Japan

Tokyo (81-3) 5532-0021

Mexico

Mexico (52-55) 5281 3810

United States

Washington (1-202) 785 6323

AUSTRALIA · AUSTRIA · BELGIUM · CANADA · CZECH REPUBLIC · DENMARK · FINLAND · FRANCE · GERMANY · GREECE
HUNGARY · ICELAND · IRELAND · ITALY · JAPAN · KOREA · LUXEMBOURG · MEXICO · NETHERLANDS · NEW ZEALAND
NORWAY · POLAND · PORTUGAL · SLOVAK REPUBLIC · SPAIN · SWEDEN · SWITZERLAND · TURKEY · UNITED KINGDOM · UNITED STATES

PAC/COM/PUB(2005)22

Paris, 8 November 2005

OECD countries spend only 3% of healthcare budgets on prevention, public awareness

National health campaigns encouraging people to be immunized against influenza and discouraging overuse of alcohol and cigarettes are less expensive than curing the diseases they cause. But OECD countries spend, on average, only 3% of their healthcare budgets on prevention and public awareness programmes.

That's one of the many statistics in the latest edition of **Health at a Glance**, a biennial publication from the OECD which provides a wide range of comparative statistics concerning health status, risk factors and healthcare resources and use. While governments search for ways to make their healthcare systems more efficient and cost-effective, the statistics show that life-style changes can make people healthier and reduce healthcare costs in the long run.

Public awareness programmes, in some cases combined with legislation, can have an impact on behaviour. In the Netherlands, almost 80% of older people were immunized against influenza in 2003 following media campaigns aimed at raising awareness and reducing concerns about the safety of flu and cold vaccines. In Canada, the United States and Sweden, numbers of smokers dropped by half over the past 20 years to fewer than 20% of the population.

Life-style choices contribute to heart diseases and strokes, which are the cause of death for 38% of people in OECD countries. Death rates from heart attacks, caused by fatty deposits in the coronary artery, vary widely across countries. But it is noticeable that people in the Slovak Republic, Hungary and the Czech Republic, where diets are heavy in fats, are up to ten times more likely to die of heart attacks than those in Japan and Korea where they have low-fat diets.

Health at a Glance warns that increasing obesity could counteract the positive trend of falling death rates due to heart disease and strokes over the past 40 years in most OECD countries. More than 50% of adults are now defined as either being overweight or obese in ten OECD countries: the United States, Mexico, the United Kingdom, Australia, the Slovak Republic, Greece, New Zealand, Hungary, Luxembourg and the Czech Republic. As obesity is a risk factor for hypertension, high cholesterol, diabetes, heart diseases, stroke, asthma, arthritis and some forms of cancer, the rise in obesity over the past two decades could mean higher healthcare costs in the future.

This edition of **Health at a Glance** also provides information about the physician workforce, including new data for about half of OECD countries on physicians' income:

- The income of specialists is high (relative to average national income) in the Netherlands, the United States, Belgium and Canada, but quite low in Hungary and the Czech Republic.

JT00193501

OECD Media Relations

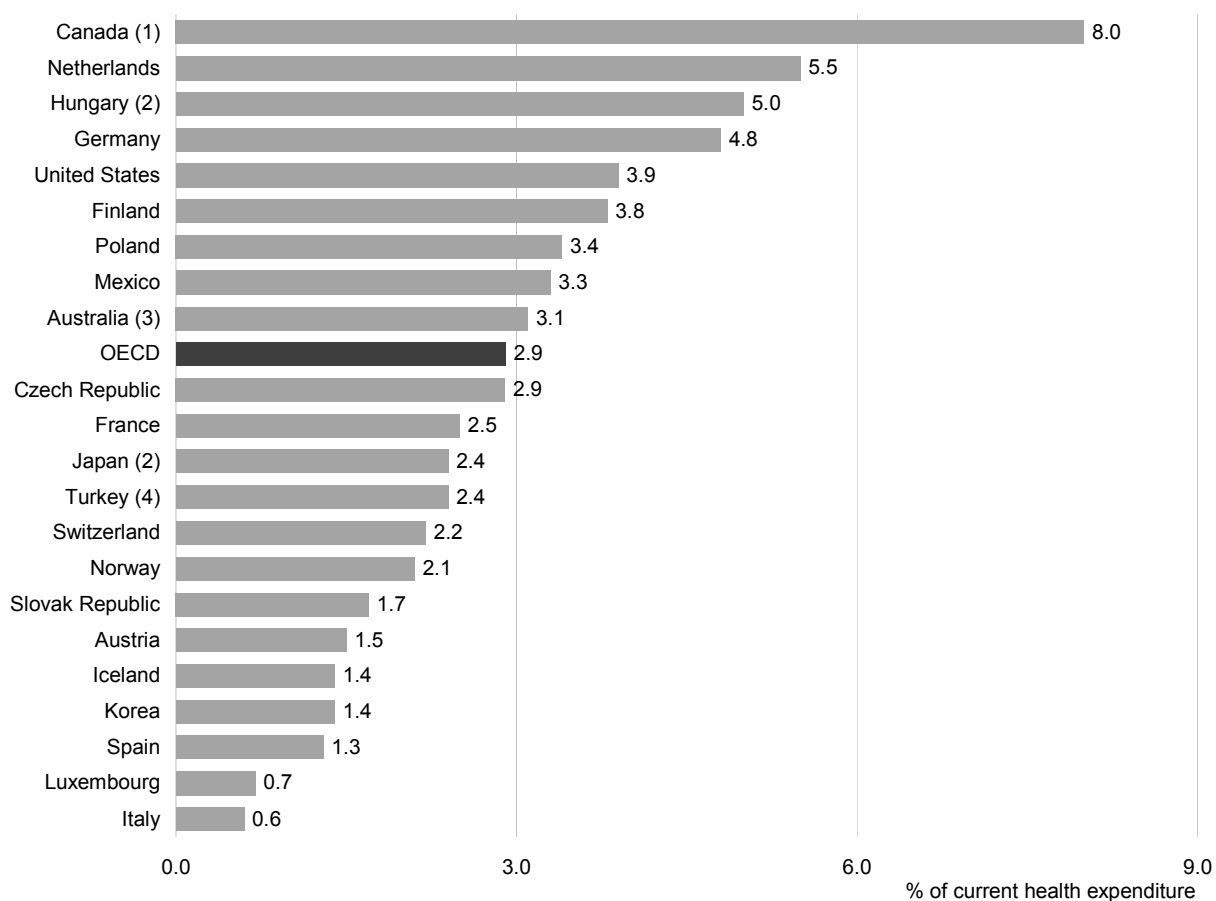
General Inquiries: Tel. (33) 1 45 24 97 00 - Fax. (33) 1 45 24 80 03/94 37 · **Research & Documentation:** Tel. (33) 1 45 24 80 88/80 89
www.oecd.org/media · **E-mail:** news.contact@oecd.org

Organisation for Economic Co-operation and Development, 2 rue André-Pascal, 75775 Paris Cedex 16, France · Tel. (33) 1 45 24 82 00 - Fax. (33) 1 45 24 85 00
www.oecd.org

- General practitioners have comparatively high earnings in the United States and the Netherlands, though specialists earn more than general practitioners in every country, with the exception of Portugal. The income gap between general practitioners and specialists is notable in Belgium.
- The physician workforce varies across countries, from highs of more than 4 doctors per 1 000 population in Italy and Greece, with fewer in Japan, Canada, the United Kingdom, New Zealand and the United States, and less than 2 per 1 000 population in Turkey, Mexico and Korea. Doctor shortages are an important concern in several OECD countries.
- More than 20% of doctors in New Zealand, the United Kingdom, the United States and Canada in 2000 were not trained in the country in which they were practising. International migration can increase the flexibility of labour markets for doctors and other health professionals in receiving countries, but it raises serious concerns about a “brain drain” when there are long-term flows of staff from lower-income to higher-income countries.

Health at a Glance – OECD Indicators 2005 is available to journalists on the OECD's password-protected website. Journalists may also contact the OECD's Media Relations Division (tel. [33] 1 45 24 97 00 or news.contact@oecd.org). For further information about the publication, journalists are invited to contact Elizabeth Docteur (tel. 33 1 45 24 76 03 or elizabeth.docteur@oecd.org) or Gaétan Lafortune (tel. 33 1 45 24 92 67 or gaetan.lafortune@oecd.org) in the OECD Health Division.

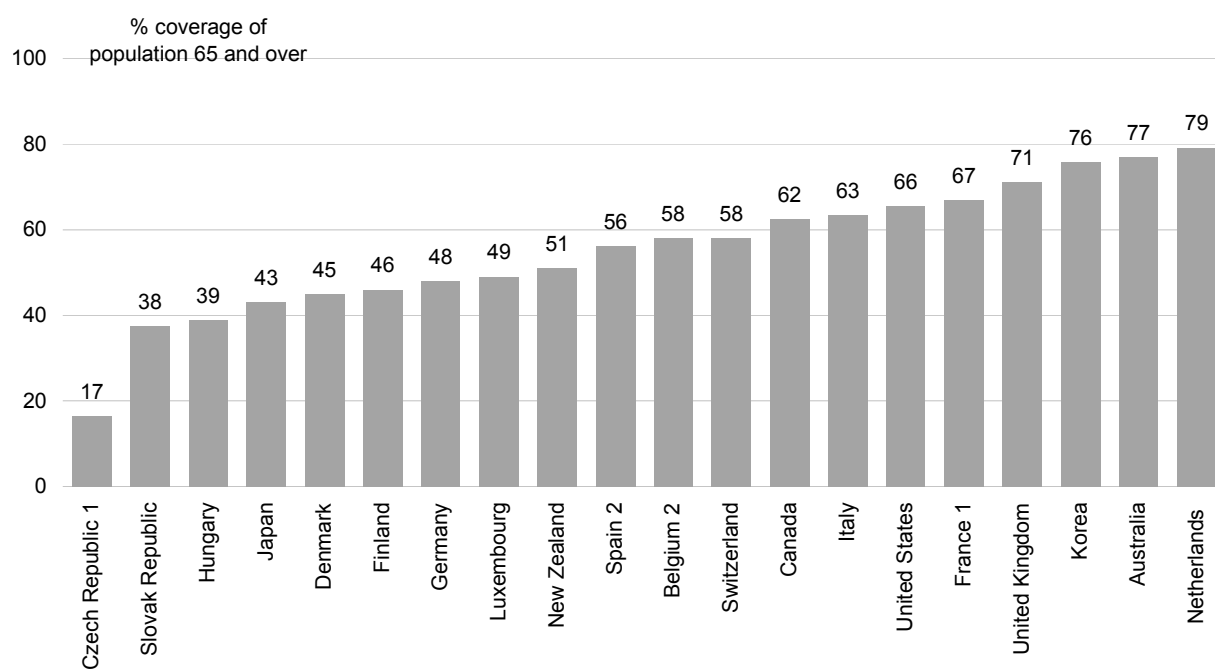
Further information on Health at a Glance - OECD Indicators 2005 can be found at <http://www.oecd.org/health/healthataglance>, including the executive summary of the publication in most OECD languages.

Chart 1. Expenditure on public health and prevention, 2003

1. Includes administrative costs of provincial/territorial and federal health departments.

2. 2002. 3. 2001. 4. 2000.

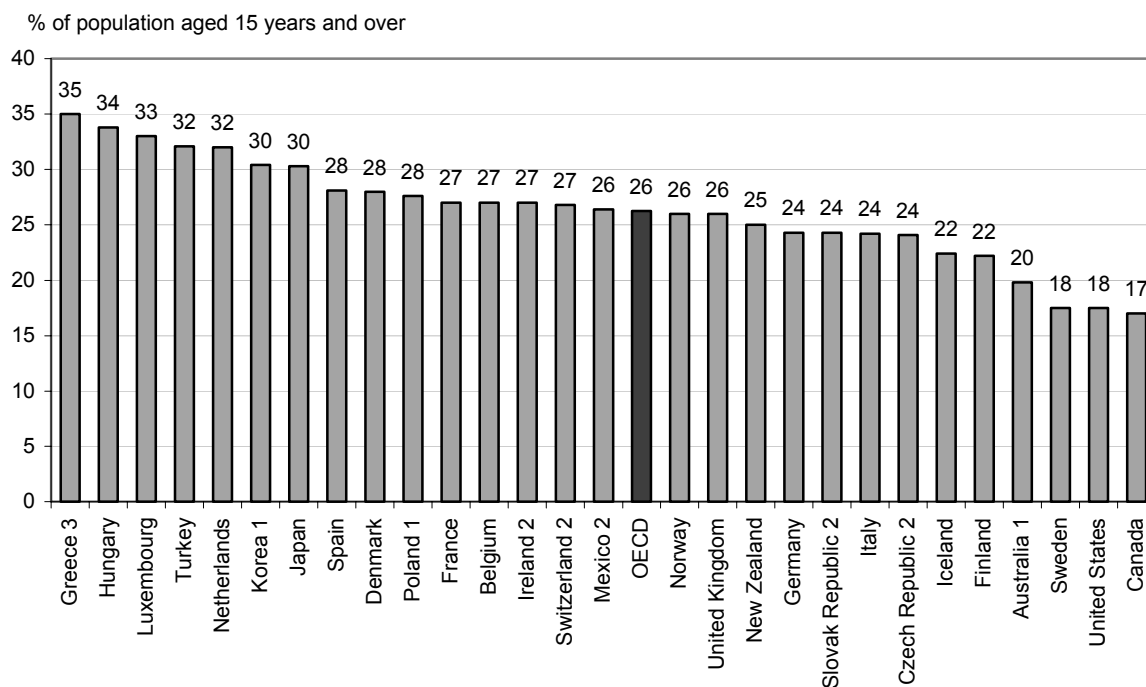
Source: OECD Health Data 2005.

Chart 2. Influenza vaccination coverage among people aged 65 years and over, 2003

1. 2002 2. 2001

Source: OECD Health Data 2005.

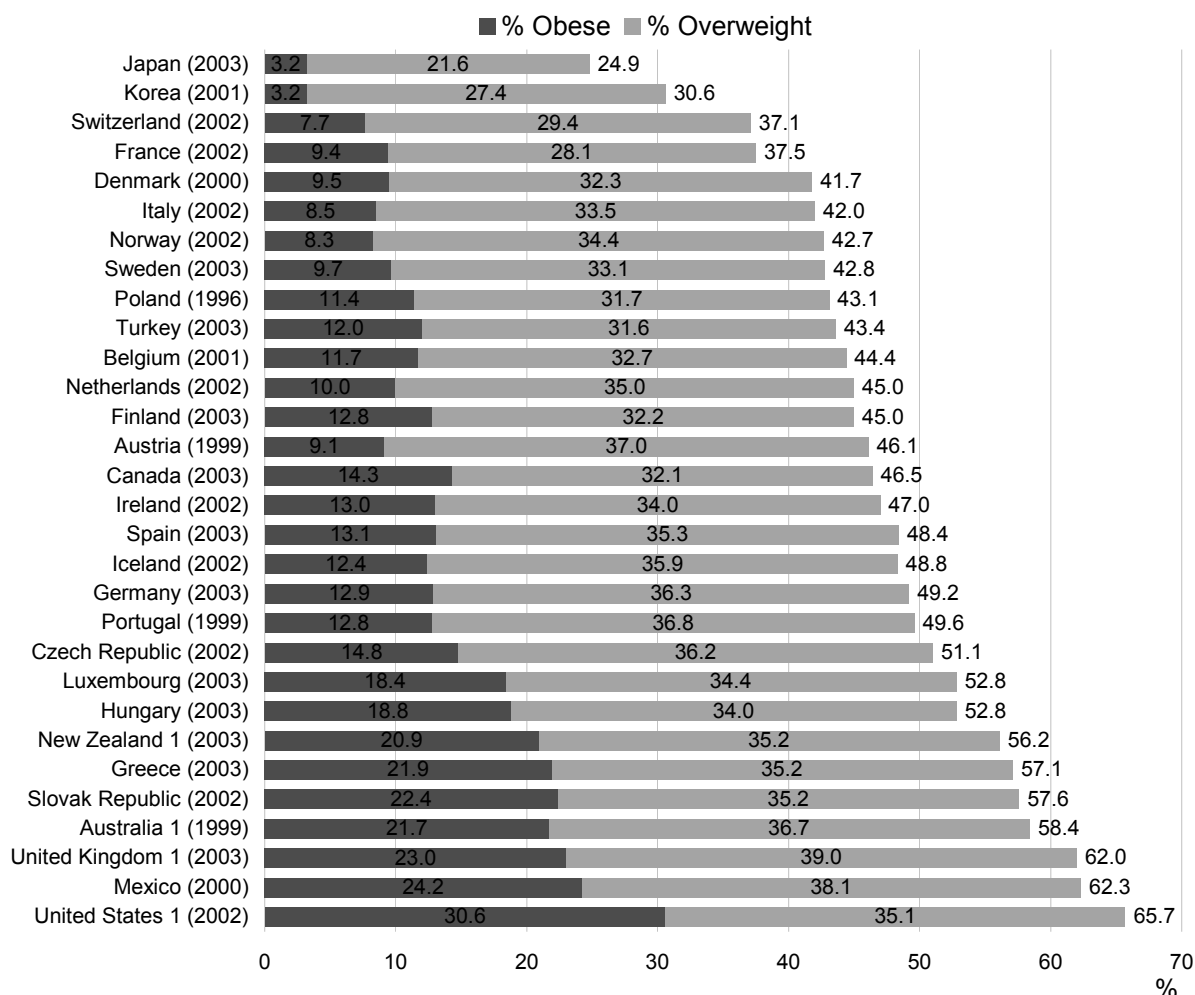
Chart 3. Percentage of adult population smoking daily, 2003



1. 2001 2. 2002 3. 2000

Source: OECD Health Data 2005.

**Chart 4. Overweight and obesity rates among adults,
2003 (or latest year available)**

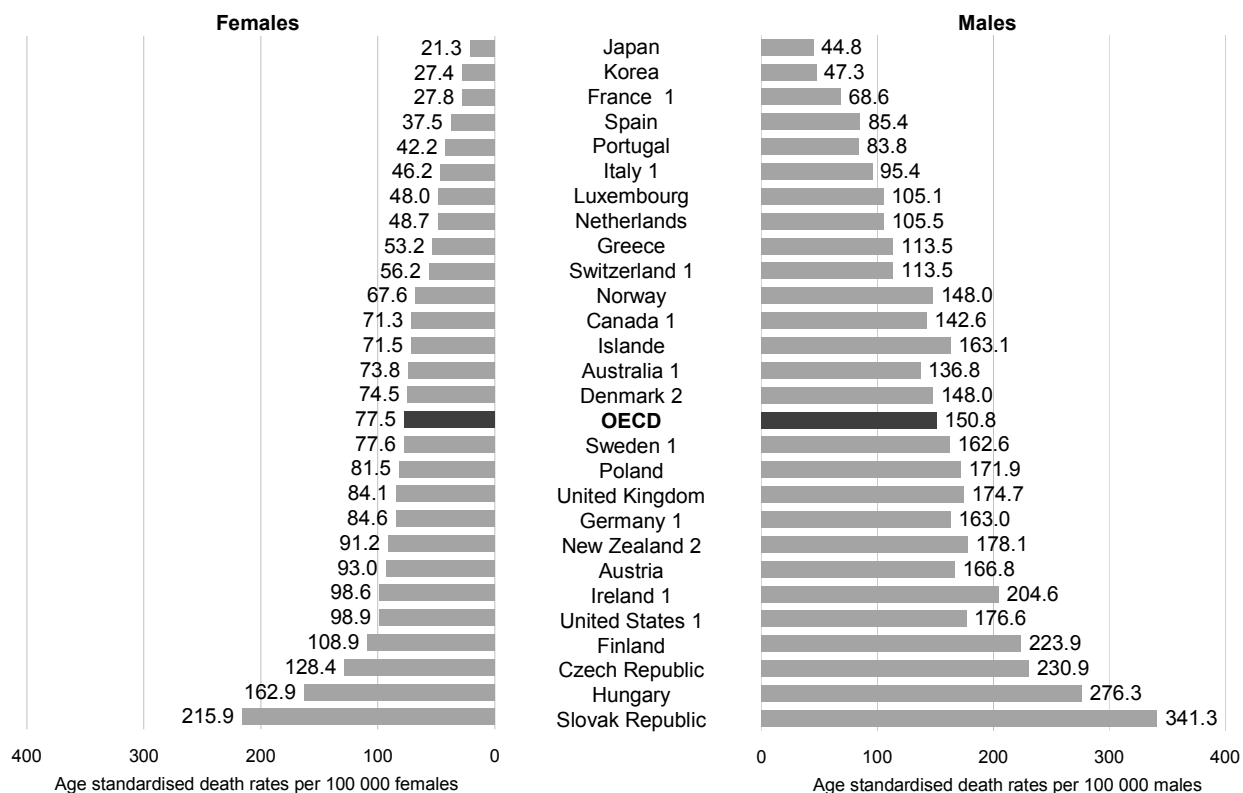


Note : Obesity rates are defined as the percentage of the population with a Body Mass Index (BMI) over 30. Overweight rates are defined as the percentage of the population with a BMI between 25 and 30. The BMI is a single number that evaluates an individual's weight status in relation to height (weight/height², with weight in kilograms and height in metres).

1. For Australia, New Zealand, the United Kingdom and the United States, figures are based on health examinations, rather than self-reported information. Obesity estimates derived from health examinations are generally higher and more reliable than those coming from self-reports, because they preclude any misreporting of people's height and weight. However, health examinations are only conducted regularly in a few countries.

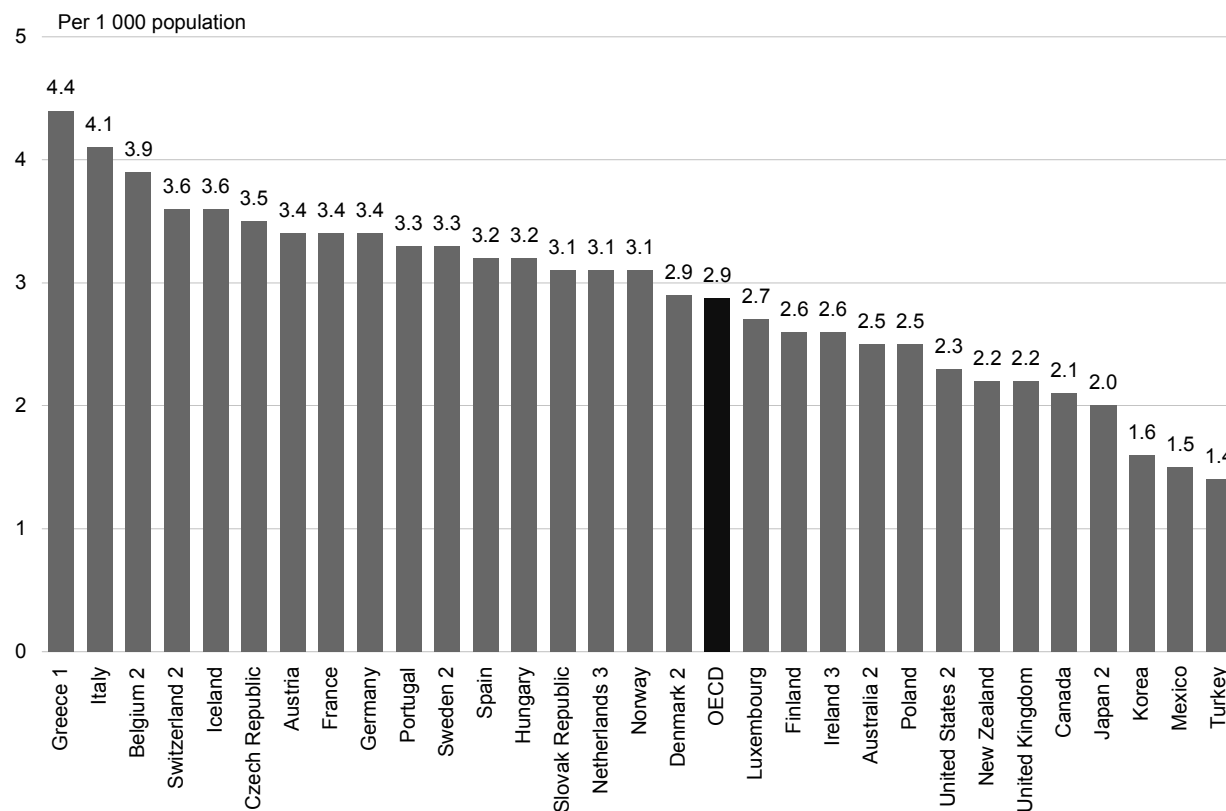
Source: OECD Health Data 2005.

Chart 5. Ischaemic heart disease, mortality rates, 2002



1. 2001 2. 2000

Source: *OECD Health Data 2005*. The raw mortality data is extracted from the WHO mortality database (March 2005), and age-standardised to the 1980 OECD population.

Chart 6. Practising physicians per 1 000 population, 2003

1. 2001. 2. 2002.

3. Data for Ireland and the Netherlands refer to physicians entitled to practise rather than actually practising.

Source: OECD Health Data 2005.